DEVELOPMENT AND VALIDATION OF THE SEXUAL MINORITY MEN'S BODY OBJECTIFICATION EXPERIENCES SCALE

By

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A DISSERTATION PRESENTED TO THE GRADUATE SCHOOL OF THE UNIVERSITY OF FLORIDA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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To my husband for his unwavering support, to my mom for her understanding, and to my cat who was always nearby to “help” by offering her companionship

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TABLE OF CONTENTS

LIST OF FIGURES

ABSTRACT OF DISSERTATION PRESENTED TO THE GRADUATE SCHOOL OF THE UNIVERSITY OF FLORIDA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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Support is growing for the applicability of aspects of objectification theory to understanding the experiences of men in general and sexual minority men in particular. Up to this point, however, research has relied on measures of sexual objectification that are grounded in women's experiences. To advance research on the role of objectification experiences in applications of objectification theory to sexual minority men, a measure is needed to capture the unique experiences of this population. The current study addresses this need by developing a measure of sexual minority men's experiences of body objectification that assesses both sexual objectification and objectification related to masculine appearance norm violation. Specifically, the Sexual Minority Men's Body Objectification Scale (SMM-BOES) was developed on the basis of prior literature and administered to a sample of 459 sexual minority men. Exploratory factor analysis of data from a subsample of 200 men revealed three components, (a) body evaluation, (b) explicit sexual advances, and (c) masculine appearance norm violation. Confirmatory factor analysis of data from the remaining 259 men confirmed the stability of this factor structure. Evidence of internal consistency reliability for GBM-BOES subscale items, as well as convergent and discriminate validity of GBM-BOES subscale scores were garnered.

CHAPTER 1
INTRODUCTION

Objectification theory (Fredrickson & Roberts, 1997) is a promising theoretical framework that has been used to understand body image and eating disorder symptoms in women. Objectification theory posits that sexual objectification experiences lead women to self-objectify and self-objectification in turn is an important precursor to body image and eating problems. Sexual minority men may be at heightened risk as they have been found to experience higher levels of body dissatisfaction, concern with weight, and disordered eating than have heterosexual men (e.g., French, Story, Remafedi, & Resnick, 1996; Martins, Tiggemann, & Kirkbride, 2007; Siever, 1994; Strong, Williamson, Netemeyer, & Geer, 2000; Williamson & Hartley, 1998). In fact, empirical investigations have found that gay men's levels of body image and eating problems may be more similar to levels among heterosexual women than among heterosexual men (Beren, Hayden, Wilfey, & Grilo, 1996; Brand, Rothblum, & Sullivan, 1992; Morrison, Morrison, & Sager, 2004; Siever, 1994; Strong et al, 2000). Furthermore, gay men are overrepresented among men with eating disorders, accounting for as much as 30% of men with a diagnosable eating disorder (Heffernan, 1994; Strong, Williamson, Netemeyer, & Greer, 2000). There is also evidence that men, especially sexual minority men, are becoming increasingly sexually objectified (Rohlinger, 2002). Although objectification theory research has focused mostly on women's experiences, Fredrickson and Roberts (1997) acknowledged that men also may experience sexual objectification and that men's unique experiences should be examined as well. Indeed, research on the application of objectification theory to disordered eating is increasingly attending to men's experiences (e.g., Grabe et al., 2007; Lindberg et al., 2006; Lindberg et al., 2007; Martins et al., 2007; McKinley, 1998; 2006; Strelan & Hargreaves, 2005a; Tiggemann & Kurig, 2004; Wiseman & Moradi, 2008).

While support is growing for the applicability of aspects of objectification theory to understanding the experiences of men in general, and sexual minority men in particular, research up to this point has relied on measures of sexual objectification that are grounded in women's experiences. This is problematic because sexual minority men's experiences of objectification may differ from women's experiences in important ways. Specifically, available conceptual and empirical literature suggest that sexual minority men's experiences of objectification may include sexual and masculine norm components, both of which focus on the body (e.g., Barron & Bradford, 2007; Kimmel & Mahalik, 2005; Meyer, 2003; Wiseman & Moradi, 2008). While women and sexual minority men may experience sexual objectification, some manifestations of sexual objectification may be similar and other manifestations may vary between these two groups. Furthermore, in addition to sexual objectification, sexual minority men also may experience objectification related to masculine appearance norm violation. Thus, to advance research on the role of objectification experiences in applications of objectification theory to sexual minority men, a measure is needed to capture (a) sexual objectification and (b) masculine appearance norm violation objectification experiences of this population. The current study addresses this need by developing and validating a measure of sexual minority men's experiences of body objectification that assesses both sexual objectification and objectification related to masculine appearance norm violation.

Objectification Theory

Objectification theory, developed by Fredrickson and Roberts (1997), represents an important advancement in understanding women's experiences and mental health. Objectification theory suggests that through repeated exposure to cultural sexual objectification, women in western society come to adopt an observer's perspective upon their bodies. Fredrickson and Roberts (1997) defined sexual objectification as "the experience of being treated

as a body (or collection of body parts) valued predominantly for its use to (or consumption by) others" (p.174). Examples of sexual objectification experiences include having inappropriate comments made about one's body, having one's body stared at in an intrusive way, and being the target of offensive, sexualized gestures or threats. Such experiences reduce an individual to her or his body, body parts, or body functions, especially sexual functions.

The adoption of an observer's perspective upon one's own body is referred to as self objectification, and is manifested as habitual body surveillance. This vigilant body monitoring is posited to impact mental health in several ways. Specifically, self-objectification or body surveillance is conceptualized to promote feelings of body shame and anxiety, and to reduce peak motivational states and awareness of internal bodily states (e.g., hunger/satiety). These psychological consequences, in turn, are posited to contribute to women's depression, sexual dysfunction, and eating disorders (Fredrickson & Roberts, 1997). Thus, chronic exposure to sexual objectification experiences is thought to promote a chain of psychological risk factors that ultimately increase risk for mental health problems (Fredrickson & Roberts, 1997).

Much of the available research on objectification theory has applied the framework to understanding women's eating disorder symptoms, and supported its tenets regarding the role of sexual objectification experiences. Specifically, prior findings suggest that sexual objectification experiences are linked with body shame and eating disorder symptoms through internalization of cultural standards of attractiveness and body surveillance, and that self-objectification or body surveillance are linked with eating disorder symptoms (Fredrickson, Roberts, Noll, Quinn, and Twenge, 1998; Moradi, Dirks, & Matteson, 2005; Moradi & Rottenstein, 2007; Morry & Staska, 2001; Muehlenkamp & Saris-Baglama, 2002; Roberts & Gettman, 2004). Objectification theory also has been gaining attention in research with men, and such research is yielding support for

many of the theory's tenets with men. Specifically, some correlations (Lindberg et al., 2006; Lindberg et al., 2007; McKinley, 1998; 2006; Strelan & Hargreaves, 2005a, Wiseman & Moradi, 2008), unique links (Grabe et al., 2007; Lindberg et al., 2006; Lindberg et al., 2007; Martins et al., 2007; Wiseman & Moradi, 2008), and patterns of mediation (Tiggemann & Kurig, 2004; Wiseman & Moradi, 2008) found among objectification theory variables with men are similar to those found with women

Of particular relevance to the present investigation are findings of objectification theory studies that included sexual minority men. Specifically, in studies comparing gay and heterosexual men, gay men scored higher on self-objectification, body surveillance, body dissatisfaction, drive for thinness, and body shame than did heterosexual men (Martins, et al. 2007; Serpa, 2004). In addition, the patterns of links observed for sexual minority men parallel patterns observed in objectification theory research with women (Martins et al., 2007; Wiseman & Moradi, 2008). For instance, self-objectification was related to body shame for gay men, but not for heterosexual men, and body shame mediated the links of self-objectification with dissatisfaction with lower body parts and drive for thinness for gay men, but not for heterosexual men (Martins, et al., 2007). Furthermore, consistent with objectification theory, Wiseman and Moradi (2009) found positive correlations among sexual objectification experiences, body surveillance, body shame, and eating disorder symptomatology with a sample of gay and bisexual men. Thus, tenets of objectification theory have received some support with sexual minority men.

Sexual Minority Men's Experiences of Objectification

Objectification theory research with men and literature on sexual minority men's experiences suggest that sexual objectification experiences, as well as experiences of objectification related to masculine appearance norm violations may be salient manifestations of

objectification to assess with sexual minority men. First, investigations of sexual objectification experiences with men provide some support for the posited links between such experiences and objectification theory constructs. In one of the first studies on objectification theory, Fredrickson, et al. (1998) found that heightening sexual objectification through wearing a swimsuit (versus a sweater) resulted in body shame for women but not for men. However, a more recent study by Hebl et al. (2004) found that, for men and women of various racial/ethnic groups, heightening sexual objectification through wearing a swimsuit (versus a sweater) did result in body shame for men as well as for women. These discrepant findings may be due to an important methodological difference between these two studies. That is, Fredrickson et al. (1998) asked men to wear swim trunks, while Hebl et al. (2004) asked men to wear a speedo. Because a speedo is more tight-fitting and revealing, much like a woman's swimsuit, it is more likely to induce a state of self-objectification. Furthermore, in studies with early adolescent boys (ages 10-12), self-reported exposure to peer sexual harassment was linked with self-objectification, body surveillance, and body shame (Lindberg et al., 2006; Lindberg et al., 2007). Thus, emerging evidence with boys and men seems to support the posited links of sexual objectification experiences with other objectification theory constructs. However, in each of these studies, information about sexual orientation of participants was not reported, therefore the generalizability of these findings to sexual minority men is not clear.

Two studies could be located that assessed sexual objectification exposure specifically with sexual minority men. First, Wiseman and Moradi (2009) assessed sexual minority men's self-reported experiences of sexual objectification and found that internalization of cultural standards of attractiveness mediated the link of reported sexual objectification experiences with body surveillance and body shame, body surveillance mediated the link of internalization of

cultural standards of attractiveness with body shame and eating disorder symptoms, and body shame mediated the links of sexual objectification experiences and internalization of cultural standards of attractiveness to eating disorder symptoms. This pattern of relations is consistent with the chain of relations proposed in objectification theory.

In another study, Martins et al. (2007) heightened sexual objectification by randomly assigning participants to wear either a speedo or a sweater in front of a full length mirror. Heterosexual men in the two conditions did not differ on criterion variables. But, gay men assigned to the speedo condition reported greater body surveillance and body shame, and ate less snack food in a mock taste test than did gay men assigned to the sweater condition (Martins et al., 2007). Thus, Martins et al.'s (2007) null findings with heterosexual men are consistent with Fredrickson et al.'s (1998) findings with men whose sexual orientation was not specified. Findings with gay men (e.g., Martins et al., 2007; Wiseman & Moradi, 2008), however, are consistent with Fredrickson et al.'s (1998) findings with women and suggest that, for gay men, experiences of sexual objectification are related to body surveillance, body shame, and restrained eating.

In addition to experiences of sexual objectification, it is also important to understand other types of objectification that may be relevant for men and, like sexual objectification, focus attention on the body and promote self-objectification. One such manifestation of objectification is objectification related to masculine appearance norms. As several authors have noted, gendered traits are often associated with the body (e.g., Beren 1997, Crawley, Foley, & Shenan, 2008; Drummond, 2005). For example, masculinity is evaluated, in part, based on muscularity and how the body performs (e.g., strength, sports abilities). As such, men's experiences of muscularity or masculine appearance norms pressures may operate within the objectification

theory framework in parallel manner as sexual objectification experiences. Indeed, Hallsworth, Wade, and Tiggemann (2005) found that men who were body builders scored higher on self-objectification compared to men who were weightlifters and to men who were neither body builders nor weight lifters. This finding is important because body building is an activity in which appearance focused muscularity and masculinity are the predominant aims, and Hallsworth et al.'s (2005) findings link body building with self-objectification and its posited consequences for men.

If masculine appearance norms are a manifestation of objectification for men, then from the perspective of objectification theory, such objectification can promote self-objectification, body surveillance, and their proposed consequences in men. Masculine appearance norm objectification may be particularly salient for sexual minority men who are stereotyped to be less masculine than heterosexual men (Kite & Deaux, 1987), and so may experience and anticipate more stigmatization and harassment due to violation of masculine appearance norms (Glick et al., 2007). Such fears of stigmatization and harassment due to masculine appearance norm violation may promote efforts to monitor and reduce gender non-conforming appearance and bodily movements in order to avoid the stigma of being viewed by others as too feminine, and to protect oneself against harassment and even violence due to one's sexual orientation (Barron & Bradford, 2007). Meyer (2003) described such anticipation of stigma as a type of *minority stress* that has negative mental health consequences. Indeed, expectation of stigmatization was found to be related to body dissatisfaction for gay men (Kimmel & Mahalik, 2005). As such, experiences of objectification due to masculine appearance norm violation can be conceptualized as a type of objectification that focuses attention on the body, and functions within the objectification theory

framework in a manner parallel to sexual objectification experiences (Wiseman & Moradi, 2009).

Only one study could be located that included experiences of masculine norm violation in an extension of the objectification theory framework to sexual minority men (Wiseman & Moradi, 2008). Specifically, Wiseman and Moradi (2009) examined the links of participants' reports of harassment for childhood gender nonconformity with other variables within the objectification theory framework. Interestingly, the relations involving harassment for childhood gender nonconformity paralleled relations involving sexual objectification experiences. Specifically, the links of sexual objectification and harassment for gender nonconformity to body surveillance and body shame were mediated by internalization of cultural standards of attractiveness, and the links of sexual objectification experiences and harassment for gender nonconformity to body shame were mediated by body surveillance. This pattern of findings suggests that harassment for childhood gender nonconformity may be a form of objectification that is linked, in parallel fashion as sexual objectification experiences, with other variables within the objectification theory framework.

Overview of the Present Study

Prior research has established that sexual minority men are at risk for body image concerns and eating disorders, and that their levels of body image and eating problems are comparable to levels among heterosexual women (Beren, Hayden, Wilfley, & Grilo, 1996; Brand, Rothblum, & Sullivan, 1992; Morrison, Morrison, & Sager, 2004; Siever, 1994; Strong et al., 2000). While objectification theory is grounded in the experiences of women, it also has been used to understand men's experiences, including sexual minority men's experiences (e.g., Grabe et al., 2007; Martins et al., 2007; McKinley, 1998; 2006; Strelan & Hargreaves, 2005a; Tiggemann & Kurig, 2004; Wiseman & Moradi, 2009). One limitation of previous studies is that

existing measures of sexual objectification experiences, a key variable within the objectification theory framework, are based on women's experiences, and thus do not capture potentially unique experiences that are salient for sexual minority men (Wiseman & Moradi, 2009). Indeed, the growing literature on sexual minority men's experiences of objectification highlights the importance of attending to experiences of (a) sexual objectification and (b) masculine appearance norm objectification in evaluating objectification theory with sexual minority men (Barron & Bradford, 2007; Kimmel & Mahalik, 2005; Meyer, 2003; Wiseman & Moradi, 2008). Thus, the current study proposes to develop and evaluate psychometrically the *Sexual Minority Men's Body Objectification Experiences Scale (SMM-BOES)* which assesses both sexual objectification and objectification related to masculine appearance norm violation.

CHAPTER 2
REVIEW OF THE LITERATURE

This chapter provides an integrative review of the literature that informs the present study. The chapter is divided into four parts. First, a review of the literature on disordered eating and body image disturbance in sexual minority men is provided (bisexual men are discussed when they were included in the literature). Second, extant literature on objectification theory is described with a focus on the posited role of sexual objectification experiences. Third, sexual minority men's experiences of body objectification are discussed. Finally, the hypotheses of the present study are presented.

Disordered Eating and Body Image Disturbance in Sexual Minority Men

Much of the research conducted on body image and disordered eating with sexual minority men indicates that gay men report greater body dissatisfaction and higher levels of eating disorder symptoms compared to heterosexual men. Indeed, gay men score more similarly to heterosexual women on measures of body dissatisfaction and eating disorder symptoms than they do to heterosexual men. For example, in a university community sample of 71 gay men and 71 heterosexual men, Silberstein, Mishkind, Striegel-Moore, Timko, and Rodin (1989) found that, compared to heterosexual men, gay men reported greater discrepancies between their perceived and ideal body images and reported less satisfaction with their bodies. In another study with 134 gay men and 119 heterosexual men, ranging in age from 18-60 and living in Australia, Tiggemann, Martins, and Kirkbride (2007) found that, while both gay and heterosexual men indicated they would like to be more muscular, gay men preferred a thinner ideal body size, $t(250) = 2.39$, $p < .05$. In addition, both gay and heterosexual men indicated that the body size they perceived would be attractive to gay men was thinner than the body size they perceived would be attractive to heterosexual women.

