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Gender and Body Image

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The final version of this chapter can be found here:**

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## Gender and Body Image

That gender has a considerable impact on people's body image may seem obvious based on the considerable attention paid to women's and men's bodies in popular culture (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999; Wolf, 1991). Indeed, the different portrayals of women's and men's bodies underscore the different lived experiences of women and men. Gender differences in body image are among the most robust findings in the psychological literature: Women and men feel, think, and behave differently with regard to their bodies (Serdula et al., 1993; Thompson, 1996). Gender differences in body image should not be taken lightly as they have been shown to account for a variety of psychological distresses and disturbances in the lives of women and men (e.g., Thompson & Cafri, 2007; Thompson et al., 1999). This is evident from research that indicates that body image significantly contributes to adolescent suicidal ideation; it is a stronger predictor than other known risk factors such as depression, hopelessness, and past suicidal behavior (Brausch & Muehlenkamp, 2007).

In order to understand gender differences in body image, it is first necessary to consider what the differences actually are and how they manifest themselves in women and men. Therefore, this chapter begins with a selective overview of the most robust gender differences in the body image literature in relation to body perceptions, body feelings, body cognitions, and body behaviors. Then, several different theoretical perspectives are offered to explain these gender differences in body image: the tripartite model of sociocultural influence (Keery, van den Berg, & Thompson, 2004), gender socialization (Eagly, 1987), and objectification theory (Fredrickson & Roberts, 1997). An integration of these perspectives provides a comprehensive social psychological framework for understanding the multiple pathways by which people's

body images are shaped. Finally, we identify gaps in the literature on gender and body image as well as potential future research directions for scholars interested in the study of gender and body image.

### What is Body Image?

Body image is a multi-faceted construct that consists of self-perceptions, attitudes, beliefs, feelings, and behaviors related to one's body (Cash & Pruzinsky, 1990; Grogan, 1999, 2008; Thompson et al., 1999). Body image is often viewed as a fixed property that is rooted in the minds of individual persons, but it is not fixed. Instead, a person's body image constitutes a dynamic relationship between the individual, the body, and the social environment. Recognition of the multiple facets of body image has led to the development of multidimensional assessments over the last several decades (Cash, 2004; Grogan, 1999; Shroff, Calogero, & Thompson, in press; Thompson et al., 1999), some of which include body size estimation, body dissatisfaction, appearance investment, body objectification, body ideal internalization, body image quality of life, body appreciation, body responsiveness, drive for thinness, and drive for muscularity.

Our review of gender differences in body image relies on the extant terminology and measurement tools to label the various dimensions that have been studied; however, it is important to note that these variables are not definitive or exhaustive of the body image construct. In addition, body image has been conceptualized and assessed almost exclusively in terms of its negative dimensions, and therefore most of the gender differences described in the following sections refers to those dimensions.

### Gender and Body Perceptions

Body perceptions refer to what is seen or recognized about the body on a conscious level (Thompson et al., 1999). Gender differences in the way that people perceive their bodies are well-documented. In particular, there are three distinct ways of viewing the body that are especially illustrative of the differences between women's and men's body images.

#### *Fragmented vs. Functional*

There is evidence to indicate that men and women differ in how they evaluate and talk about their bodies (Halliwell & Dittmar, 2003). A clear pattern has been documented whereby men tend to evaluate and talk about their bodies as whole and functional entities (e.g., Look how fast I can run), whereas women tend to evaluate and talk about their bodies as a collection of different and distinct parts (e.g., I hate the size of my thighs). These different conceptualizations of the body reflect a difference in the nature of women's and men's body awareness and the target of their body focus (Franzoi, 1995; Franzoi, Kessenich, & Sugrue, 1989; Fredrickson & Roberts, 1997; McKinley & Hyde, 1996). In general, it appears that girls and women come to take more fragmented, compartmentalized views of their bodies, whereas boys come to take more functional, holistic views of their bodies.