While Silberstein et al. (1988) and Tiggemann et al. (2007) focused on gay and heterosexual men, Brand, Rothblum and Solomon (1991) examined potential gender by sexual orientation interaction effects in body image concerns. Specifically, Brand et al. (1991) compared 124 lesbian women and 13 gay men from the community, and 39 undergraduate heterosexual men, and 133 undergraduate heterosexual women, and found that heterosexual women and gay men were more preoccupied with their weight than were lesbian women and heterosexual men, F (1,303) = 3.27, $p < .07$. However, the sample sizes for gay and heterosexual men were small, thus the findings should be interpreted with this limitation in mind. Furthermore, there was a significant age difference between groups F (1,305) = 5.41, $p < .01$, with the gay and lesbian participants being significantly older than the heterosexual participants. Thus, the findings may reflect gender by age interactions rather than the proposed gender by sexual orientation interactions.

Two similar studies, which also examined the roles of gender and sexual orientation, addressed one of the limitations of Brand et al.'s (1991) study by having larger samples of lesbian women and gay men. The first study included 250 undergraduate participants with nearly equal groups of gay men (n=59), lesbian women (n=53), heterosexual men (n=63), and heterosexual women (n=62), and found that gay men scored significantly higher than all other groups on body dissatisfaction, and scored significantly lower on body esteem than did lesbian women and heterosexual men (Siever, 1994). In another study of mostly university students, 95 heterosexual men, 103 gay men, 112 heterosexual women, and 82 lesbian women were surveyed, and the results indicated that level of body size concerns for gay men was similar to that for heterosexual and lesbian women and higher than that for heterosexual men. In addition, while heterosexual women scored higher than all other groups on body shape dissatisfaction, gay men

and lesbian women scored higher on body shape dissatisfaction than did heterosexual men (Strong, Williamson, Netemeyer, & Geer, 2000).

This pattern of results is consistent even when self-perceived body size is considered. For example, Beren, Hayden, Wilfley, and Grilo (1996) compared 58 gay men from the community, 58 undergraduate heterosexual men, 69 lesbian women from the community, and 72 undergraduate heterosexual women on body dissatisfaction. While the groups scored similarity on their perceived level of discrepancy between their current and ideal body size, gay men and both groups of women were less satisfied with their current body size and shape F (3,88) = 11.52, $p < .0001$, and reported more overall dissatisfaction with their body F (3,88) = 9.28, $p < .0001$) than heterosexual men. As discussed previously, however, these results should be interpreted with caution given the significant age differences between groups.

More recently, Levesque and Vichesky (2006) surveyed a community sample of 64 gay men and found that, compared to normative samples of heterosexual men and women, gay men were more dissatisfied with their overall appearance t (62) = -2.71, $p < .01$, and with specific body areas (e.g. upper torso) t (63) = -3.02, $p < .01$, and were more concerned with being or becoming overweight t (62) = -3.34, $p < .01$, as compared to heterosexual men. Moreover, gay men did not differ on any of these variables when compared to women.

To consolidate available data on body dissatisfaction comparisons between gay and heterosexual men, Morrison, Morrison, and Sager (2004), conducted a meta-analysis of 27 studies comparing 1397 heterosexual and 984 gay men on body satisfaction. These authors found a modest but significant difference between gay and heterosexual men. When all studies were included in the analyses, the average weighted effect size was $d = 0.74$, $p < .001$, with a positive d indicating greater body satisfaction for heterosexual men. However, when one extreme outlier

was removed the average weighted effect size dropped to $d = .29$, $p < .001$. While considered to be a small effect size, this value still suggests an important difference (Cohen, 1988). To further elucidate this difference, Morrison et al. (2004) examined subsets of studies. One subset included studies in which gay and heterosexual men were similar in terms of body mass averages, and another subset included studies in which the two groups differed significantly on body mass averages, with gay men having lower averages than heterosexual men across this subset of studies. Comparison of these two subsets of studies indicated that the body satisfaction difference was smaller when gay men had a significantly lower body mass than heterosexual men ($d = .18$, $p < .05$), but greater when gay and heterosexual men were comparable on body mass ($d = .33$, $p < .05$) (Morrison, Morrison, & Sager 2004). Overall, these findings suggest that gay men show a higher rate of body dissatisfaction and appearance concern than do heterosexual men, and that gay men may prefer a thinner body size than do heterosexual men.

Research also has found that gay men score higher than heterosexual men and similarly to heterosexual and lesbian women, on measures of eating disorder symptoms. For example, Seiver (1994) examined levels of disordered eating for each group in his sample. A MANOVA, with two different measures of disordered eating as dependent variables, indicated that gay men scored similarly to heterosexual and lesbian women but differently from heterosexual men on one measure $F(1,249) = 9.99$, $p < .0001$, and higher than all groups on a second measure $F(1,249) = 5.70$, $p < .001$ of disordered eating, although the difference between gay men and heterosexual women was not significant for the second measure. In addition to these differences in the levels of eating disorder symptoms, Siever (1994) also found higher percentages of clinically significant eating pathology among gay men and heterosexual women than among lesbian women and heterosexual men. That is, of the 59 gay men and 62 heterosexual women in

the sample, 9 (16.7%) gay men and 8 (13.8%) heterosexual women respectively scored in the clinically significant range, whereas only 2 of the 53 (4.2%) lesbian women, and 2 of the 63 (3.4%) heterosexual men scored in this range. While Siever (1994) did not report the statistical significance of these comparisons, he did highlight them as "striking" (p. 256).

Another study also found that gay men's level of eating disorder symptoms, as well as rates of clinically significant symptoms, were similar to the rates and levels for heterosexual and lesbian women and higher than the rates and levels for heterosexual men (Strong et al., 2000). As discussed previously, Strong et al.'s (2000) sample included 95 heterosexual and 103 gay men, and 112 heterosexual and 82 lesbian women. Of these, 14 heterosexual women (13.1%), 10 gay men (9.7%), and 7 lesbian women (9.1%), but only 1 heterosexual man (1%) scored in the clinical range. Thus, gay men's rates of clinically significant symptoms did not differ significantly from either group of women, whereas heterosexual men's rates of clinically significant symptoms were significantly lower than all other groups ($p < .05$).

Taken together, these studies underscore gay men's higher rates of body dissatisfaction and levels of eating disorder symptomatolgy as compared to heterosexual men. These studies also highlight similarities between gay men and heterosexual women in how they view their bodies. In particular, these studies show that rates of body dissatisfaction and eating pathology among gay men are as high as those among heterosexual women and in most cases higher than those among heterosexual men and lesbian women.

Objectification Theory

Objectification theory was developed by Fredrickson and Roberts (1997) to explain higher rates of some psychological disorders among women, and offers a framework for integrating sociocultural and psychological understandings of eating disorder symptoms. Objectification theory posits that in western society, women's experiences of cultural sexual

objectification can promote the adoption of an observer's perspective, such that women come to view their bodies as objects. Fredrickson and Roberts defined sexual objectification as "the experience of being treated *as a body* (or collection of body parts) valued predominantly for its use to (or consumption by) others" (p.174). Sexual objectification experiences can include experiences such as having inappropriate comments made about one's body, having one's body stared at in an intrusive way, and being the target of offensive, sexualized gestures. These experiences effectively reduce an individual to her or his body, body parts, or body functions, especially sexual functions.

Fredrickson and Roberts (1997) refer to the adoption of an observer's perspective upon one's own body as self-objectification. Self-objectification is manifested as habitual body monitoring. A considerable body of literature has established a link between habitual body surveillance and eating disorder-related attitudes, behaviors, and symptomatology (Frederickson, Roberts, Noll, Quinn, and Twenge, 1998; Morry & Staska, 2001; Muehlenkamp & Saris-Baglama, 2002 & Roberts & Gettman, 2004). This body of literature also has established an indirect link of self-objectification to eating disorder symptoms through body shame, which is experienced when individuals evaluate their bodies against an internalized cultural ideal and feel that they do not measure up to that ideal (Noll & Frederickson, 1988; Moradi, Dirks, & Matteson, 2005; & Tiggeman & Lynch, 2001).

This growing body of empirical research has supported the major premises of objectification theory as applied to eating disorder symptoms and its correlates, supporting the proposed links among self-objectification, body shame, and eating disorder symptomatology. In addition, some research support has been found for the role of sexual objectification experiences posited in objectification theory. For example, in one of the first studies on objectification

theory, Frederickson et al. (1998) experimentally manipulated experiences of sexual objectification in order to induce either high or low states of self-objectification. Undergraduate women were randomly assigned to either a high or low sexual objectification condition. Specifically, participants were asked to try on either a swimsuit (high self-objectification) or a sweater (low self-objectification) while filling out a questionnaire. Women in the swimsuit (high self-objectification) condition reported more body shame compared to those in the sweater (low self-objectification) condition. The behavioral consequences of self-objectification were also measured in a mock "taste test" of cookies and chocolate drink. The results revealed that compared to women who reported lower levels of body shame, women who reported more body shame were more likely to engage in restrained eating (i.e., consuming less than one cookie).

Fredrickson et al. (1998) conducted a second experiment using the same methodology to compare the responses of 40 undergraduate men and 42 undergraduate women. While both men and women in the swimsuit condition (high self-objectification) reported self-conscious emotions, women were more likely to report feelings related to shame such as "disgust" or "anger" while men were more likely to report feeling "shy" or "silly." Furthermore, women in the high self-objectification condition reported more body shame and engaged in more restrained eating than women in the low self-objectification condition, but men's reported body shame and restrained eating did not differ by condition. While these findings suggest that a state of self-objectification was not achieved with men, an important limitation of this study is that the sexual objectification exposure for men and women was not comparable. Specifically, men were asked to wear swim trunks which unlike a women's swimsuit are loose rather than tight-fitting. Thus, it is not clear if men do not experience self-objectification in the same way as women or if a state of self-objectification was not induced in this experiment (Hebl et al., 2004). Furthermore,

because sexual orientation was not reported in this study, the generalizeability of these findings with women and men of unknown sexual orientation to sexual minority men is unclear.

In another study, Roberts and Gettman (2004) exposed women and men to sexually objectifying words. Specifically, A sample of 70 undergraduate men and 90 undergraduate women, were primed with either sexually objectifying words (e.g., slender, desirable) or words related to body competence (e.g., vitality, coordinated). Following this manipulation body shame and appearance-related anxiety were assessed. Women in the sexual objectification condition reported more body shame $F(2,154) = 4.73$, $p < .01$, and more appearance anxiety $F(2,154) = 3.89$, $p < .05$, compared to women in the body competence condition. Men's scores on both of these measures did not differ significantly by condition. In addition, there was an overall main effect for gender, with women reporting more appearance anxiety than men, $F(1,154) = 14.09$, $p < .0005$. Thus, a seemingly innocuous reminder of sexual objectification induced a state of self-objectification for women but not for men. Again, generalizeability of these finding to sexual minority men is unclear given that sexual orientation was not assessed. Overall, these studies support the role of sexual objectification exposure in inducing self-objectification in women, but not with men of unknown sexual orientation.

While the previous studies experimentally manipulated a single incident of exposure to sexual objectification, some studies have assessed self-reported experiences of sexual objectification. In one such study, Moradi, Dirks, and Matteson (2005) found support for the posited role of sexual objectification experiences in their test of an expanded objectification theory framework. In this study, Moradi et al. (2005) examined relations among sexual objectification experiences, self-objectification, body shame, and internalization of cultural standards of attractiveness with 222 undergraduate women. The findings of this study revealed

that reported sexual objectification experiences were related positively to internalization of cultural beauty standards, r (222) = .25, $p < .05$. Internalization of beauty standards, in turn, were related positively to body surveillance (indicator of self-objectification), β (222) = .50, $p < .05$, body shame, β (222) = .24, $p < .05$, and eating disorder symptoms, β (222) = .34, $p < .05$. Additionally, internalization partially mediated the link of sexual objectification to body surveillance, and fully mediated the link of body shame to eating disorder symptoms, and body shame mediated the links of both internalization and body surveillance to eating disorder symptoms. The model tested accounted for 50% of the variance in eating disorder symptoms. Taken together, these findings are consistent with the posited role of sexual objectification experiences in objectification theory and support a positive chain of relations from sexual objectification experiences through internalization of cultural standards of attractiveness, self-objectification, and body shame, to eating pathology.

Similar findings emerged in another study that assessed undergraduate women's reports of sexual objectification experiences. Specifically, Tylka and Hill (2004) focused on sociocultural and interpersonal pressures to lose weight as a specific manifestation of sexual objectification experiences. These authors found that reported experiences of pressure for thinness accounted for unique variance in both body surveillance $t(459) = 10.32$, $p < .01$, $\beta = .51$, and body shame $t(459) = 10.14$, $p < .01$, $\beta = .45$. Body surveillance, in turn, accounted for unique variance in body shame $t(459) = 11.92$, $p < .01$, $\beta = .53$, and body shame accounted for unique variance in disordered eating symptoms $t(459) = 10.88$, $p < .01$, $\beta = .64$. These findings lend further support to the notion that including sexual objectification experiences when evaluating the objectification theory framework is important because these experiences might be related to eating disorder symptoms through body surveillance and body shame. Thus, for women, extant

research has supported the posited role of sexual objectification experiences within the objectification theory framework.

An important advancement in research on sexual objectification experiences is the development and evaluation of the Interpersonal Sexual Objectification Scale (ISOS) (ISOS; Kozee, Tylka, Augustus-Hovarth, & Denchik, 2007). ISOS items were developed based on existing measures that tapped different aspects of sexual objectification experiences, and focuses on assessing perceived experiences of sexual objectification in interpersonal interactions with friends, family members, romantic partners, and others. In addition, Fredrickson and Roberts's (1997) article was also consulted for additional specific examples of interpersonal sexual objectification. The resulting ISOS measure is a comprehensive assessment tool that integrates and builds on the strengths of existing measures. Exploratory factor analysis of ISOS data from a sample of 342 undergraduate women yielded two sexual objectification experiences factors that accounted for approximately 56.16% of the variance in the data. The first factor captured experiences related to being touched or otherwise sexually approached in an unwanted manner (i.e., explicit sexual advances) and accounted for approximately 46.68% of the variance, while the second factor captured experiences related to being evaluated based on one's body or body parts (i.e., body evaluation) and accounted for 9.48%. Kozee et al. (2007) also found that reported experiences of sexual objectification accounted for unique variance in body surveillance and internalization of standards of attractiveness. Self-objectification, as measured by the observed variables of body surveillance and internalization of standards of attractiveness, mediated the link of sexual objectification experiences with body shame. Finally, using a second sample of 131 college women Kozee et al. (2007) confirmed the two-factor solution with confirmatory factor analysis. In another study with university women, Kozee and Tylka (2006)

used the ISOS in their test of the objectification theory framework and found that for lesbian and heterosexual women, sexual objectification experiences were related positively to body surveillance, body shame, internal awareness of bodily states, and eating disorder symptoms. Kozee and colleagues work reveals two dimensions of sexual objectification experiences, and supports links of sexual objectification experiences with body surveillance, body shame, and eating disorder symptoms with lesbian and hetero women. Thus, the ISOS is an important assessment tool.

The objectification theory research reviewed thus far focuses primarily on women's experiences. Recently, objectification theory has been gaining attention and some empirical support in research with men. Specifically, while some studies have shown that compared to women, men report lower levels of self-objectification, body surveillance, body shame, and eating disorder symptoms, other studies have revealed similarities in the pattern of relations among objectification theory constructs for men and women (e.g., Lindberg et al, 2006; McKinley, 2006; Strelan & Hargreaves, 2005; Tiggeman & Kuring, 2004). For example, Strelan and Hargreaves (2005) surveyed 82 men and 71 women attending an Australian university and found that men's self-objectification levels were significantly lower than women's levels, $t(150) = 2.50$, $p < .05$, yet for both men and women, self-objectification was related significantly and negatively with body esteem. Similarly, another study which included 115 undergraduate men and 171 undergraduate women revealed that women scored significantly higher on self-objectification, $t(274) = 5.02$, $p < .001$, body surveillance, $t(274) = 5.27$, $p < .001$, and body shame, $t(274) = 3.45$, $p < .00$ than did men (Tiggemann & Kuring, 2004). Nevertheless, in this study, separate path analyses for women and men revealed that for both groups, self-objectification was related positively to body surveillance, body surveillance was related

positively to body shame, and body shame was related positively to eating disorder symptoms (Tiggemann & Kuring, 2004). In addition, body shame mediated the links of self-objectification, and body surveillance to eating disorder symptoms (Tiggemann & Kuring, 2004). This growing body of literature supports the utility of the objectification theory framework when examining body image concerns and disordered eating with men.