#### *Third-Person vs. First-Person*

In a similar vein, there is evidence to indicate that men and women differ in the degree to which they view their bodies from a third-person (i.e., her or his body) vs. first-person (i.e., my body) perspective (Eck, 2003; McKinley & Hyde, 1996). Research indicates that women take an external observational standpoint on their bodies more often than men do (Calogero & Watson, in press; Miller, Murphy, & Buss, 1981). A recent study demonstrated that adolescent girls (aged 11 to 13) report significantly more third-person perspective-taking on their bodies than

adolescent boys do, and these gender differences appear at an earlier age than gender differences in rumination and depression (Grabe, Hyde, & Lindberg, 2007).

*Overestimate vs. Underestimate*

There is fairly good consensus that in Westernized societies women overestimate the size of their bodies to a significantly greater degree than men do (Thompson et al., 1999), whereas men underestimate the size of their bodies to a significantly greater degree than women do (Betz, Mintz, & Speakmon, 1994). Grover, Keel, and Mitchell (2003) found that normal weight women were more likely than normal weight men to be critical about their weights and to report being heavier than their actual weight even though the actual weights (based on BMI) between the men and women were not significantly different. Indeed, McCreary (2002) found that almost one-third of women aged 20 to 64 years perceived themselves to be heavier than they really were, whereas almost 50% of overweight men perceived themselves to be average weight, and 19% of average weight men perceived themselves to be underweight. In other reports, between 28% and 68% of average weight adolescent boys and men believed that they were underweight and desired to gain weight and muscle mass (McCreary & Sasse, 2000). Moreover, Tiggemann (2005) found that adolescent girls who were not overweight, but perceived themselves as overweight or felt dissatisfied with their current weight, reported lower self-esteem over a 2-year period.

Some research with non-Western cultures also demonstrates these effects. For example, Japanese women show a greater overestimation of their body relative to their actual measured values and a significantly greater desire to lose weight than Japanese men do (Kagawa et al., 2007). A sample of young Samoan men living on a remote island in the South Pacific were able to accurately estimate their actual body size, but chose an ideal body size that was approximately

6.5 to 11 lbs (3 to 5 kg) leaner and approximately 17 to 24 lbs (8 to 11 kg) more muscular than their actual body size, which is similar to the pattern of body image disparities found for American and European men (Lipinski & Pope, 2002). Other research has shown that, on average, college-aged Nigerian students report being more satisfied than dissatisfied with their body parts, although weight and muscle development were still the primary sites of dissatisfaction. In addition, compared to Nigerian men, Nigerian women reported greater satisfaction with most body parts including their ears, body weight, chest size, size and appearance of sex organs, and even muscularity (Balogun, Okonofua, & Balogun, 1992).

### Gender and Body Feelings

Body feelings refer to how people feel about their bodies, or the affective dimension of body image (Thompson et al., 1999). Gender differences in body feelings are also well-documented. In particular, three types of body-related feelings are highlighted here: body dissatisfaction, body shame, and appearance anxiety.

#### *Body Dissatisfaction*

Body dissatisfaction represents the most important global measure of distress because it captures the essence of one's subjective evaluation of the body on a continuum from satisfaction to dissatisfaction (Thompson et al., 1999). One of the most consistent findings in the body image literature is that women are significantly more dissatisfied with their bodies than men are from adolescence through adulthood (Grogan, 1999; Paxton et al., 1991; Thompson et al., 1999), and this gap between women and men in body dissatisfaction has increased over time (Feingold & Mazella, 1998; Phares, Steinberg, & Thompson, 2004). Reports indicate that approximately one-half of all American girls and college women make global negative evaluations of their bodies (Bearman, Presnell, Martinez, & Stice, 2006; Thompson et al., 1999). These gender differences