Particularly relevant to the current study is research on the role of sexual objectification experiences with men. A study by Hebl et al. (2004) addressed the limitations of the earlier study on sexual objectification experiences by Fredrickson et al. (1998) with a racially/ethnically diverse sample of 400 undergraduate men and women. Specifically, Hebl et al. (2004) used random assignment to either a swimsuit or sweater condition. However, instead of loose-fitting swim trunks, men were required to try on a Speedo, which may have been more likely to induce self-objectification. Indeed, Hebl et al. (2004) found that heightening sexual objectification through wearing a speedo resulted in body shame for men as well as it did for women who tried on a swimsuit, F (1, 375) = 4.57, $p < .05$. In another study, with 155 early adolescent boys (ages 10-12), Lindberg et al. (2006) found that self-reported exposure to peer sexual harassment was correlated positively with body surveillance ($r = .36$, $p < .01$), and body shame ($r = .35$, $p < .01$). Additional analyses with this sample also indicated that self-reported exposure to peer sexual harassment was related indirectly to body shame through body surveillance (Lindberg et al., 2007). Thus, emerging evidence with boys and men seems to support the posited links of sexual objectification experiences with other objectification theory constructs. However, in each of these studies, information about sexual orientation of participants was either not reported, or the sample consisted primarily of heterosexual men, therefore the generalizeability of these findings to sexual minority men is not clear.

Sexual Minority Men's Experiences of Body Objectification

Objectification theory research with men and literature on sexual minority men's experiences suggest that sexual objectification experiences, as well as experiences of objectification related to masculine appearance norm violation may be salient manifestations of objectification to assess with sexual minority men (e.g., Barron & Bradford, 2007; Glick et al., 2007; Kimmel & Mahalik, 2005; Wiseman & Moradi, 2008). These experiences may contribute to sexual minority men's body image concerns and eating pathology. Research related to these experiences is described next.

Sexual Objectification of Sexual Minority Men

Research suggests that there is an emphasis placed on attractiveness in gay culture, and that this emphasis may translate into higher rates of body dissatisfaction and eating disorder symptoms among gay men (Siever, 1994; Silberstein, Mishkind, Striegel-Moore, Timko, & Rodin, 1989). Specifically, studies have found that compared to heterosexual men, gay men are more concerned with physical appearance when evaluating themselves and potential partners (Siever, 1994) and prefer a thinner ideal body type for themselves and their partners (Brand, et al., 1991). Furthermore, this preference for attractive partners is posited to be stronger for heterosexual and gay men than for heterosexual or lesbian women (Brand et al., 1992; Siever, 1994). Because of men's preference for attractive partners, sexual minority men, similar to heterosexual women, may experience pressures to be thin and attractive, because they desire to attract men as partners. This pressure may be less of a concern for heterosexual men, since their goal is to attract women (Brand et al., 1992; Siever, 1994). Therefore considering that attractiveness is seemingly important for men, in order to attract a male partner, sexual minority men are likely to experience pressure to live up to cultural standards for attractiveness. In fact, a recent study by Kozak, Frankenhauser, and Roberts (2009) compared 30 gay men and 29

heterosexual men, with a mean age of 26, based on whether they viewed their bodies and the bodies of other men in objectified (i.e., how the body looks) versus non-objectified (i.e., how the body performs) terms. These authors found that gay men were more likely to view other men in objectified terms compared to heterosexual men, $F(1,54) = 5.06$, $p < .05$. Gay men were also more likely to self-objectify (i.e., view themselves in objectified terms) compared to heterosexual men, $F(1,54) = 11.20$, $p < .01$.

Furthermore, in addition to these research findings, many articles focused on body image issues and disordered eating among sexual minority men have been published in popular gay periodicals (DiCarlo, 2001; Kahn, 2004; Schneider, 2001; Shernoff, 2001). For example, Kahn (2004) highlighted the pressures that exist for sexual minority men by stating, "Young gay men are expected to always be tanned, smell good, wear the latest and greatest clothing, and of course, be in wonderful shape….each season's clothes have become more "muscle fit"….I always hear gay men say, 'Wow look at how those jeans fit that guy. I bet he works out all the time'" (p. 25). In another article DiCarlo (2001) summarizes this point by stating "To find the perfect man, I must become the perfect man" (p.14). It is important to note that many of the reasons suggested for the higher rates of body image and eating problems among gay men (e.g., goal to attract men, stereotyped as less masculine) also apply to bisexual men, however bisexual men have not usually been included in this literature.

In addition to these cultural and interpersonal pressures, portrayals of men in the media are becoming increasingly more sexually objectifying, and these images appear to target sexual minority men. Rohlinger (2002) found evidence for this increase in her examination of advertisements over a 10 year period (1987-1997). Specifically, advertisements in five popular men's magazines were coded and analyzed. Nine categories of men were observed (e.g., the

hero, the family man) with the most prevalent category being the erotic male. The defining feature of the erotic male was a sexualized depiction, and this type of image accounted for over one-third of all the images coded.

Additionally, the erotic male was depicted in a manner that focuses attention on the model's body. That is, the erotic male models were more likely to be depicted as engaging in a passive self-touch rather than an active touch, gazing into the distance rather than at the audience, or with the head or face obscured or missing. These types of depictions parallel typical magazine depictions of women. Rohlinger (2002) also coded the perceived sexual orientation of the models as "heterosexual," "homosexual," "ambiguous" (i.e., model in a context of a same-sex relationship that was not clearly heterosexual or homosexual) or "unknown" (i.e., model depicted alone) (Rohlinger, 2002, p. 67). Of these images, 76% of the erotic male models were coded as having an ambiguous or unknown sexual orientation. Also, the erotic male models coded as having an unknown or ambiguous sexual orientation were more likely to be engaged in touch (94.7%) or gaze (76.0 to 100%) behaviors, compared to erotic male models coded as having a heterosexual orientation (5.3% touch and 0% gaze). Also, images of models engaging in these types of touch and gaze behaviors increased over the 10 year scope of the study, accounting for a higher percentage of the total images in 1997 (93.9%) than in 1987 (78.9%). In addition 78.9% of erotic male models with an unknown sexual orientation were depicted without clothing in 1987, compared to 81.3% in 1997.

Additional evidence suggests that Rohlinger's (2002) observations regarding depictions of the erotic male may be targeting sexual minority men. That is, the ambiguous nature of the model's sexual orientation may not be accidental. In fact, Clark (1995) discusses the "dual marketing approach" used by many advertisers to reach sexual minority consumers in a way that

will not offend the broader heterosexual audience (p. 144). Specifically, the dual marketing approach is designed to "avoid explicit references to heterosexuality by depicting only one individual or same-sexed individuals within the representation frame. In addition, these models bear the signifiers of sexual ambiguity, or androgynous style. But 'gayness' remains in the eye of the beholder" (Clark, 1995, p.144). This subtle targeting of sexual minority men can contribute to the cultural expectations for sexual minority men to be thin, attractive, and sexualized. DiCarlo's (2001) reaction to viewing an Abercrombie & Fitch catalogue exemplifies this type of advertising and the impact on sexual minority men's body image. In an article published in *The Gay and Lesbian Review*, he noted that the clothes being advertised "seem like an afterthought, as do the women placed in the margins." He also expressed his concern that the slim but muscular body type represented in the catalogue is "especially appealing to gay men" and creates pressure to achieve and seek out in potential partners this "ideal" (p.14).

While the literature on understanding eating disorders among gay men has increased over the past decade, scholars are just beginning to attend to sexual minority men's unique experiences of sexual objectification. Two studies could be located that assessed sexual objectification exposure specifically with sexual minority men. The first study examined the role of sexual objectification and its correlates with a community sample of 231 sexual minority men, ages 17-70 (Wiseman & Moradi, 2009). Wiseman and Moradi (2009) assessed sexual minority men's self-reported experiences of sexual objectification and found that significant positive relations existed among reported sexual objectification experiences, internalization of cultural standards of attractiveness, body surveillance, body shame, and eating disorder symptoms. In addition, a path analysis revealed that through internalization of cultural standards of attractiveness, reported experiences of sexual objectification had a significant indirect link of .07

(.14 x .51; $z = 2.15$, $p < .05$) with body surveillance and a significant indirect link of .05 (.14 x .34; $z = 2.05$, $p < .05$) with body shame. In addition, through body surveillance, sexual objectification experiences had a significant indirect link of .04 (.12 x .32; $z = 2.04$, $p < .05$) with body shame. Finally, through body shame, body surveillance had a significant indirect link of .12 (.32 x .38; $z = 3.78$, $p < .001$) with eating disorder symptoms. Thus, internalization of cultural standards of attractiveness mediated the link of sexual objectification experiences with body surveillance and body shame, body surveillance mediated the link of internalization of cultural standards of attractiveness with body shame and eating disorder symptoms, and body shame mediated the links of sexual objectification experiences and internalization of cultural standards of attractiveness to eating disorder symptoms. This pattern of relations is consistent with the chain of relations proposed in objectification theory. While the findings of this study lend support to the use of objectification theory in understanding sexual minority men's experiences, a limitation of the study is that the authors used a measure of sexual objectification that was grounded originally on women's experiences.

In a second study, using an experimental design, Martins et al. (2007) compared 68 heterosexual men and 57 gay men attending an Australian university and ranging in age from 17-40, on level of self-objectification and its proposed consequences. Participants were assigned randomly to wear either a speedo or a sweater in front of a full length mirror. Using a speedo rather than swim trunks ensured the inducement of self-objectification for men, in fact, gay and heterosexual men assigned to the speedo condition reported higher levels of self-objectification than gay and heterosexual men assigned to the sweater condition, $F(1,115) = 4.85$, $p < .05$. However, heterosexual men in the two conditions did not differ on level of body shame, $F(1,61) = 0.00$, *ns,* or amount of snack food eaten, $F(1,61) = 2.47$, *ns*. By contrast, gay men assigned to

the speedo condition reported greater body shame, F (1,52) = 5.30, $p < .05$, and ate less snack food than did gay men assigned to the sweater condition, F (1,53) = 4.51, $p < .05$. Thus, similar to Fredrickson et al.'s (1998) findings with men of unknown sexual orientation, Martins et al. (2007) found that heightened sexual objectification was not related body shame or restrained eating for heterosexual men. However, similar to Fredrickson et al.'s (1998) findings with women, Martins et al. (2007) found that heightened sexual objectification was related to self-objectification, body shame, and restrained eating for gay men. Thus, Wiseman and Moradi's (2009) findings, along with Martins et al.'s (2007) findings highlight similarities between women's and sexual minority men's experiences related to sexual objectification.

Masculine Appearance Norm Violation

Along with experiences of sexual objectification, it is also important to understand other types of objectification that may be relevant for sexual minority men. Specifically, for men, masculine appearance norms of muscularity and strength may be salient pressures that focus attention on the body (Beren, 1997; Crawley, Foley, & Shehan, 2008; Drummond, 2005). As such, men's experiences of muscularity or masculine appearance norm pressures may operate within the objectification theory framework in parallel manner as sexual objectification experiences. In fact, Hallsworth et al. (2005) compared three groups of men (a community sample of body builders, a community sample of weightlifters, and an undergraduate sample of non-athletic controls) on levels of self-objectification, body surveillance, body shame, body image concerns, and eating disorder symptoms. Men who were body builders scored higher on self-objectification compared to men in the other groups, F (1,81) = 4.69, $p < .01$. Furthermore, self-objectification was significantly and positively correlated with body surveillance, body shame, and body image concerns for all groups of men. These findings are important because body building is an activity in which appearance focused muscularity and masculinity are the

predominant aims and Hallsworth et al.'s (2005) findings link body building with self-objectification and its posited consequences for men.

Masculine appearance norm violation objectification may be particularly salient for sexual minority men who are stereotyped as less masculine than heterosexual men (Kite & Deaux, 1987), and so may experience and anticipate stigmatization and harassment due to violation of masculine appearance norms (Glick et al., 2007). Indeed, in a qualitative study that gathered data from two focus groups with a total of 15 young sexual minority men living Ireland (ages 16-25), themes emerged that reflected fears of stigmatization and harassment due to appearing too feminine. Some participants spoke about carefully monitoring body posture and other movements in order to fit in and pass as straight. One participant spoke about his struggle to appear more masculine in order to avoid being stigmatized as "weak or effeminate," stating "That's why I changed and hid for so long. I changed and started wearing tracksuits and tried to look more hard, trying to be someone I wasn't" (Barron & Bradford, 2007, p. 241). The consequences of appearing too feminine were severe, as the authors noted that many of the men disclosed abuse such as bullying, harassment, social isolation, public humiliation, and physical assault due to violating masculine appearance norms.

In another qualitative study, 14 gay men between 18 and 25 years of age and living in Australia were interviewed about body image, body identity, and masculinity. One theme which emerged around masculinity was the need to monitor how one portrays his masculinity. That it, participants expressed acting or dressing more or less masculine depending on the environment in order to fit in and feel accepted. One man described his annoyance at having to attend to cultural perceptions of his masculinity stating, "I may not think about things consciously but I behave in such a way as to avoid doing certain things when I'm in the general public as opposed

to when I'm in private at home or just around a bunch of gay friends. I realize I do those sort of things, And I don't like that" (Drummond, 2005, p. 278).

These qualitative findings illustrate that masculine appearance norm pressures can promote efforts to monitor and reduce gender non-conforming appearance in order to avoid the stigma of being viewed by others as too feminine, and to protect oneself against harassment and even violence due to one's sexual orientation (Barron & Bradford, 2007). Meyer (2003) described such anticipation of stigma as a type of *minority stress* that has negative mental health consequences. Indeed, Kimmel and Mahalik (2005) surveyed 357 gay men with a mean age of 35, and found that expectations of stigma for being gay was associated uniquely with body image dissatisfaction and masculine body ideal distress (i.e., distress due to a failure to achieve the masculine ideal). As such, experiences of objectification due to masculine appearance norm violation can be conceptualized as a type of objectification that focuses attention on the body, and may operate within the objectification theory framework in a manner that parallels sexual objectification experiences (Wiseman & Moradi, 2009).

While no studies were found that assessed current experiences of masculine appearance norm pressures, a few studies have assessed recollections of harassment due to childhood gender nonconformity. These studies link such experiences with eating disturbance. For example, in one study, Strong, Singh, and Randall (2000) surveyed 129 gay men and 52 heterosexual men, aged 18 to 58, regarding their recollections of childhood gender nonconformity and current body dissatisfaction. The results indicated that gay men reported more childhood gender nonconforming behaviors, $F\,(1,177) = 13.16$, $p < .05$, and more body dissatisfaction, $F\,(1,177) = 9.85$, $p < .05$, compared to heterosexual men. Furthermore, for both groups of men, recollections of childhood gender nonconformity were associated significantly with body dissatisfaction ($p <$

.001). A second study investigated undergraduate heterosexual and gay men's experiences of stigmatization, shame, and childhood teasing/harassment for gender nonconformity, as well as gay men's experiences of internalized homophobia, as correlates of eating disorder symptoms (Beren, 1997). In this study, Beren (1997) used structural equation modeling to test her models and found that, for both heterosexual and gay men, recalled childhood teasing/harassment for gender nonconformity was related to eating pathology.

More recently, Wiseman and Moradi (2009) found that through internalization of cultural standards of attractiveness, recalled harassment for childhood gender nonconformity had significant indirect relations of .08 (.15 x .51; $z = 2.25$, $p < .02$) with body surveillance and .05 (.15 x .34; $z = 2.14$, $p < .05$) with body shame. Similarly, through body surveillance, harassment for childhood gender nonconformity had significant indirect relations of .05 (.15 x 32; $z = 2.61$, $p < .01$) with body shame and .04 (.15 x 26; $z = 2.32$, $p < .05$) with eating disorder symptoms. Additionally, a significant indirect link of .04 (.15 x .26; $z = 2.32$, $p < .05$) from harassment for childhood gender nonconformity to eating disorder symptoms, through body shame was found. Thus, internalization of cultural standards of attractiveness mediated the link of recalled harassment for childhood gender nonconformity with body surveillance and body shame, and body surveillance and body shame were simultaneous mediators of the relation between harassment for childhood gender nonconformity and eating disorder symptoms.

Collectively, the findings of these studies support considering sexual minority men's experiences of harassment for gender nonconformity when examining the objectification theory framework with sexual minority men. Given that these experiences are related to sexual minority men's body image concerns and eating pathology, they can be conceptualized as a type of masculine appearance norm violation objectification that might promote an increased awareness

of one's body, self- monitoring, and attempts to control one's body, appearance, and behaviors (i.e., self-objectification) in order to avoid additional negative attention, harassment, and potential violence. Therefore, for sexual minority men, experiences of body objectification may include masculine appearance norm violation objectification as well as sexual objectification, both of which may promote body image and eating disturbance by promoting self-objectification and habitual body monitoring. In this way, sexual objectification and masculine appearance norm objectification may operate in a parallel manner in the objectification theory framework, and both manifestations of body objectification are important to consider in tests of objectification theory with sexual minority men.

Purpose of Study

The growing body of literature on sexual minority men's experiences points to similarities as well as important differences in the objectification experiences between women and sexual minority men. Specifically, this literature highlights the importance of attending to experiences of (a) sexual objectification and (b) masculine appearance norm violation objectification in evaluating objectification theory with sexual minority men. To provide a tool for assessing such experiences, the present study developed and psychometrically evaluated the Sexual Minority Men's Body Objectification Experiences Scale (SMM-BOES). Specifically, the present study examines the following hypotheses:

1. Consistent with prior research on objectification theory (e.g., Kozee et al., 2007;Wiseman & Moradi, 2008), and conceptual and empirical literature on sexual minority men's experiences (e.g.,Barron & Bradford, 2007; Glick et al., 2007), it is hypothesized that an Exploratory Factor Analysis (EFA) of items developed for the *Sexual Minority Men's Body Objectification Experiences Scale* will result in at least three objectification experiences factors: (a) body evaluation, (b) explicit sexual advances, and (c) masculine appearance norm violation.

2. Confirmatory Factor Analysis (CFA) [1] with data from a second sample will support the stability of the factor structure obtained from the EFA and reveal significant relations among factors, indicating that they assess distinct but correlated aspects of body objectification experiences.

3. Cronbach's alpha values of subscale items are expected to be at least .70.

4. GBM-BOES subscales scores are expected to be unrelated to socially desirable responding, and based on the objectification theory framework, expected to correlate positively with internalization of cultural standards of attractiveness, body surveillance, body shame, and eating disorder symptoms.

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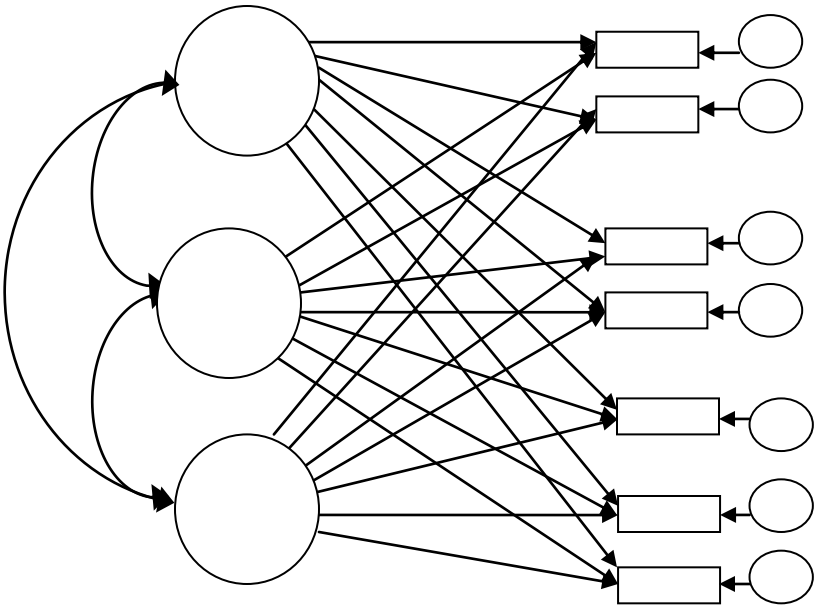
[1]Factor analysis identifies latent dimensions of a construct. In an EFA all items are allowed to correlate with each factor, such that the factor structure emerges from the data. In contrast, the researcher imposes the factor structure in a CFA to statistically test how well the specified model fits the data. See Figure 2-1 for conceptual models of each.

Exploratory Factor Analysis Model



Confirmatory Factor Analysis Model

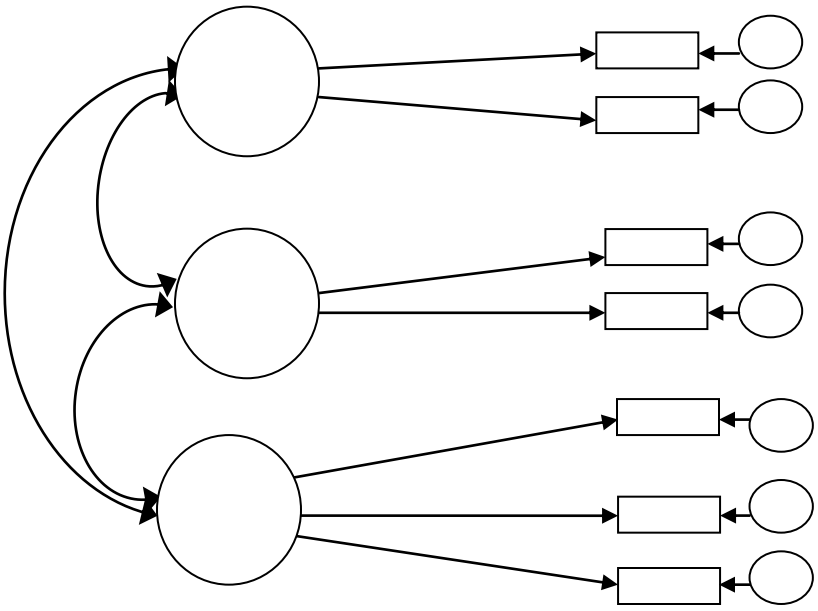


Figure 2-1. EFA and CFA conceptual models.

Note: Large circles represent latent factors, rectangles represent items, and small circles represent error terms.

CHAPTER 3
METHOD

Development and Evaluation of the Sexual Minority Men's Body Objectification Experiences Scale (SMM-BOES)

Items were developed to reflect sexual minority men's perceived experiences of body objectification. Item content was based on four sources of information: (a) extant literature and instrumentation on sexual objectification experiences in general (e.g., Fredrickson et al., 1998; Hill, 2002; Kozee et al., 2007) (b) conceptual and empirical literature on sexual minority men's experiences of sexual objectification (e.g., Hebl, et al., 2004; Wiseman & Moradi 2009), (c) conceptual and empirical literature about sexual minority men's experiences of stigmatization due to masculine appearance norm violation (e.g., Kimmel & Mahalik, 2005), and (d) responses to an open-ended survey item from a previous study that asked sexual minority men to report events that they felt were sexually objectifying (Wiseman & Moradi, 2008). Three themes regarding sexual minority men's body objectification experiences emerged from these sources: (a) body evaluation, (b) explicit sexual advances, and (c) masculine appearance norm pressures; the item pool reflected these three themes

Several steps were taken to evaluate the initial item pool. First members of the advisory committee for this research reviewed the items. As a result of their feedback the perceived valence of the experience reflected in each item was also assessed for exploratory purposes. Next, to ensure the content validity of the items, three consultants with expertise in research with sexual minority populations, men's body image research, and objectification (one of whom also identified as a gay man), evaluated the items and provided feedback and recommendations for rewording items and adding or deleting items. Revisions were made and the newly revised items were evaluated by five consultants who identified as gay (2) or bisexual (3) men, four of whom also had expertise in research with sexual minority populations, objectification theory, and/or

men's body image research. These consultants provided feedback regarding the applicability of the items to sexual minority men's experiences, length of the measure, and clarity of the items. Revisions were made based on this feedback.

The revised item pool was administered in this study. Participants rated how often they experienced each event during the past year on a 5 point continuum (1 = never to 5 = almost always). This time frame and rating scale was based upon existing measures of body objectification experiences (e.g., Interpersonal Sexual Objectification Scale; Kozee et al., 2007). In addition to rating the perceived frequency of experiences, participants rated what they believed the valence of their response would be to the event on a 5 point continuum (1=bad, 3=neutral, 5=good). Ratings of frequency items are averaged and higher scores reflect greater perceived body objectification experiences; ratings of valence items are averaged with lower scores reflecting a more negative response and higher scores reflecting a more positive response.

Procedures

Data were collected using an online survey. Participants were recruited by advertising through Internet listserves, communities, and discussion boards that include sexual minority men. The internet is an effective recruitment method for reaching difficult to recruit populations such as sexual minority persons (Riggle, Rostosky, & Reedy, 2005). For sexual minority persons, collecting data online helps to assure anonymity and may promote inclusion of individuals who are less "out" about their sexual orientation than would data collection strategies that require sexual minority persons to "come out" to researchers in person (Epstein & Klinkenberg, 2002). This assurance of anonymity is also likely to result in more honest responses from participants who may perceive online surveys to be more private than traditional in-person surveys (Riggle et al., 2005). In addition to these benefits, online surveys utilize fewer resources (i.e., time, money), and have been found to produce comparable responses to more traditional

pencil and paper modes of data collection (Gosling, Vazire, Srivastava, & John, 2004; Hiskey & Troop, 2002).

Recruitment messages requested participation in a study about the experiences of sexual minority men (i.e., gay, bisexual, men who have sex with men) and directed participants to the online survey. After reading the informed consent form, participants clicked a button indicating that they agreed to participate in the study and began the survey, which took approximately 25-30 minutes to complete. The survey instruments were counterbalanced to reduce order effects. Following the completion of the survey, all participants received a thank you and debriefing message. Completing the survey involved minimal risk and American Psychological Association (APA) ethical guidelines were adhered to throughout the research process. The survey included validity check items that asked participants to choose a particular response (e.g., "please click the button for *Sometimes*"), in order to evaluate the extent to which participants were responding actively to the survey questions rather than responding randomly. Validity was further protected by soliciting only from online groups, networks, or listerves that are affirming of sexual minority men. This strategy was utilized to minimize the possibility that individuals who did not identify as sexual minority men would participate with the intent to sabotage the data. An additional safeguard to validity and further benefit of online data collection is that the data are automatically transferred into an SPSS database, eliminating the possibility of error due to human data entry.

Participants

A total of 809 individuals accessed the online survey, 4 of whom declined participation after reading the informed consent. Of the 805 individuals who agreed to participate, 269 exited the survey before beginning any of the items, and 27 participants exited the survey before completing all of the measures. Some of these 296 blank or incomplete entries may have been

from individuals who returned to complete the survey at a later time, but this possibility cannot be tested due to the anonymity of survey submissions. The remaining 509 survey entries were screened. No duplicate entries were identified; 2 participants who identified themselves as women, 2 participants who did not indicate their gender, 12 participants who did not provide enough information to compute BMI scores, 19 participants who did not disclose their age, 11 participants having incorrect responses to more than 2 validity items, and 4 participants missing more than 20% on at least one measure were removed from the data set. Thus, the final data set included data from 459 participants.

Participants in the sample self-identified as men (98.2%) or transgender (1.4%), and as exclusively gay (73.2%), mostly gay (17.3%), bisexual (6.1%), or mostly heterosexual (0.4%) on a Kinsey-type scale (1 = exclusively gay to 5 = exclusively heterosexual). A further 2.9% identified as other (e.g., queer, pansexual). The 2 men who self-identified as mostly heterosexual were retained because their responses to other items indicated some sexual attraction or behaviors toward men. Specifically, to assess same-sex sexual attraction and behaviors, participants rated (1= low to 5= high) their physical attraction to men (M = 4.89; Mdn =5.00; SD = .43) and to women (M = 1.59; Mdn = 1.00; SD = .96), and their emotional attraction to men (M = 4.61; Mdn = 5.00; SD = .72) and to women (M = 2.52; Mdn = 1.00; SD = 1.29). Participants were also asked to report the gender-specificity (1= men only, 3 = both genders equally, 5= women only; 0 = never had sex) of their sexual behaviors (no participants reported sex with women only; 18 participants reported that they never had sex; for the remaining participants M = 1.49; Mdn = 1.00; SD = .80).

Participants ranged in age from 16 to 77 (M = 35.62; Mdn = 33.0; SD= 13.65). About 80.3% identified as White or Caucasian, 6.1% as Hispanic or Latino, 4.2% as Asian American or

Pacific Islander, 1.3% as African American, 1.1% as Native American, and 6.6% as multi-racial or other races or ethnicities. Participants reported residing in the United States (90.4%), Canada (5.9%), the United Kingdom (1.5%), and less than 1% each in Australia, China, India, France, and Switzerland. Participants were recruited from English-language sites and all recruitment materials were in English. In addition, participants demonstrated the ability to read and understand English by responding correctly to validity check items. With regard to relationship status, 41.8 % of participants reported being single, 22.1% reported being partnered (not legally recognized), 16.0% reported being in long term dating relationships, 7.4% reported being legally married, 7.2% reported being in casual dating relationships, 3.9% were in legally recognized domestic partnerships, and 1.5% were in legally recognized civil unions.

Over half of participants were employed full time (55.6%); others were employed part time (19.3%), not currently employed (17.7%), or self-employed (6.8%). In terms of level of education, 34% had earned a professional degree, 31.5% had earned a college degree, and 28.7% had some college education. The remaining participants reported having completed some (less than 1%) or all (4.1%) of high school, or having less than a high school education (less than 1%). Half of the sample considered themselves to be middle-class (50.1%). The remaining participants identified themselves as upper-middle class (27.1%), working class (13.6%), working poor (3.9%), poor (2.4%), and upper class (2.4%). Participants were also asked to rate themselves relative to others with regard to their education, employment, and finances. They were instructed that a rating of 1 included those who are worst off and 10 included those who are best off. Participants considered themselves to be better off than most with 83.6% rating themselves at a 6 or higher.

Instruments

Internalization of cultural standards of attractiveness. The 8-item Internalization subscale of the Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ; Heinberg, Thompson, & Strormer, 1995) was used to measure the degree to which cultural standards of attractiveness are accepted and internalized by the respondent. Each statement is rated on a 5 point continuum (1 = completely disagree to 5 = completely agree). This measure originated for use with women but has been modified and used successfully with men by replacing the word "thin" with "muscular/fit" for all relevant items (Morry & Staska, 2001). Item ratings are averaged to compute an overall score, with higher scores reflecting greater levels of internalization. In terms of validity, SATAQ scores were correlated negatively with body image satisfaction and positively with weight preoccupation in a sample of gay men (Levesque & Vichesky, 2005). Levesque and Vichesky (2005) obtained a Cronbach's alpha of .85 for internalization scores in a sample of gay men, and Wiseman and Moradi (2009) reported a Cronbach's alpha of .89 with a sample of sexual minority men. For the current study Cronbach's alpha was .88.

Body surveillance. The Body Surveillance subscale of McKinley and Hyde's (1996) Objectified Body Consciousness Scale is an 8-item measure of the extent to which an individual thinks of his or her body in terms of how it looks, rather than how it feels. Participants rate the degree to which they agree with each statement on a 7 point Likert-type scale (1 = strongly disagree to 7 = strongly agree) with an NA (not applicable) option for items that do not apply. Ratings of applicable items are averaged and higher scores indicate greater body surveillance. Body surveillance scores have shown adequate validity in samples of sexual minority men, as scores were correlated positively with body shame (Martins et al., 2007; Wiseman & Moradi,

2008). Cronbach's alpha with a sample of sexual minority men was .89 (Wiseman & Moradi, 2008). For the current study Cronbach's alpha was .88.

Body shame. The Body Shame subscale of McKinley and Hyde's (1996) Objectified Body Consciousness Scale is an 8-item measure of the degree to which an individual feels ashamed for not achieving an internalized body standard. Participants rate the degree to which they agree with each statement on a 7 point Likert-type scale (1 = strongly disagree to 7 = strongly agree) with an NA (not applicable) option for items that do not apply. Ratings of applicable items are averaged and higher scores reflect greater body shame. Body shame scores have shown adequate validity, as scores were correlated positively with indicators of body dissatisfaction, body surveillance, and drive for thinness in a sample of gay men (Martins et al., 2007). Cronbach's alpha was .89 with a sample of sexual minority men (Wiseman & Moradi, 2008). For the current study Cronbach's alpha was .86.

Eating disorder symptoms. The Eating Attitudes Test–26 (EAT-26; Garner, Olmsted, Bohr, & Garfinkel, 1982) is a 26-item measure of eating disorder symptoms recommended for use with nonclinical samples (Siever, 1994). Items are rated on a 6-point scale (1 = always to 6 = never) and averaging continuous item ratings to obtain an overall score has been recommended in nonclincial samples (Siever, 1994). With regard to validity, EAT-26 scores correlated as expected with scores on other measures of disordered eating (Kashubeck-West, Mintz, & Saunders, 2001) and measures of body shame and surveillance with a sample of sexual minority men (Wiseman & Moradi, 2008). EAT-26 scores also differentiate between individuals with a diagnosable eating disorder and nonclinical controls (Kashubeck-West et al., 2001; Garner & Garfinkel, 1979). Russel and Keel (2002) reported a Cronbach's alpha of .89 for a sample of gay

men, while Wiseman and Moradi (2009) obtained a Cronbach's alpha of .90 in their sample of sexual minority men. For the current study Cronbach's alpha was .86.

Impression management. The Impression Management (IM) scale of the Balanced Inventory of Desirable Responding (BIDR; Paulhus & Reid, 1991) was used to assess impression management. IM items are rated on a 7-point scale (1 = not true to 7 = very true), with higher scores indicating excessively desirable responses. Paulhus (1991) recommends a dichotomous scoring method in which the number of extreme responses (i.e., 6 and 7 after reverse coding) is totaled to compute an overall score, with higher scores reflecting greater levels of impression management. Stoeber, Dette, and Musch (2002) obtained a Cronbach's alpha of .68 for dichotomously coded IM items. IM scores have demonstrated convergent validity as they are correlated (r = .22 to .37) with other measures of social desirability (Stoeber et al., 2002). For the current study Cronbach's alpha was for dichotomously coded items was .64.