in body dissatisfaction have been observed in young children as well. For example, girls aged 7 to 11 years reported significantly more body dissatisfaction than did boys aged 11 to 18 years (Vincent & McCabe, 2000). In fact, boys are more likely than girls to show a decrease in body dissatisfaction during early adolescence (Bearman et al., 2006). This phenomenon is not confined to the U.S. A cross-cultural comparison of Argentinean and Swedish adolescents revealed no significant differences in body satisfaction between the two countries, however the girls from both countries displayed more body dissatisfaction than the boys did (Holmqvist, Lunde, & Frisen, 2007). According to a recent survey of 3,300 girls and women across 10 countries, 90 % of women aged 15 to 64 are dissatisfied with at least one aspect of their physical appearance; body weight ranked the highest (Etcoff, Orbach, Scott, & D'Agostino, 2005).

Despite these noted gender differences, body dissatisfaction among men has been on the rise over the past three decades (Thompson & Cafri, 2007). Some research has reported that a remarkable 95% of men experience some degree of body dissatisfaction (Mishkind, Rodin, Silberstein, & Striegler-Moore, 1986). In addition, given the emphasis on appearance within the gay subculture, considerable research has shown that gay boys/men constitute a particularly vulnerable group to body dissatisfaction, and report higher levels of body dissatisfaction compared to heterosexual men (Beren, Hayden, Wifley, & Grilo, 1996; Boroughs & Thompson, 2002; French, Story, Remafedi, Resnick, & Blum, 1996; Martins et al., 2007; Morrison, Morrison, & Sager, 2004; Smolak et al., 2005; Yelland & Tiggemann, 2003). Contrary to findings for women, men's body dissatisfaction involves both ends of the weight continuum. Researchers have found that men who are above or below an acceptable range in their Body Mass Index scores (BMI) tend to be especially dissatisfied with their physical appearance (Drewnowski & Yee, 1987; Muth & Cash, 1997). In addition, it is important to note that a recent



cross-sectional study of children between ages 8 and 11 demonstrated no gender differences on body dissatisfaction, importance placed on weight, strategies to lose weight, or the perceived pressure associated with losing weight (Ricciardelli, McCabe, Holt, & Finemore, 2003).

However, boys were more likely than girls to desire a larger body size, place a greater importance on muscles, utilize muscle gain strategies, and perceive a greater pressure to increase their muscles.

### *Body Shame*

Body shame refers to the negative feelings that occur when people evaluate themselves against internalized cultural ideals for appearance and find that they fall short of these ideals (Lewis, 1992; McKinley & Hyde, 1996; Silberstein, Striegel-Moore, & Rodin, 1987). According to Bartky (1990, p. 86):

Shame is the distressed apprehension of the self as inadequate or diminished: it requires if not an actual audience before whom my deficiencies are paraded, then an internalized audience with the capacity to judge me, hence internalized standards of judgment.

Further, shame requires the recognition that I am, in some important sense, as I am seen to be. (p. 86).

Considerable evidence indicates that women feel significantly more shame about their bodies than men do (Calogero, Broughs, & Thompson, 2007; Groesz et al., 2002; McKinley, 1998). In particular, research with North American, British, and Australian women has consistently demonstrated that women who highly value attributes such as weight and physical attractiveness report more body shame than women who do not highly value these attributes (Calogero & Thompson, in press; Noll & Fredrickson, 1998; Tiggemann & Kuring, 2004; Tiggemann & Slater, 2001; Tylka & Hill, 2004). Researchers have shown that when appearance

is made especially salient (e.g., trying on a swimsuit in front of a mirror), women report significantly more body shame than men do (Fredrickson et al., 1998). Although both men and women reported feeling more self-conscious in situations where their bodies were on display, men reported feeling more 'shy' and 'silly,' whereas women reported feeling more 'disgust' and 'anger' (Frederick, Peplau, & Lever, 2006; Fredrickson et al., 1998). Hebl, King, and Lin (2004) also found that women reported more body shame than men did, although this did not vary as a function of type of clothing. Moreover, there were no differences in body shame between Asian American, European American, and Hispanic individuals; however African American individuals reported lower levels of body shame compared to participants from other ethnic backgrounds, and African American women and men reported similar levels of body shame.