Demographics. Participants were asked to report demographic information such as their age, race/ethnicity, education level, sexual orientation, and socio-economic status. In addition, participants were asked for their height and weight and Body Mass Index (BMI) scores were computed using the formula recommended by the Centers for Disease Control and Prevention, http:/www.cdc.gov/nccdphp/dnpa/bmi/bmi-adult-formula.htm. BMI has been examined as a covariate when examining body image and eating problems (e.g., Morry & Staska, 2001; Noll & Fredrickson, 1998).

CHAPTER 4
RESULTS

Descriptive Information and Preliminary Analyses

Based on the categories established by the Center for Disease Control, participants' average BMI (M = 26.49, SD = 5.86) was in the overweight category, with no participants categorized as underweight (BMI < 18.5), 48% as healthy weight (BMI of 18.5 to 24.9), 34% as overweight (BMI of 25 to 30), and 18% as obese (BMI $\geq$ 30). According to the national averages published by the Center for Disease Control (CDC), 71% of adult men are overweight or obese and 28% are in the healthy weight category; by comparison, greater proportions of the present sample were in the healthy weight category and a lower proportion were in the overweight and obese category. One caution regarding the statistics provided by the CDC is that information about sexual orientation was not gathered (National Center for Health Statistics, 2007).

A MANOVA with the set of variables of interest (i.e., body objectification experiences (51 items), internalization of cultural standards of attractiveness, body surveillance, body shame, eating disorder symptoms, and impression management) as the dependent variables indicated a significant overall difference on order of instruments ($F[6, 450] = 6.64$, $p < .001$, partial η^2=.08), Follow-up univariate tests, with alpha adjusted (.05/6 = .008) to control for Type I error, revealed a significant effect for body objectification experiences (F [1, 457] = 3.87, $p < .001$, partial η^2=.05). Participants reported greater perceived body objectification experiences when they completed this measure after completing other body/appearance focused measures (i.e., internalization of cultural standards of attractiveness, body surveillance, body shame). This order effect accounted for 5% of the variance in body objectification experiences. Controlling for order effects had a negligible impact on the magnitude of correlations among the variables of interest.

Controlling for order effects resulted in changes in magnitudes of correlations that ranged from .0012 to .0362. Thus, data from both versions of the survey were combined for analyses.

Exploratory Factor Analysis

The full data set was randomly split such that the Exploratory Factor Analysis (EFA) and the Confirmatory Factor Analysis (CFA) were performed with independent samples. This is important to ensure that confirmation of the factor structure is not contaminated with data that informed the factor structure to be confirmed. Data from 200 participants, selected randomly from the overall data set, were used to conduct the exploratory factor analysis. In their scale development recommendations, Worthington and Whittaker (2006) suggested that samples as small as 150 are sufficient for EFA in research with difficult to recruit populations, such as sexual minority persons. Smaller samples are also acceptable when a small number of factors are expected (Worthington & Whittaker, 2006). As only three factors were expected, a sample of 200 was deemed adequate.

Barlett's test of sphericity indicated that there were enough sizable bivariate correlations in the correlation matrix to support factor analysis, $X2[1275, N = 200] = 6456.88$, $p < .001$. Also supporting the viability of factor analysis, the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy (.87) indicated that partial correlations present in the matrix were small suggesting the presence of underlying factors causing the items to correlate. Tabachnick and Fidell (2001) recommend KMO values greater than .60 for "good" factor analysis (p. 614).

Principle axis factoring (PAF) was used to conduct the exploratory factor analysis. This method of extraction analyzes only the shared variance among the variables and was chosen over principle components analysis (PCA) which analyzes all of the variance (including unique or error variance) in the observed variables. Thus, PAF is thought to be especially useful for theory-driven scale development (Tabachnik & Fidell, 2007). The relative appropriateness of oblique

(promax) and orthogonal (varimax) rotation was examined. Oblique rotation was chosen because there was more than 10% overlap in variance among factors (i.e., at least one of the three intercorrelations exceeded .32) and because oblique rotation revealed a simpler structure and cleaner factor loadings (i.e., fewer cross loadings) than orthogonal rotation (Tabachnick & Fidell, 2007). Following Kaiser's (1958) recommendation, factors with eigenvalues of less than 1 were not retained because they are likely to be unstable. In addition, factors with less than three items were not retained in order to increase the meaningfulness and reliability of resultant subscales (Tabachnick & Fidell, 2001; Worthington & Whittaker, 2006). As Worthington and Whittaker (2006) noted, EFA combines subjective and empirical approaches to data analysis and interpretability of the factors should be the ultimate guide when deciding on factor-retention. That is, in addition to considering the empirical indicators for retention, only factors that can be meaningfully interpreted should be retained. Thus, interpretability was considered in making decisions regarding factor retention.

The scree plot suggested examination of three and four factor solutions, and was corroborated by examination of eigenvalue discontinuity (i.e., jump or lowering of eigenvalues). Examination of the four factor solution revealed that the fourth factor had few distinctive items and had multiple items with low loadings and high cross-loadings. By contrast, the three factor solution had fewer cross-loadings and a greater number of high and distinctively loading items; thus the three factor solution was retained and interpreted. Items on the first factor reflected Masculine Appearance Norm Violation and accounted for 24% of the variance. The second factor reflected Sexually Explicit Advances and accounted for 13% of additional variance, and the third factor reflected Body Evaluation and accounted for 9% of additional variance.

Item retention was determined first by examining item communalites after rotation. One item had a communality of less than .40, which suggests that it was not highly correlated with any of the factors and should be deleted (Worthington & Whittaker, 2006). This item also had a low factor-loading (.26). Next, the values of item loadings and cross-loadings were examined. Items having factor loadings less than .50 or cross-loadings with less than a .20 discrepancy from their intended factor loading were not retained (Worthington & Whittaker, 2006). The 33 items that met loading and cross-loading criteria were examined for conceptual redundancy and 5 additional items were removed due to content redundancy with retained items. The remaining 28 items were retained and used to conduct the confirmatory factor analysis. Factor loadings and cross-loadings for this set of items are presented in Figure 4-1.

Confirmatory Factor Analysis

As suggested by Worthington and Whittaker (2006), Structural Equation Modeling (SEM) with Amos 18.0 was used to conduct the Confirmatory factor analyses (CFA). For CFA, it is recommended that at least 200 participants, or a minimum of 5 participants per estimated parameter are needed (Kline, 1998; Worthington & Whittaker, 2006). Additionally, CFA models with a greater number of constraints require smaller sample sizes, since adequate sample size is determined by the model's degrees of freedom (Kahn, 2006; MacCallum, Browne, & Sugawara, 1996). Based on these guidelines, the present sample of 259 participants was deemed sufficient to conduct the CFA.

Data met skewness and kurtosis guidelines for univariate normality (Weston & Gore, 2006). Because the chi-square statistic can be inflated with large sample sizes, fit was assessed with the Standardized Root Mean Square Residual (SRMR), Comparative Fit Index (CFI), and Root Mean Square Error of Approximation were examined to determine model fit (Weston & Gore, 2006). Mulitvariate outliers, based on item-level analysis of the SMM-BOES, were

identified and removed iteratively from the data set to determine their impact on fit indices and parameter estimates. Removal of outliers had minimal impact on fit indices and parameter estimates; thus, the full CFA sample was used for the analyses. The three interrelated factor model obtained in the EFA provided acceptable fit to the data (CFI = .926, SRMR = .059, RMSEA = .056 [90% CI: .049, .063]). When sample sizes do not exceed 500, CFI values greater than .90, and RMSEA and SRMR values less than .10 suggest an acceptable fit (Weston & Gore, 2006).

Examination of modification indices (MI) indicated that the largest MIs were for the covariances between the uniquenesses of two pairs of items on the Masculine Appearance Norm Violation factor and one pair of items on the Sexually Explicit Advances factor. Covariances for each of these item pairs were iteratively estimated and fit indices were reexamined. The final model, with covariances of the uniquenesses of the Masculine Appearance Norm Violation and Sexually Explicit Advances item pairs estimated, yielded slightly better fit to the data (CFI=.950, SRMR = .056, RMSEA = .047[90% CI: .039, .054]). In the final model, standardized factor loadings ranged from .57 to .87 for the Masculine Appearance Norm Violation factor, from.43 to .71 for the Sexually Explicit Advances factor, and from .64 to .90 for the Body Evaluation factor. Factor loadings and item summary statistics are presented in Figure 4-2.

Evaluation of Reliability and Validity

Prior to examining reliability and validity, data were screened for outliers on the SMM-BOES frequency scores (full scale and three subscales). Two multivariate outliers (i.e., participants with Mahalanobis Distance values greater than 25) were identified and removed iteratively from the data set resulting in a sample size of 457 participants for reliability and validity analyses.

Reliability

Cronbach's alphas were computed for the full-scale SMM-BOES (28 items), and each of the three subscales: Masculine Appearance Norm Violation (9 items), Sexually Explicit Advances (11 items), and Body Evaluation (8 items). Cronbach's alpha was .89 for overall SMM-BOES items, and alphas were .91 for Masculine Appearance Norm Violation, .86 for Sexually Explicit Advances, and .93 for Body Evaluation items.

Convergent and discriminant validity

Correlations of demographic variables (i.e., age, BMI, White or non-White racial/ethnic status, gay or bisexual sexual orientation, physical attraction to men, physical attraction to women, sexual behavior, sport or non-sport involved, socioeconomic status relative to others, social class category, U.S. or non-U.S. citizenship status, single or partnered status) with scores on the validity indicators as well as SMM-BOES scale and subscales were computed to identify potential covariates.

Age, BMI, level of physical attraction to men, and socioeconomic status relative to others were correlated significantly with several of the variables of interest (see Figure 4-3). Thus, these variables were controlled in all subsequent validity analyses.

Partial correlations controlling for age, BMI, physical attraction to men, and socioeconomic status relative to others were computed to evaluate convergent and discriminant validity of SMM-BOES scores (see Figure 4-4). The correlations between Body Evaluation and Masculine Appearance Norm Violation, Masculine Appearance Norm Violation and Sexually Explicit Advances, and Body Evaluation and Sexually Explicit Advances were $r = .12$, $p < .01$, $r = .27$, $p < .001$, and $r = .28$, $p < .001$, respectively. In support of convergent validity, Masculine Appearance Norm Violation frequency scores correlated significantly and positively with internalization of cultural standards of attractiveness, body surveillance, body shame, and eating

disorder symptoms. In addition, Body Evaluation frequency scores were significantly and positively correlated with internalization of cultural standards of attractiveness, body surveillance, and eating disorder symptoms, but not with body shame. Contrary to expectation, however, Sexually Explicit Advances frequency scores were not correlated significantly with any of the body image variables.

In support of discriminant validity, Body Evaluation frequency scores, and Sexually Explicit Advances frequency scores were unrelated to impression management. However, Masculine Appearance Norm Violation subscale frequency scores were significantly and negatively related to impression management.

Exploratory Analyses

The exploratory valence scores for the SMM-BOES subscales were also computed and partial correlations were examined with body image variables, controlling for age, BMI, attraction to men, and socioeconomic status relative to others. Masculine Appearance Norm Violation valence scores were significantly and negatively correlated with internalization of cultural standards of attractiveness, body surveillance, and body shame. Sexually Explicit Advances valence scores were significantly and positively correlated with internalization of cultural standards of attractiveness, body surveillance, and body shame. However, Body Evaluation valence scores were not correlated significantly with any of the body image variables. Body Evaluation valence scores and Sexually Explicit Advances valence scores were unrelated to impression management; Masculine Appearance Norm Violation valence scores were significantly and positively related to impression management. Body evaluation frequency and valence scores were significantly and negatively correlated ($r = -.26$, $p < .001$), sexually explicit frequency and valence scores were significantly and positively correlated ($r = .31$, $p < .001$), and Masculine Appearance Norm Violation frequency and valence scores were uncorrelated ($r = .03$,

p = .509). Visual inspection of the means for frequency and valence subscale scores (see Figure 4-3) suggests that while masculine appearance norm violation objectification happened least frequently, participants rated feeling worst about these experiences than about the more frequently occurring body evaluation and sexually explicit advances experiences.

To compare gay and bisexual men on variables of interest (i.e., body objectification subscale frequency scores, internalization of cultural standards of attractiveness, body surveillance, body shame, eating disorder symptoms, and impression management), participants who identified as exclusively gay were classified as gay and the classification bisexual was used to reflect a non-gender exclusive sexual orientation identity comprised of participants who identified as mostly gay, bisexual, or mostly heterosexual. This is consistent with the perspective that bisexuality is not necessarily experienced as equal attraction to both genders; Rather, attraction toward each gender can range from low to high (Moradi, Mohr, Worthington, & Fassinger, 2009; Rust, 2000). A MANOVA revealed a significant overall group difference between gay and bisexual men ($F[8,435] = 2.28$, $p < .05$, partial η^2=.04). Follow-up univariate analyses, with alpha adjusted (.05/8 = .006) to control for Type I error, revealed no significant univariate effects.

In addition, partial correlation matrices were examined for gay and bisexual men separately. While there were several similarities, important differences also emerged. First, similar to the combined data, for both gay and bisexual men frequency scores for Sexually Explicit Advances were uncorrelated to all variables of interest. Also similar to the combined data, for gay men Masculine Appearance Norm Violation frequency scores were significantly and positively related to all variables of interest. For bisexual men, Masculine Appearance Norm Violation frequency scores were related significantly to internalization of cultural standards,

body surveillance, and eating disorder symptoms, but not to body shame. Body evaluation frequency scores were significantly and positively correlated with internalization for both gay and bisexual men, and were significantly and positively correlated with body surveillance for bisexual men, but not for gay men. In addition to these differences among correlations of subscales with validity indicators, there were also differences among the correlations between subscales. For gay men all subscales were correlated with one another, however, for gay men Masculine Appearance Norm Violation was not correlated with Body Evaluation or with Sexually Explicit Advances. Differences also emerged among magnitudes of significant correlations. The magnitudes of significant correlations between internalization and subscale frequency scores were larger for bisexual men compared to gay men, and the magnitude of correlations between Masculine Appearance Norm Violation and Sexually Explicit Advances was larger for gay men than for bisexual men (see Figure 4-5).

	Factor Loadings		
Factor 1: Masculine Appearance Norm Violation	1	2	3
How often have you been criticized for being "too gay" or "too feminine?"	.902	-.013	-.018
How often have you been made fun of for appearing "too gay" or "too feminine?"	.880	-.088	.008
How often have you heard someone refer to your body posture, bodily movements, or gestures with a label implying that you are "too gay" or "too feminine?"	.844	-.088	.025
How often have you been harassed for appearing "too gay" or "too feminine?"	.827	-.077	-.003
How often have you heard someone refer to the way you were dressed with a label implying that you are "too gay" or "too feminine?"	.805	-.146	.058
How often have you been criticized for not being masculine enough?	.797	.012	-.040
How often has someone used an insult against gay or bisexual men (e.g., faggot) to put you down for being "too gay" or "too feminine?"	.732	.082	-.63E
How often have you heard someone refer to you as a "sissy" or a "girl" or some similar word?	.687	.067	.013
How often have people avoided hanging out with you for appearing "too gay" or "too feminine?"	.564	-.031	-.028
Factor 2: Sexually Explicit Advances			
How often have you heard someone make comments about sexual behavior they would want to do with or to you?	-.078	.768	.049
How often have you felt that someone was more interested in your body and gaining access to it that in you as a person?	-.048	.742	.034
How often have you had someone expect you to have sex with them simply because you went out on a date with them?	-.109	.709	-.149
How often have you been "checked out" or "cruised" by someone in public?	-.115	.671	.118
How often have you been "eroticized" or "fetishicized" because of your body type or appearance?	-.168	.668	-.080
How often has someone grabbed or pinched one of your private body areas without your permission?	.026	.664	.011
How often have you noticed someone leering at your body (i.e., looking at your body in a sexual way)?	-.100	.656	.144
How often have you had someone treat you as a "sex toy?"	-.026	.646	.032
How often have you noticed that someone was not listening to what you were saying, but instead gazing at your body or a body part?	.044	.639	.008
How often has someone made a sexual gesture toward you (e.g., using hand or body gestures to act out masturbation or sexual behavior)?	.093	.564	.075
Factor 3: Body Evaluation			
How often have you overheard someone make sexual comments about your body to others?	.072	-.032	.887
How often have you heard someone make sexual comments when noticing your body?	-.048	.054	.844
How often have you heard a sexual remark made about your body?	-.068	.112	.828
How often has someone stared at you in a way to let you know that they are "checking you out?"	.040	.026	.809
How often have been honked at in a sexual way while walking down the street?	.099	-.132	.777
How often have you seen someone stare at one or more of your private body parts?	-.074	.104	.755
How often have you been hollered at sexually while walking down the street?	.131	-.196	.733
How often have you noticed someone staring at your body when you are talking to them?	-.048	.058	.711

Figure-4-1. Exploratory factor analysis of the SMM-BOES

Note. The latent variable correlations between *Body Evaluation* and *Masculine Appearance Norm Violation*, *Masculine Appearance Norm Violation* and *Sexually Explicit Advances*, and *Body Evaluation* and *Sexually Explicit Advances* were $r = .04$, $r = .41$, and $r = .10$, respectively.

Abbreviated Items	Factor Loadings	Uniqueness	*M*	*SD*
Body Evaluation				
Overheard sexual comments about your body	.884	.782	2.80	1.27
Heard sexual comments when noticing your body	.897	.805	3.14	1.22
Heard a sexual remark made about your body	.886	.785	3.08	1.67
Stared at you in a way to let you know that they are "checking you out'	.788	.620	3.66	1.06
Honked at in a sexual way while walking down the street	.807	.651	2.46	1.36
Stare at one or more of your private body parts	.783	.613	2.94	1.67
Hollered at sexually while walking down the street	.748	.560	2.67	1.27
You noticed someone staring at your body when you are talking to them	.636	.405	2.87	1.01
Masculine Appearance Norm Violation				
Criticized for being "too gay" or "too feminine"	.865	.747	1.79	.86
Made fun of for appearing "too gay" or "too feminine"	.819	.670	1.70	.77
Body posture, bodily movements, or gestures.…"too gay" or "too feminine"	.779	.606	1.98	.88
Criticized for not being masculine enough	.720	.518	1.98	.91
Harassed for appearing "too gay" or "too feminine"	.707	.499	1.54	.74
Insult against gay or bisexual men …. "too gay" or "too feminine"	.702	.493	2.30	.92
Dressed …. "too gay" or "too feminine"	.678	.459	1.72	.80
Heard someone refer to you as a "sissy" or a "girl" or some similar word	.666	.444	1.87	.85
Avoided hanging out with you for appearing "too gay" or "too feminine"	.565	.320	1.54	.81
Sexually Explicit Advances				
Comments about sexual behavior they would want to do with you or to you?	.672	.451	2.29	.91
Leering at your body (i.e., looking at your body in a sexual way)?	.712	.506	2.15	.80
Been "checked out" or "cruised" by someone in public?	.660	.436	2.79	.87
Someone was more interested in your body	.641	.411	2.62	.97
Not listening to what you were saying, gazing at your body or a body part?	.625	.391	1.83	.80
Grabbed or pinched private body areas without your permission?	.593	.352	1.98	.79
Had someone treat you as a "sex toy?"	.554	.306	2.02	1.04
Flirting …. inappropriate or that you were not interested?	.535	.286	2.43	.83
Made a sexual gesture toward you	.527	.278	2.01	.90
Expect you to have sex with them … because you went out on a date	.478	.229	2.59	1.22
"Eroticized" or "fetishicized" because of your body type or appearance?	.434	.189	2.09	1.03

Figure 4-2. Confirmatory factor analysis of the SMM-BOES.

Note. The latent variable correlations between *Body Evaluation* and *Masculine Appearance Norm Violation*, *Masculine Appearance Norm Violation* and *Sexually Explicit Advances*, and *Body Evaluation* and *Sexually Explicit Advances* were $r = .13$, $r = .27$, and $r = .28$, respectively. Fit indices for final model estimating covariances between uniqueness of 3 item pairs: CFI = .95, SRMR = .06, RMSEA = .05 (90% CI; .39, .54)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. SMM-BOES Frequency																
2. Body Evaluation	.72***															
3. Masculine Appearance	.60***	.08														
4. Sexually Explicit Advances	.74***	.27***	.28***													
5. SMM-BOES Valence	.25***	.10*	.03	.39***												
6. Body Evaluation	.09	-.26***	.08	.42***	.68***											
7. Masculine Appearance	.07	.03	-.01	.13***	.62***	.10*										
8. Sexually Explicit Advances	.34***	.37***	.00	.27***	.82***	.35***	.31***									
9. Internalization	.16***	.14**	.17***	.02	-.07	.06	-.30***	.06								
10. Body Surveillance	.17***	.06	.27***	.05	-.06	.10*	-.33***	.06	.63***							
11. Body Shame	.12**	-.03	.27***	.05	-.00	.07	-.16***	.06	.49***	.57***						
12. Eating Attitudes Test-26	.20***	.10*	.27***	.07	.02	-.02	-.02	.07	.41***	.45***	.58***					
13. Impression Management	-.06	.05	-.15***	.05	-.02	-.09*	.11*	-.04	-.03	-.12***	-.12**	.00				
14. Physical Attraction to Men	.07	-.04	.05	.14**	-.01	.11*	-.13**	-.01	.13**	.16***	.03	.07	-.05			
15. Relative social class	-.03	.10*	-.15**	-.06	.12**	.07	.04	.15***	.05	.04	-.18***	-.05	.09	.10*		
16. Age	-.07	.10*	-.27***	-.02	.18***	-.03	.16***	.22***	-.23***	.28***	-.17***	-.01	.10*	-.06	..19***	
17. Body mass index	-.03	.04	-.10*	-.03	.20***	-.03	.23***	.21***	-.12*	-.11*	.10*	.09	-.07	-.04	-.05	.27***

Note. *p < .05; **p < .01; ***p < .001. Lower valence scores reflect a more negative reaction and higher valence scores reflect a more positive reaction.

Figure 4-3. Bivariate correlations among variables of interest and demographic variables.

Variable	1	2	3	4	5	6	7	8	9	10	11	12	α	*M*	*SD*
1. SMM-BOES Frequency													.89	2.31	.50
2. Body Evaluation	.74***												.94	2.98	.98
3. Masculine Appearance	.59***	.12*											.91	1.82	.70
4. Sexually Explicit Advances	.74***	.28***	.27***										.86	2.22	.60
5. SMM-BOES Valence	.27***	.07	.10*	.42***									.90	2.47	.51
6. Body Evaluation	.08	-.26***	.08	.41***	.71***								.87	2.89	.80
7. Masculine Appearance	.08	-.00	.03	.15***	.60***	.12**							.93	1.75	.65
8. Sexually Explicit Advances	.38***	.35***	.09	.31***	.81***	.37***	.26***						.88	2.75	.70
9. Internalization	.14**	.15***	.12**	.00	-.03	.03	-.26***	.12**					.88	3.44	.90
10. Body Surveillance	.16***	.10*	.22***	.03	-.03	.08	-.29***	.13**	.60***				.88	4.54	1.27
11. Body Shame	.12*	.00	.24***	.05	.02	.08	-.16***	.10*	.52***	.60***			.86	3.18	1.38
12. Eating Disorder Symptoms	.20***	.09*	.28***	.07	.01	-.03	-.03	.06	.42***	.48***	.59***		.86	2.33	.58
13. Impression Management	-.06	.02	-.13**	-.05	-.03	-.09	.11*	-.06	-.04	-10*	-.09	.01	.64	4.88	2.97

Note. *p < .05; **p < .01; ***p < .001. Lower valence scores reflect a more negative reaction and higher valence scores reflect a more positive reaction.

Figure 4-4. Partial Correlations among variables of interest and summary statistics.

Gay Men

Variable	1	2	3	4	5	6	7	8
1. SMM-BOES Frequency								
2. Body Evaluation	.74***							
3. Masculine Appearance	.61***	.12*						
4. Sexually Explicit Advances	.74***	.29***	.32***					
5. Internalization	.14**	.15**	.12*	.02				
6. Body Surveillance	.18**	.08	.22***	.09	.57***			
7. Body Shame	.14**	-.00	.27***	.07	.51***	.58***		
8. Eating Disorder Symptoms	.20***	.09	.30***	.07	.43***	.49***	.59***	
9. Impression Management	-.09	.01	-.15**	-.08	-.04	-.11	-.08	-.01

Note. *p < .05; **p < .01; ***p < .001

Bisexual Men

Variable	1	2	3	4	5	6	7	8
1. SMM-BOES Frequency								
2. Body Evaluation	.76***							
3. Masculine Appearance	.57***	.17						
4. Sexually Explicit Advances	.69***	.26**	.13					
5. Internalization	.27**	.24*	.23*	.08				
6. Body Surveillance	.24**	.23*	.24*	.03	.67***			
7. Body Shame	.14	.05	.18	.08	.45***	.58***		
8. Eating Disorder Symptoms	.22***	.15	.29**	.03	.43***	.46***	.49***	
9. Impression Management	.02	.05	-.04	.02	-.01	-.14	-.17	.03

Note. *p < .05; **p < .01; ***p < .001

Figure 4-5 Correlations among variables of interest for gay and bisexual men.

CHAPTER 5
DISCUSSION

The current study responds to calls for counseling psychologists to attend to the experiences of diverse populations in eating disorder research (Petrie & Rogers, 2001; Root, 2001) by developing an instrument to assess sexual minority men's experiences of body objectification. Exploratory and confirmatory factor analyses of data from the Sexual Minority Men's Body Objectification Experiences Scale (SMM-BOES) supported a stable three-factor structure. Reliability and validity analyses offered some support for the measure and also raised some questions for future exploration.

The three types of body objectification experiences reflected in the factor structure of SMM-BOES data were masculine appearance norm violation, body evaluation, and sexually explicit advances and are consistent with themes identified in the literature on sexual minority men's experiences of body objectification. Masculine Appearance Norm Violation reflects experiences of stigma and harassment for appearing gay and/or feminine, Body Evaluation reflects experiences related to being evaluated based on one's appearance, and Sexually Explicit Advances reflects experiences related to being sexually propositioned with a focus on sexual function over other aspects of a relationship (e.g., common interests). Frequency subscale scores were not so highly correlated with each other to suggest construct redundancy and the cumulation of the three types of experiences can offer an overall index of body objectification experiences.

Discriminant validity of SMM-BOES frequency subscale scores was garnered in that these scores were generally not related to impression management, with the exception of Masculine Appearance Norm Violation. The significant positive relation between Masculine Appearance Norm Violation and impression management may be consistent with the expectation

that masculine appearance norm violation heightens body monitoring. That is, body monitoring may be a specific manifestation of impression management. It is notable that, in this sample, body surveillance was significantly correlated with Masculine Appearance Norm Violation frequency scores ($r = .22$, $p < .001$), while neither Sexually Explicit Advances frequency scores nor Body Evaluation frequency scores were significantly correlated with body surveillance. Furthermore, body surveillance was also significantly correlated with impression management $r = -.10$, $p < .05$). These links among body surveillance, Masculine Appearance Norm Violation, and impression management may be conceptually meaningful. That is, body monitoring and concern about masculine appearance norm violation may be manifestations of impression management that are linked with body image and eating problems.

In terms of convergent validity, some evidence was consistent with expectation whereas other evidence raised questions that warrant further exploration. Specifically, Masculine Appearance Norm Violation frequency scores were correlated as expected with the convergent validity indicators suggesting that body objectification experiences involving masculine appearance norm violation were associated with greater internalization of cultural standards of appearance, body surveillance, body shame, and eating disorder symptoms. This is consistent with qualitative research that has identified masculine appearance norm pressures as an important theme in sexual minority men's body image concerns (e.g., Barron & Bradford, 2007; Drummond, 2005). It is also consistent with quantitative research that has found expectations of anti-gay related stigma and harassment for gender non-conformity to be important variables to consider when examining sexual minority men's body image and eating concerns (e.g., Kimmel & Mahalik, 2005; Wiseman & Moradi, 2009). For Body Evaluation, the frequency of experiences was also related to most variables of interest (i.e., internalization, body surveillance,

eating disorder symptoms, but not body shame). However, Sexually Explicit Advances subscale frequency scores were not related to any of the validity indicators. Prior research with sexual minority men has found sexual objectification experiences to be related to internalization, body surveillance, eating disorder symptoms (Wiseman & Moradi, 2009), and to body shame (Hallworth, 2005; Martins et al., 2007, Wiseman & Moradi, 2009). However, in each of these prior studies sexual objectification experiences were broadly assessed without teasing apart the different manifestations of objectification experiences. The current study suggests that there are differential patterns of relations depending on the type of objectification experienced.

Exploratory analyses with SMM-BOES valence scores point to some additional possibilities and areas for exploration. Specifically, Masculine Appearance Norm Violation valence scores were negatively correlated with most of the convergent validity indicators suggesting that in addition to the frequency of these experiences, the way one feels about these events is also important. That is, feeling badly about these experiences is associated with greater levels of internalization, body surveillance, and body shame, but is unrelated to eating disorder symptoms. Also, while masculine appearance norm violation objectification was reported least frequently, participants rated feeling worst about these experiences than about the more frequently occurring body evaluation and sexually explicit advances experiences. Thus, the more consistent correlations of Masculine Appearance Norm Violation with body image variables may be due to the fact that this type of objectification experiences was the most negatively valenced.

For Body Evaluation, the valence of experiences was unrelated to all of the convergent validity indicators (i.e., internalization, body surveillance, eating disorder symptoms, but not body shame). Thus, for body evaluation objectification, frequency of experiences appears more important than their valence, such that greater frequency of body evaluation objectification

experiences, but not their valence, was associated with greater levels of internalization, body surveillance and disordered eating symptoms.

For Sexually Explicit Advances, the valence of the experiences was positively correlated with most variables of interest (i.e., internalization, body surveillance, body shame, but not eating disorder symptoms). Thus, the valence of sexually explicit advances experiences appears more important than their frequency, such that the positive valence of these experiences, but not their frequency, was associated with greater internalization, body surveillance, and body shame. This pattern of correlations begins to answer questions raised by prior research regarding the importance of the subjective experience of objectification, particularly whether objectifying events that are experienced positively could still be associated with body image concerns and disordered eating. The current findings suggest that even when perceived positively, sexually explicit advances might be associated with greater internalization, body surveillance, and body shame, but not with disordered eating. These findings are consistent with recent findings that for women, appearance-related compliments that were positively perceived were associated with greater levels of body surveillance and body dissatisfaction regardless of their frequency (Calogero, Herbozo, & Thompson, 2009).

In addition, potentially important differences between gay and bisexual men's body objectification experiences emerged. Masculine Appearance Norm Violation frequency scores were unrelated to body shame for bisexual men only, and Body Evaluation frequency scores were significantly and positively correlated with body surveillance for bisexual men, but not for gay men. In addition, the magnitudes of significant correlations between internalization and subscale frequency scores were larger for bisexual men compared to gay men. Thus, it appears that for bisexual men, the associations of internalization and surveillance with Masculine

Appearance Norm Violation and Body Evaluation may be stronger than those for gay men. Also, the association of Masculine Appearance Norm Violation with body shame may be weaker for bisexual men than for gay men. Furthermore, Sexually Explicit Advances and Body Evaluation subscale frequency scores were not correlated for bisexual men, and the correlation between Masculine Appearance Norm Violation and Sexually Explicit Advances was weaker for bisexual men than for gay men.

These findings raise several questions about how gay and bisexual men may differ in their experiences. The stronger associations of internalization with body surveillance and masculine appearance norm violation for bisexual men raise questions about the unique appearance pressures bisexual men experience given that they may have the goal of attracting both men and women. Does experiencing pressure from both men and women result in appearance standards that differ or even compete with one another? Bisexual men may choose to present themselves differently depending on the whether their goal is to attract a man or a woman. This flexibility of self-presentation might require a need to monitor one's body and appearance. Likewise, the weaker associations of masculine appearance norm violation with body shame for bisexual men raises questions about differences in how gay and bisexual men cope with masculine appearance norm objectification. It may be that bisexual men have the opportunity to feel their masculinity is validated by society when in an intimate relationship with women. Having experiences of being validated in this way may promote coping strategies such as role-flexing. That is bisexual men may be able to more readily orient themselves to a less stigmatized (i.e., more masculine) identity, reducing the possibility that they will feel body shame related to masculine appearance norm objectification.

Clinical Implications

The SMM-BOES can serve as a useful assessment tool to help guide therapy and monitor progress by assessing exposure to the three types of body objectification. Assessment of these experiences may be helpful in identifying important areas of exploration related to client's body image concerns or eating problems. These findings can also inform the development of psychoeducational programs with goals to help participants identify these types of objectification experiences, and explore ways in which they might challenge and cope with these experiences. The current findings that the valence of sexually explicit advances experiences were related to body image variables, even though frequency of these experiences was not, suggests a therapy approach that allows for critical exploration of the long-term impact of these experiences. That is, helping clients to identify the potential relationship of their initial positive response with both positive and negative long-term outcomes may serve to disrupt the internalization process.