However, as with body dissatisfaction, men's body shame appears to be on the rise. Recent research with Australian men (Tiggemann & Kuring, 2004) and British men (Calogero, in press) indicates that men who highly value attributes such as strength and physical coordination report more body shame than men who do not highly value these attributes. These findings are consistent with an increased focus on muscularity as the cultural appearance ideal for men (Cafri et al., 2005; McCreary & Sasse, 2000; Thompson & Cafri, 2007), which may render 'strength' an important and observable appearance attribute to which they may fall short. Also as seen with body dissatisfaction, sexual orientation is a critical factor to consider in the study of men's body shame. Given the emphasis on appearance within the gay subculture, gay men may be more likely than heterosexual men to experience body shame in their day-to-day experience. For example, compared to heterosexual men, gay men report feeling markedly more shame about their bodies when their bodies are on display (i.e., wearing a swimsuit vs. a sweater), although it should be noted that heterosexual men are not completely immune to the

experience of body shame (Martins, Tiggemann, & Kirkbride, 2007). It is important to note that these differences in men's body shame were found using measures of body shame that are frequently employed in the study of women's body shame, which typically highlight the role of weight/shape in women's body shame. Thus, even weight/shape-based measures of body shame have been shown to illuminate differences in men's experiences of body shame.

### *Appearance Anxiety*

Appearance anxiety refers to the worry and concern people express about their bodies being on display and available for evaluation by others (Dion et al., 1990). Again, as noted with body shame, the narrow and unrealistic nature of feminine beauty ideals may produce more anxiety for women than for men about how their actual appearance matches these ideals. In addition, the normative evaluation and scrutiny of women's bodies across social contexts is out of women's control, which may increase appearance anxiety. Indeed, there is evidence that women experience significantly more anxiety about the appearance of their bodies than men do (Dion, Dion, & Keelan, 1990; Tiggemann & Kuring, 2004).

It is particularly important to point out that women's appearance anxiety is not about 'vanity,' but also includes concerns about safety and threats to the self because of the greater potential for women to experience sexual victimization and sexually motivated bodily harm (Brownmiller, 1975). When asked to describe what they do on any given day to maintain their personal safety, women list multiple strategies (e.g., checking backseat of car, keeping keys between fingers, pretending to talk on cell phone), whereas men list very few strategies for ensuring their personal safety on a daily basis (Fredrickson & Roberts, 1997). Thus, maintaining a chronic vigilance about both physical appearance and physical safety creates many more

opportunities for women than men to experience anxiety. In this way, women's subjective experience of their bodies is markedly different from men's.

However, there is variability in men's appearance anxiety as well, especially when they report negative evaluations of their upper body strength and muscularity (Davis, Brewer, & Weinstein, 1993). Indeed, although girls reported higher social physique anxiety than boys, drive for muscularity was directly related to social physique anxiety only for boys, whereas only an indirect relationship between these variables, via body comparisons, was observed for girls (McCreary & Saucier, 2009). This association between high drive for muscularity and high social physique anxiety has been demonstrated in heterosexual and homosexual men (Duggan & McCreary, 2004). In addition, men who suffer from muscle dysmorphia, a subtype of body dysmorphic disorder that specifically involves one's physique, report feeling constant anxiety about their appearance (Olivardia, Pope, & Hudson, 2000; Pope, Gruber, Choi, Olivardia, & Phillips, 1997).

### Gender and Body Cognitions

Body cognitions refer to the beliefs and attitudes people have about their bodies, which affect how appearance-related information is processed. Until recently, the general consensus was that girls and women have more negative thoughts and beliefs about their bodies than boys and men do (Thompson et al., 1999); however, these patterns appear to be changing such that boys and men are now reporting negative beliefs and thoughts about their bodies.

#### *Body Schematicity*

Schemas are cognitive frameworks that organize our knowledge about people, places, things, and our selves, which, in turn, help us to process and interpret new information (Markus, Hamill, & Sentis, 1987). Body schemas, then, represent the particular knowledge people have

developed about their physical appearance, which, in turn, affects the way they process information about their appearance. For example, the more often a person has been labeled as 'fat,' the more likely it is that the person will automatically and quickly think of herself as fat in response to a variety of situations. In this case, the person would be described as schematic for 'fatness' or 'weight-schematic,' whereas a person without these characteristics would be described as aschematic for 'fatness' or 'weight-aschematic.' Markus et al. (1987) found that weight-schematic individuals were faster to associate heavy than thin silhouettes with the self, whereas weight-aschematic individuals showed no difference in judgment time between the two types of silhouettes. However, the weight-schematic and weight-aschematic groups did not differ in how quickly they responded to the words 'fat' and 'thin,' which suggests that, at least among American college women, it may not be possible to be completely aschematic for body weight.

On the one hand, although both men and women can be weight-schematic, some research suggests that weight is more often a defining quality of women's identity than men's identity (Grover et al., 2003), and women are more psychologically invested in their appearance than men are (e.g., Cash & Hicks, 1990; Muth & Cash, 1997). For example, Grover et al. found that women's explicit and implicit weight identities were consistent, such that the heavier they reported themselves to be in their explicit self-reports, the more likely they were to associate themselves with being "heavy" in their implicit self-reports, where implicit measures represent a person's nonconscious beliefs about themselves and others. In contrast, men's explicit and implicit weight identities were not consistent, such that men were more likely to associate themselves with being "light" in their implicit self-reports regardless of whether they identified themselves as "light" or "heavy" in their explicit self-reports.

On the other hand, some research suggests that muscularity is a defining quality of identity more often for men than for women (Gray & Ginsburg, 2007; McCreary & Sasse, 2000; Pope, Phillips, & Olivardia, 2000), with one study indicating that 91% of college men desired a more muscular frame and none of the men wanted to be less muscular (Jacobi & Cash, 1994). Thus, instead of a focus on weight, it is a muscular focus that may lead boys and men to view themselves as smaller and lighter, which would foster a desire to gain weight and muscle mass to increase their body size. Moreover, the fact that a small body size has been linked to suicide ideation and attempted suicide among men (Carpenter, Hasin, Allison, & Faith, 2000) suggests that women are not necessarily more psychologically invested in their appearance than men.

#### *Body-Ideal Internalization*

Beauty ideals represent culturally prescribed attributes of the human face and body that define the standards for physical attractiveness within a culture. According to Zunes (2000), at any given time and place, there are fairly 'uniform and widely understood models of how particular groups of individuals "should" look' (p. 87). These ideals represent accepted, yet virtually unattainable, goals of bodily perfection that women and men strive to achieve. The cultural beauty ideals prescribed for women and men emphasize the importance of pursuing distinctly different appearance attributes: thinness or muscularity. The internalization of these cultural standards for appearance indicates that the person is aware of the standard and believes that meeting this standard is important.

Westernized feminine beauty ideals have almost always promoted the attainment of physically incompatible body attributes. Between the 19<sup>th</sup> and 21<sup>st</sup> century, women have tried to have a thin waist but large hips, to be full-figured but thin, to have small breasts but curvy hips and waist, and, today, to have sizable breasts and muscle, but no obvious body fat (Calogero et

al., 2007). Indeed, the current beauty ideal may represent the ultimate in unrealistic and unnatural attributes for feminine beauty: ultra thinness and large breasts (Thompson & Tantleff, 1992).

This 'curvaceously thin' ideal for women is virtually impossible to achieve without some form of surgical modification (Harrison, 2003), which makes the current standards of beauty particularly dangerous and women's body images particularly vulnerable.