Additionally, it may prove helpful to assist clients in identifying ways to reduce their exposure and internalization of body objectification. Clinicians can work to educate clients to be critical consumers of media as a strategy to reduce the internalization of body evaluation objectification and the associated body surveillance. Because masculine appearance norm violation objectification experiences can be seen as a type of anti-gay/feminine stigma, it may be helpful to help clients explore the role of anti-gay/feminine related oppression in their lives as a way to reduce the internalization of masculine appearance norm violation objectification. It is important to consider, however, that the body surveillance associated with masculine appearance norm violation may be a needed self-protective strategy to avoid anti-gay harassment. However, as Drummond (2005) noted this may not reflect an entirely conscious process. That is, this type of monitoring can become automatic and the client may be unaware of his body surveillance behavior. Therefore helping clients to become fully aware of when and for what reasons they are

monitoring their bodies, and encouraging clients to examine the positive and negative aspects of engaging in body surveillance, may allow them to experience a sense of agency with regard to this type of monitoring.

Limitations

Several limitations must be considered in the interpretation of these results. It is important to highlight that the data for the present study were from a sample that was diverse with respect to age and geographical location, but was predominantly White and middle-class, with the majority of participants reporting at least a college degree. Given that there is within group variation with regard to sexual minority men's experiences of body objectification, it will be important to evaluate the stability of the factor structure with sexual minority men of different cultural backgrounds. Indeed, in the present sample, social class relative to others was correlated with at least some of the variables of interest suggesting that body objectification and its correlates may vary with social class. For example, higher ratings of relative social class in the present sample were associated with greater levels of body evaluation objectification, but lower levels of masculine appearance norm violation and body shame. Another area of within group variability that may be important to explore in future research is subculture identification. For example, various subcultures within gay men's communities (e.g., Bear culture) may promote different standards of attractiveness as the ideal (Hennen, 2005).

In addition, online studies have some limitations that should be acknowledged in interpreting the findings of this study. For example, online studies can increase access to difficult to reach populations such as sexual minority persons, but they also limit participation to those who have access to a computer with internet browsing capabilities. The anonymity afforded to participants can also be an advantage as well as a drawback of online studies with sexual minority persons. On the one hand, participants are not required to "come out" to researchers by

coming into a research lab and so online samples may include broader ranges of outness than would in-person recruitment. Similarly, participants may be more honest in their responses to survey items that are of a personal and sensitive nature. On the other hand, the anonymity of online participation and popularity of virtual worlds (e.g., Second Life) can allow for experimentation with different online identities making it possible for participants to engage in identity experimentation when responding to online surveys. A related threat to validity is random or malicious responding (e.g., individuals who do not identify as sexual minority men participating with the intent to sabotage data). To minimize some of these threats, validity items were included in each measure of the survey (e.g., "please click the button for *Sometimes*"), in order to evaluate the extent to which participants were actively responding to the survey questions. Validity was further protected by soliciting only from online groups, networks, or listerves that are affirming of sexual minority men. While these threats to validity are not unique to online data collection (e.g., misrepresentation of sexual orientation and random or malicious responding are possible in phone or in-person studies), they are nevertheless important to consider in interpreting the present findings.

Another important limitation of the present study is that available instrumentation for the convergent validity indicators were originally developed with women. A growing body of literature has established that men do experience objectification and its correlates such as internalization of cultural standards of appearance, body surveillance, and body shame (e.g., Martins et al, 2007 Wiseman & Moradi, 2009). While these instruments have yielded acceptable internal consistency reliabilities and meaningful results with samples of men (both sexual minority and heterosexual) in prior research (e.g., Martins et al., 2007, Wiseman & Moradi, 2009), some instrumentation issues are important to consider. For example, OBSC shame

subscale items may not take into account that men may feel shame for perceiving themselves to be too small (i.e., not muscular enough) as well as shame for perceiving themselves to be overweight. Specifically, the OBSC shame subscale items that assess weight related concerns may imply directionality of ideal weight with a preference for lower body weight (e.g., Even when I can't control my weight, I think I am an okay person). Thus, future research is needed to develop and psychometrically evaluate instruments grounded in men's unique experiences. The present study is a step toward addressing this need.

A final limitation of the study is that information was not collected about the context in which body objectification experiences occurred. For example, the gender or other characteristics of the perpetrator may impact whether an event is experienced as positive or negative. Likewise, the setting (e.g., being sexually propositioned in a club versus in the workplace) as well as the social context (e.g., being harassed by family members versus peers for masculine appearance norm violation) in which body objectification occurs may impact how these events are experienced. Although this study is a step toward understanding the body objectification experiences of sexual minority men, more research is needed to address these contextual considerations.

Conclusion

Prior research on objectification theory and eating disorders underscores the importance of including objectification experiences as part of the larger objectification theory framework, and supports the relevance of these experiences to sexual minority men. Unfortunately past research on objectification experiences with men has relied on measures that were based on women's experiences, and were developed and validated with women. The SMM-BOES is the first known measure of body objectification experiences grounded specifically in sexual minority men's experiences and represents an important advancement in the literature on objectification

theory and sexual minority men's experiences of body objectification. Given that sexual minority men's experiences may differ from women's experiences, the development and psychometric evaluation of the SMM-BOES is essential for advancing our knowledge of sexual minority men's unique experiences of body objectification, body image concerns, and disordered eating. Furthermore, ensuring that appropriate measures are available for future scholarship in this area is vital to creating appropriate and empirically-based prevention and intervention strategies.

APPENDIX A
SEXUAL MINORITY MEN'S BODY OBJECTIFICATION EXPERIENCES SCALE

Permission to Use and Information Sheet

Notes: Please contact Marcie Wiseman for permission to use this measure: marciew@gmail.com.

Scoring information: Two scores may be computed for each item. For frequency scores items are averaged with higher scores reflecting greater levels of perceived body objectification. For valence scores items are averaged with lower scores reflecting a more negative reaction and higher scores reflecting a more positive reaction.

Instructions: For each item:

a. Please indicate how often you have experienced the following events during the past year.
b. Please indicate how you think each event would make you feel.
    - If you have experienced the event, please report how the event usually makes you feel when it has occurred in the past.
    - If you have never experienced the event, please report how you think the event would make you feel if it were to happen.

NOTE: In the items provided below, we are generally asking about the experiences outside of your romantic relationships (for example, experiences that might happen with strangers and acquaintances). A few of the items ask specifically about romantic relationships, but the rest of the items refer to experiences outside of your romantic relationships.

Masculine Appearance Norm Violation

1. How often have you been criticized for being "too gay" or "too feminine?"				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
2. How often have you been made fun of for appearing "too gay" or "too feminine?"				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5

3. How often have you heard someone refer to your body posture, bodily movements, or gestures with a label implying that you are "too gay" or "too feminine?"				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
4. How often have you been harassed for appearing "too gay" or "too feminine?"				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
5. How often have you heard someone refer to the way you were dressed with a label implying that you are "too gay" or "too feminine?"				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
6. How often have you been criticized for not being masculine enough?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
7. How often has someone used an insult against gay or bisexual men (e.g., faggot) to put you down for being "too gay" or "too feminine?"				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5

8. How often have you heard someone refer to you as a "sissy" or a "girl" or some similar word?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
9. How often have people avoided hanging out with you for appearing "too gay" or "too feminine?"				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5

Sexually Explicit Advances

10. How often have you heard someone make comments about sexual behavior they would want to do with or to you?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
11. How often have you felt that someone was more interested in your body and gaining access to it that in you as a person?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
12. How often have you had someone expect you to have sex with them simply because you went out on a date with them?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5

13. How often have you been “checked out” or “cruised” by someone in public?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered “never,” consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
14. How often have you been “eroticized” or “fetishicized” because of your body type or appearance?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered “never,” consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
15. How often has someone grabbed or pinched one of your private body areas without your permission?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered “never,” consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
16. How often have you noticed someone leering at your body (i.e., looking at your body in a sexual way)?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered “never,” consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
17. How often have you had someone treat you as a “sex toy?”				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered “never,” consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
18. How often have you noticed that someone was not listening to what you were saying, but instead gazing at your body or a body part?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered “never,” consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5

19. How often has someone made a sexual gesture toward you (e.g., using hand or body gestures to act out masturbation or sexual behavior)?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5

Body Evaluation

20. How often have you overheard someone make sexual comments about your body to others?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
21. How often have you heard someone make sexual comments when noticing your body?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
22. How often have you heard a sexual remark made about your body?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
23. How often has someone stared at you in a way to let you know that they are "checking you out?"				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5

24. How often have been honked at in a sexual way while walking down the street?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
25. How often have you seen someone stare at one or more of your private body parts?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
26. How often have you been hollered at sexually while walking down the street?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
27. How often have you noticed someone staring at your body when you are talking to them?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5
28. How often have you experienced flirting when the person should have known it was inappropriate or that you were not interested?				
Never 1	Rarely 2	Occasionally 3	Frequently 4	Almost always 5
When this happens, how does it usually make you feel? If you answered "never," consider how you would feel if this event were to happen to you.				
Bad 1	Somewhat bad 2	Neutral 3	Somewhat good 4	Good 5

APPENDIX B
THE SOCIOCULTURAL ATTITUDES TOWARD APPEARANCE INTERNALIZATION SUBSCALE (SATAQ)

Please read each of the following items and select the number that best reflects your agreement with the statement.

1 = completely disagree
2 = somewhat disagree
3 = neither agree nor disagree
4 = somewhat agree
5 = completely agree

1.	Men who appear in TV shows and movies project the type of appearance that I see as my goal.	1	2	3	4	5
2.	I believe that clothes look better on fit/lean men.	1	2	3	4	5
3.	Music videos that show fit/lean men make me wish that I were fit.	1	2	3	4	5
4.	I do not wish to look like the men in the magazines.	1	2	3	4	5
5.	I tend to compare my body to people in magazines and on TV.	1	2	3	4	5
6.	Photographs of fit/lean men make me wish that I were fit.	1	2	3	4	5
7.	I wish I looked like an underwear model.	1	2	3	4	5
8.	I often read magazines like *GQ, Men's Fitness*, and *Men's Health* and compare my appearance to the models.	1	2	3	4	5

APPENDIX C
BODY SURVEILLANCE SUBSCALE OF THE OBJECTIFIED BODY CONSCIOUSNESS SCALE (OBC)

Please read each of the following items and select the number that best reflects your agreement with the statement. Circle NA only if the statement does not apply to you. Do not circle NA if you don't agree with the statement. For example if the statement says "When I am happy, I feel like singing" and you don't feel like singing when you are happy, then you would circle one of the disagree choices. You would only circle NA if you were never happy.

1 = Strongly Disagree
2 = Moderately Disagree
3 = Slightly Disagree
4 = Neither Disagree nor Agree
5 = Slightly Agree
6 = Moderately Agree
7 = Strongly Agree
NA = Item does not apply

1.	I rarely think about how I look.	1	2	3	4	5	6	7	NA
2.	I think it is more important that my clothes are comfortable than whether they look good on me.	1	2	3	4	5	6	7	NA
3.	I think more about how my body feels than how my body looks.	1	2	3	4	5	6	7	NA
4.	I rarely compare how I look with how other people look.	1	2	3	4	5	6	7	NA
5.	During the day, I think about how I look many times.	1	2	3	4	5	6	7	NA
6.	I often worry about whether the clothes I am wearing make me look good.	1	2	3	4	5	6	7	NA
7.	I rarely worry about how I look to other people.	1	2	3	4	5	6	7	NA
8.	I am more concerned with what my body can do than how it looks.	1	2	3	4	5	6	7	NA

APPENDIX D

BODY SHAME SUBSCALE OF THE OBJECTIFIED BODY CONSCIOUSNESS SCALE (OBC)

Please read each of the following items and select the number that best reflects your agreement with the statement. Circle NA only if the statement does not apply to you. Do not circle NA if you don't agree with the statement. For example if the statement says "When I am happy, I feel like singing" and you don't feel like singing when you are happy, then you would circle one of the disagree choices. You would only circle NA if you were never happy.

1 = Strongly Disagree
2 = Moderately Disagree
3 = Slightly Disagree
4 = Neither Disagree nor Agree
5 = Slightly Agree
6 = Moderately Agree
7 = Strongly Agree
NA = Item does not apply

1.	When I can't control my weight, I feel like something must be wrong with me.	1	2	3	4	5	6	7	NA
2.	I feel ashamed of myself when I haven't made the effort to look my best.	1	2	3	4	5	6	7	NA
3.	I feel like I must be a bad person when I don't look as good as I could.	1	2	3	4	5	6	7	NA
4.	I would be ashamed for people to know what I really weigh.	1	2	3	4	5	6	7	NA
5.	Even when I can't control my weight, I think I'm an okay person.	1	2	3	4	5	6	7	NA
6.	I never worry that something is wrong with me when I am not exercising as much as I should.	1	2	3	4	5	6	7	NA
7.	When I'm not exercising enough, I question whether I am a good enough person.	1	2	3	4	5	6	7	NA
8.	When I'm not the size I think I should be, I feel ashamed.	1	2	3	4	5	6	7	NA

APPENDIX E
THE EATING ATTITUDES TEST – 26 (EAT-26)

For each of the following questions, please select the response that best describes you.

1 = Never
2 = Rarely
3 = Sometimes
4 = Often
5 = Usually
6 = Always

1.	Am terrified about being overweight.	1	2	3	4	5	6
2.	Avoid eating when I am hungry.	1	2	3	4	5	6
3.	Find myself preoccupied with food.	1	2	3	4	5	6
4.	Have gone on eating binges where I feel that I may not be able to stop.	1	2	3	4	5	6
5.	Cut my food into small pieces.	1	2	3	4	5	6
6.	Aware of the calorie content of foods that I eat.	1	2	3	4	5	6
7.	Particularly avoid food with a high carbohydrate content (i.e., bread, rice, potatoes, etc.)	1	2	3	4	5	6
8.	Feel that others would prefer if I ate more.	1	2	3	4	5	6
9.	Vomit after I have eaten.	1	2	3	4	5	6
10.	Feel extremely guilty after eating.	1	2	3	4	5	6
11.	Am preoccupied with a desire to be thinner.	1	2	3	4	5	6
12.	Think about burning up calories when I exercise.	1	2	3	4	5	6
13.	Other people think that I am too thin.	1	2	3	4	5	6
14.	Am preoccupied with the thought of having fat on my body.	1	2	3	4	5	6
15.	Take longer than others to eat my meals.	1	2	3	4	5	6
16.	Avoid foods with sugar in them.	1	2	3	4	5	6
17.	Eat diet foods.	1	2	3	4	5	6
18.	Feel that food controls my life.	1	2	3	4	5	6
19.	Display self-control around food.	1	2	3	4	5	6
20.	Feel that others pressure me to eat.	1	2	3	4	5	6
21.	Give too much time and thought to food.	1	2	3	4	5	6
22.	Feel uncomfortable after eating sweets.	1	2	3	4	5	6
23.	Engage in dieting behavior.	1	2	3	4	5	6
24.	Like my stomach to be empty.	1	2	3	4	5	6
25.	Enjoy trying new rich foods.	1	2	3	4	5	6
26.	Have the impulse to vomit after meals.	1	2	3	4	5	6

APPENDIX F
BALANCED INVENTORY OF DESIRABLE RESPONDING (BIDR): IMPRESSION MANAGEMENT SUBSCALE

Using the chart below as a guide, mark a number beside each statement to indicate how much you agree with it.

Not True			Somewhat True			Very True	
1	**2**	**3**	**4**	**5**	**6**	**7**	
0	0	0	0	0	0	0	1. I sometimes tell lies if I have to.
0	0	0	0	0	0	0	2. I never cover up my mistakes.
0	0	0	0	0	0	0	3. There have been occasions where I have taken advantage of someone.
0	0	0	0	0	0	0	4. I never swear.
0	0	0	0	0	0	0	5. I sometimes try to get even rather than forgive and forget.
0	0	0	0	0	0	0	6. I always obey laws, even if I‘m unlikely to get caught.
0	0	0	0	0	0	0	7. I have said something bad about a friend behind his or her back.
0	0	0	0	0	0	0	8. When I hear people talking privately, I avoid listening.
0	0	0	0	0	0	0	9. I have received too much change from a salesperson without telling him or her.
0	0	0	0	0	0	0	10. I always declare everything at customs.
0	0	0	0	0	0	0	11. When I was young I sometimes stole things.
0	0	0	0	0	0	0	12. I have never dropped litter on the street as a child.
0	0	0	0	0	0	0	13. I sometimes drive faster than the speed limit.
0	0	0	0	0	0	0	14. I have never read any sexy books or magazines.
0	0	0	0	0	0	0	15. I have done things I don’t tell other people about.
0	0	0	0	0	0	0	16. I never take things that don’t belong to me.
0	0	0	0	0	0	0	17. I have taken sick-leave from work or school even though I wasn’t really sick.
0	0	0	0	0	0	0	18. I have never damaged a library book or store merchandise without reporting it.
0	0	0	0	0	0	0	19. I have some pretty awful habits.
0	0	0	0	0	0	0	20. I don’t gossip about other people’s business.

APPENDIX G
DEMOGRAPHIC QUESTIONNAIRE

Please tell us a little about yourself. This information will be used only to describe the sample as a group.

Age _____

Gender
_____Man
_____Woman
_____Male to Female Transgender
_____ Female to Male Transgender

Your current relationship status (please select the best descriptor)
_____ Single
_____Married (legal)
_____Civil Union (legal)
_____Domestic Partnership (legal)
_____Partnered (non-legal)
_____Dating, long term
_____Dating, casual

Please compare yourself to others on a scale of 1-10, with 10 being those who are best off (i.e., those who have the most money, most education and best jobs) and 1 being those who are worst off (i.e., those who have the least money, lest education, and the worst jobs or no job). Where would you rate yourself on this scale?

1 2 3 4 5 6 7 8 9 10

What is the highest level of education that you have completed?
_____Less than high school
_____Some high school
_____High school graduate
_____Some college
_____College degree (e.g., B.A., B.S.)
_____Professional degree (MBA, M.S., Ph.D., M.D.)

Current employment status (please select the one best descriptor).
_____Employed full-time
_____Employed part-time
_____Self-employed
_____Not employed

Yearly household income
____less than $10,000
____$10,001 to $20,000
____$20,001 to $30,000
____$30,001 to $40,000
____$40,001 to $50,000
____$50,001 to $60,000
____$60,001 to $70,000
____$70,001 to $80,000
____$80,001 to $90,000
____$90,001 to $100,000
____$110,001 to $120,000
____$120,001 to $130,000
____$130,001 to $140,000
____$140,001 to $150,000
____$150,001 to $175,000
____$175,001 to $200,000
____$200,001 to $225,000
____above $250,000

Race/ethnicity (Please check one)
_____African American/Black
_____Asian American
_____Native American
_____Hispanic/Latina/o (Black)
_____Hispanic/Latina/o (White)
_____European American/White
_____Multi-racial
_____Other

If you chose Multi-racial or Other for race/ethnicity, please specify:_____

Current height in inches _____ Current weight in pounds_____

Your sexual orientation (please check the one best descriptor)
_____Exclusively gay
_____Mostly gay
_____Bisexual
_____Mostly Heterosexual
_____Exclusively Heterosexual
_____Other

If you chose Other for sexual orientation, please specify. _____

Please indicate your level of physical and emotional attraction to men and women.

	Low		Moderate		High
	1	2	3	4	5
How much are you physically attracted to men?	1	2	3	4	5
How much are you physically attracted women?	1	2	3	4	5
How much are you emotionally attracted to men?	1	2	3	4	5
How much are you emotionally attracted to women?	1	2	3	4	5

Sexual behavior: Have you had sex with persons of your own gender, the other gender, or both genders?

_____Never had sex
_____Men only
_____Men mostly
_____Both genders equally
_____Women mostly
_____Women only

Are you involved in a sport, profession, or other activity which requires weight maintenance? (e.g., professional dancer, wrestling, etc.)

____Yes _____No

If you answered yes above, please specify._____

Finally, we would like to obtain information regarding the geographic location of our sample. This information will remain confidential. Please fill in the city, state, and country in which you currently reside.

_____City

_____State

_____Country

REFERENCES

Andersen, A. E. (1992). Males with eating disorders. In J. Yager, H. E. Gwirtsman, & C. K. Edelstein (Eds.), *Special problems in managing eating disorders* (pp. 87-118). Washington, DC: American Psychiatric Press.

Barron, M., & Bradford, S. (2007). Corporeal controls: Violence, bodies, and young gay men's identities, *Youth & Society, 39,* 232-261.

Beren, S. E. (1997). Stigmatization and shame as determinants of subclinical eating disorder pathology: A comparison of gay and heterosexual men. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 58,* 2109.

Beren, S. E., Hayden, H. A., Wilfley, D. E., & Grilo, C. M. (1996). The influence of sexual orientation on body dissatisfaction in adult men and women. *International Journal of Eating Disorders, 20(2),* 135-141.

Bramon-Bosch, E., Troop, N. A., & Treasure, J. L. (2000). Eating disorders in males: A comparison with female patients. *European Eating Disorders Review*, *8*, 321-328.

Brand, P. A., Rothblum, E., & Solomon, L. J. (1992). A comparison of lesbians, gay men, and heterosexuals on weight and restrained eating. *International Journal of Eating Disorders*, *11*, 253-259.

Calogero, R. M., Herbozo, S. & Thompson, J. K. (2009). Complimentary weightism: The potential costs of appearance-related commentary for women's self-objectification, Psychology of Women Quarterly, 120-132.

Cohen, J. (1988). Statistical power analysis for the behavioral sciences (2nd ed.). Hillsdale, NJ: Erlbaum.

Crawley, S. L., Foley, L. J., Shenan, C, L. (2008). Gendering Bodies. Plymouth, UK; Rowman & Littlefield Publishers, INC.

Crosscope-Happel, C., Hutchins, D. E., Getz, G. H., & Hayes, G. L. (2000). Male anorexia nervosa: A new focus. *Journal of Mental Health Counseling*, *22*, 365-370.

DiCarlo, J. (2001). The gym body and heroic myth, *The Gay & Lesbian Review, 8,* 14.

Drummond, M. J. N. (2005). Men's Bodies: Listening to the voices of young gay men, *Men and Masculinities, 7,* 270-290.

Epstein, J. & Klinkenberg, W. D. (2002). Collecting data via the internet: The development and deployment of a web-based survey. *Journal of Technology in Human Services. 19(2/3),* 33-47.

Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, *21*, 173-206.

Fredrickson, B. L, Roberts, T. A, Noll, S. M., Quinn, D. M, & Twenge, J. M. (1998). That swimsuit becomes you: Sex differences in self-objectification, restrained eating, and math performance. *Journal of Personality & Social Psychology*, *75(1),* 269-284.

French, S. A., Story, M., Remafedi, G., & Resnick, M. D. (1996). Sexual orientation and prevalence of body dissatisfaction and eating disordered behaviors: A population-based study of adolescents. *International Journal of Eating Disorders* , *19*, 119-126.

Garner, D. M., Olmstead, M. P., Bohr, Y., & Garfinkle, P. E. (1982). The eating attitudes test: Psychometric features and clinical correlates. *Psychological Medicine, 12,* 871-878.

Glick, P. Gangel, C. Gibb, S., Klumpner, S., Weinberg, E. (2007). Defensive reactions to masculinity threat: More negative affect toward effeminate (but not masculine) gay men, *Sex Roles, 57,* 55-59.

Gosling, S.D., Vazire, S., Srivastava, S., & John, O.P. (2004). Should we trust web-based studies? A comparative analysis of six preconceptions about internet questionnaires. *American Psychologist, 59*, 93-104.

Grabe, S., Hyde, J. S., Lindberg, S. M. (2007). Body objectification and depression in adolescents: The role of gender, shame, and rumination. *Psychology of Women Quarterly, 31,* 164-175.

Hallsworth, L., Wade, T., & Tiggemann, M. (2005). Individual differences in male body-image: An examination of self-objectification in recreational body builders. *British Journal of Health Psychology, 10,* 435-465.

Hebl, M. R., King, E. B., & Lin, J. (2004). The swimsuit becomes us all: Ethnicity, gender, and vulnerability to self-objectification. *Personality and Social Psychology Bulletin, 30,* 1322-1331.

Heffernan, K. (1994). Sexual orientation as a factor in risk for binge-eating and bulimia nervosa: A review. *International Journal of Eating Disorders*, *16*, 335-347.

Hennen, P. (2005). Bear bodies, bear masculinity: Recuperation, resistance, or retreat? *Gender & Society, 19,* 25-43.

Heinberg, L. J., Thompson, J. K., & Stormer, S. (1995). Development and validation of the Sociocultural Attitudes Toward Appearance Questionnaire. *International Journal of Eating Disorders*, *17*, 81-89.

Herzog, D., Bradburn, I., & Newman, K. (1990). Sexuality in males with eating disorders. In Andersen, A. E. (Ed), *Males With Eating Disorders* (40-53). New York: Bruner/Mazel.

Hiskey, S., & Troop, N.A. (2002). Online longitudinal survey research: Viability and participation. *Social Science Computer Review, 20*, 250-259.

Kahn, C. (2004). Troubled body image, *The Advocate, 911,* 25.

Kahn, J. H. (2006). Factor analysis in counseling psychology research, training, and practice: Principles, advances, and applications, *The Counseling Psychologist, 34,* 684-718.

Kaiser, H. F. (1958). The varimax criterion for analytic rotation in factor analysis. *Psychometrika*, 23, 187-200.

Kashubeck-West, S., & Mintz, L. B., & Saunders, K. J. (2001). Assessment of eating disorders in women. *The Counseling Psychologist, 29,* 662-694.

Kimmel, S. B., & Mahalik, J. R. (2005). Body image concerns of gay men: The roles of minority stress and conformity to masculine norms, *Journal of Counseling and Clinical Psychology, 73,* 1185-1190.

Kite, M. E. , & Deaux, K. (1987). Gender belief systems: Homosexuality and the implicit inversion theory, *Psychology of Women Quarterly, 11,* 83-96.

Kozak, M., Frankenhauser, H., Roberts, T. (2009). Objects of Desire: Objectification as a function of male sexual orientation, *Psychology of Men & Masculinity, 10,* 225-230.

Kozee, H.B., Tylka, T.L., Augustus-Horvath, C.L., Denchik, A. (2007). Development and psychomentric evaluation of the interpersonal sexual objectification scale, *Psychology of Women Quarterly, 31,*176-189.

Kozee, H.B. & Tylka, T.L. (2007). A test of objectification theory with lesbian women, *Psychology of Women Quarterly, 30,* 348-357.

Levesque, M. J. & Vichesky, D. R. (2006). Raising the bar on the body beautiful: An analysis of the body image concerns of homosexual men, *Body Image, 3,* 45-55.

Li, A. & Bagger, J. (2007). The Balanced Inventory of Desirable Responding (BIDR): A reliability generalization study, *Educational and Psychological Measurement, 67,* 525-544.

Lindberg, S. M., Hyde, J. S., & McKinley, N. M. (2006). A measure of objectified body consciousness for preadolescent and adolescent youth. *Psychology of Women Quarterly, 30,* 65-76.

Lindberg, S. M., Grabe, S., & Hyde, J. S. (2007). Gender, pubertal development, and peer sexual harassment predict objectified body consciousness in early adolescence. *Journal of Research on Adolescence, 17,* 723-742.

MacCullum, R. C., Browne, M. W., & Sugawara, H. M., (1996). Power analysis and determination of sample size for covariance structure modeling. Psychological Methods, 1, 130-149.

Martins, Y., Tiggemann, M., & Kirkbride, A. (2007). Those speedos become them: The role of self-objectification in gay and heterosexual men's body image. *Personality and Social Psychology Bulletin, 33,* 634-647.

McKinley, N. M. (1998). Gender differences in undergraduates' body esteem: The mediating effect of objectified body consciousness and actual/ideal weight discrepancy, *Sex Roles, 39*, 113-123.

McKinley, N. M., & Hyde, J. S. (1996). The Objectified Body Consciousness Scale: Development and validation. *Psychology of Women Quarterly, 20*, 181-215.

McKinley, N. M. (2006). Longitudinal gender differences in objectified body consciousness and weight-related attitudes and behaviors: Cultural and developmental contexts in the transition from college. *Sex Roles, 54,* 159-173.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*, 674-

McKinley, N. M. (1998). Gender differences in undergraduates' body esteem: The mediating effect of objectified body consciousness and actual/ideal weight discrepancy. *Sex Roles, 39,* 113-123.

Moradi, B., Dirks, D., & Matteson, A. V. (2005). Roles of sexual objectification experiences and internalization of standards of beauty in eating disorder symptomatology: A test and extension of objectification theory. *Journal of Counseling Psychology, 52*(3), 420-428.

Moradi, B., & Rottenstein, A. (2007). Objectification theory and Deaf cultural identity attitudes: Roles in deaf women's eating disorder symptomatology. *Journal of Counseling Psychology, 54,* 178-188.

Morrison, M. A., Morrison, T. G., & Sager, C. L. (2004). Does body satisfaction differ between gay men and lesbian women and heterosexual men and women? A meta-analytic review, *Body Image, 1,* 127-138.

Morry, M. M., & Staska, S. L. (2001). Magazine exposure: Internalization, self-objectification, eating attitudes, and body satisfaction in male and female university students. Canadian *Journal of Behavioural Science*, *33(4),* 269-279.

Muehlenkamp, J. J., & Saris-Baglama, R. N. (2002). Self-objectification and its psychological outcomes for college women. *Psychology of Women Quarterly*, *26(4),* 371-379.

Noll, S. M, & Fredrickson, B. L. (1998). A mediational model linking self-objectification, body shame, and disordered eating. *Psychology of Women Quarterly*, *22(4),* 623-636.

Paulhus, D. L., Reid, D. B. (1991). Enhancement and denial in socially desirable responding. *Journal of Personality and Social Psychology, 60*, 307-317.

Riggle, E. D. B., Rostosky, S. S., & Reedy, C. S. (2005). Online surveys for BGLT Research: Issues and techniques, *Journal of Homosexuality, 49,* 1-21.

Roberts, T., & Gettman, J. V. (2004). Mere exposure: Gender differences in the negative effects of priming a state of self-objectification. *Sex Roles, 51(1/2*), 17-27.

Rohlinger, D. A. (2002). Eroticizing men: Cultural influences on advertising and male objectification, *Sex Roles, 46,* 61-74.

Russell, C. J. & Keel, P. K. (2002). Homosexuality as a specific risk factor for eating disorders in men. *International Journal of Eating Disorders*, *31*, 300-306.

Serpa, J. G. (2004). A new measure of body dissatisfaction and its relation to self-objectification, eating disorders, and depression in gay and heterosexual men, *Unpublished dissertation*.

Shernoff, M. (2001). Steroids and the pursuit of bigness, *The Gay & Lesbian Review, 8*, 32.

Siever, M. D. (1994). Sexual orientation and gender as factors in socioculturally acquired vulnerability to body dissatisfaction and eating disorders. *Journal of Consulting Clinical Psychology* , *62*, 252-260.

Silberstein, L. R., Mishkind, M. E., Striegel-Moore, R. H., Timko, C., & Rodin, J. (1989). Men and their bodies: A comparison of homosexual and heterosexual men. *Psychosomatic Medicine, 51,* 337-346.

Strelan, P., & Hargreaves, D. (2005). Reasons for exercise and body esteem: Men's responses to self-objectification. *Sex Roles, 53,* 495-503.

Stöber, J., Dette, D. E., & Musch, J. (2002). Comparing continuous and dichotomous scoring of the Balanced Inventory of Desirable Responding. *Journal of Personality Assessment, 78*, 370-389.

Strong, S. M., Singh, D., & Randall, P. K. (2000). Childhood gender nonconformity and body dissatisfaction in gay and heterosexual men. *Sex Roles*, 43, 427-439.

Strong, S. M., Williamson, D. A., & Netemeyer, R. G., Geer, J. H. (2000). Eating disorder symptoms and concerns about body differ as a function of gender and sexual orientation. *Journal of Social and Clinical Psychology*, *19*, 240-255.

Tabanchnick, B. G., & Fidell, L. S. (2001). *Using multivariate statistics* (4th ed.). New York: Harper & Row.

Tiggemann, M. & Kuring, J. K. (2004). The role of body objectification in disordered eating and depressed mood. *British Journal of Clinical Psychology, 43*, 299-311.

Tiggemann, M. & Lynch, J. E. (2001). Body image across the life span in adult women: The role of self-objectification. *Developmental Psychology, 37(2),* 243-253.

Weston, R., & Gore, P.A. (2006). A brief guide to structural equation modeling, *The Counseling Psychologist, 34,* 719-751.

Williamson, I., & Hartley, P. (1998). British research into the increased vulnerability of young gay men to eating disturbance and body dissatisfaction. *European Eating Disorders Review*, *6*, 160-70.

Wiseman, M. C., & Moradi, B. (2009) Body image and disordered eating in gay and bisexual men, *Unpublished Manuscript.*

Worthington, R. L., Dillon, F. R., & Becker-Schutte, A.M. (2005). Development, reliability, and validity of the lesbian, gay, and bisexual knowledge and attitudes scale for heterosexuals. *Journal of Counseling Psychology, 52*, 104-118.

Worthington, R. L., & Whittaker, T. A. (2006). Scale development research: A content analysis and recommendation for best practices. *The Counseling Psychologist, 34*, 806-838.

BIOGRAPHICAL SKETCH

Marcie Chantel Wiseman was born in 1975 in Corning, New York. The oldest of three children, she grew up mostly in Ocala, Florida, graduating from Vanguard High School in 1993. She graduated summa cum laude from Saint Leo University in 2003 with a Bachelor of Arts degree in psychology, and from the University of Florida in 2007 with a Master of Science degree in psychology. She lives with her husband and two cats in Ocala, Florida and upon completion of her doctorate degree she will begin a post-doctoral residency as an adult therapist in a local private practice.