The most consistent appearance ideal prescribed for women since the 1960's is thinness. Researchers have demonstrated that girls as young as 5 and 6 years old report a desire for a thinner body (Flannery-Schroeder & Chrisler, 1996; Lowes & Tiggemann, 2003). This culture of thinness promotes the personal acceptance or internalization of a thin body as the beauty ideal, at least for women in Westernized societies (Heinberg, Thompson, & Stormer, 1995). *Thin-ideal internalization* refers to the extent to which individuals cognitively accept the thin cultural standard of attractiveness as their own personal standard and engage in behaviors designed to help them meet that standard (Thompson et al., 1999). Women who have internalized the thin ideal, and thereby experience a *drive for thinness*, are more vulnerable to the negative outcomes associated with exposure to thin images than are women who have not internalized these ideals (Groesz, Levine, & Murnen, 2002; Thompson et al., 1999).

Although thin-ideal internalization dominates women's appearance concerns, the pursuit of a muscular ideal is present in some women (Gruber, 2007). Surveys have documented an increasing shift toward a more muscular female body ideal over the last three decades (Garner, 1997). Women's dissatisfaction with their muscle tone has increased over time, from 30 % of women in 1972, to 45 % in 1985, and to 57 % in 1997. In the 1997 survey, 43 % of the entire sample, and 67 % of the women in the sample with pre-existing body dissatisfaction, reported that 'very thin or muscular models' made them feel insecure. Recent research indicates a

discrepancy between women's actual and ideal level of muscularity; women now wish to be more muscular than they actually are (Cafri & Thompson, 2004).

There are several notable ethnic differences in women's thin-ideal internalization. Some research has indicated that Latinas born in the U.S. endorse an even thinner ideal body size than European American women do, whereas Latinas who immigrated to the U.S. endorse a larger body ideal (Lopez, Blix & Blix, 1995). This is consistent with research that demonstrates that children of immigrants in the U.S. may utilize the media as a 'cultural guide' for assimilation (Suarez-Orozco & Suarez-Orozco 2001). Other research has indicated that some ethnic groups do not endorse the thin ideal. For example, it has been found that Black women have more flexible conceptions of beauty and reject White (thin) ideals for beauty, which, in turn, have been linked to more positive body image, higher self-esteem, and less guilt about body size, despite Black women's objectively higher average body weights (Bond & Cash, 1992; Lovejoy, 2001; Makkar & Strube, 1995; Molloy & Herzberger, 1998; Parker et al., 1995; Stevens, Kumanyika, & Keil, 1994).

Other research has demonstrated a less straightforward adoption of the thin ideal. For example, Casanova (2004) reported that adolescent women in Ecuador claim to endorse the White (thin) beauty ideals espoused by White American girls, but they do tend to be less rigid in their judgments of beauty in every day life, more critically examine the implicit messages about beauty, and engage in supportive peer interaction about appearance. Yet, the majority of girls reported that it is compulsory to look good because it affects job and romantic opportunities: 'You always have to think about what others will think of you' (Casanova, 2004, p. 300).

Some research with non-Western cultures demonstrates the endorsement of an entirely different appearance ideal: *fatness*. A sample of 249 Moroccan Sahraoui women rated their



desired body size on a figural rating scale as significantly *larger* than their rating of a healthy body size (Rguibi & Belahsen, 2006). In this sample, the desire to lose weight was very low, even among the majority of obese women, and educational level did not affect desire to lose weight. Women who reported dissatisfaction with their body size were more likely to report trying to *gain* weight. Consistent with the literature on thin-ideal internalization, the internalization of a fat-ideal is implicated in the body dissatisfaction of these women. Similar results have been reported in samples of Samoans (Brewis, McGarvey, Jones, & Swinburn, 1998), Malaysians (Swami & Tovee, 2005), and women in African societies (Tovee, Swami, Furnham, & Mangalparsad, 2006; Treloar et al., 1999).

Whereas the socially prescribed body size and shape for girls and women is small and thin, the socially prescribed body size and shape for boys and men is big and muscular (Thompson & Cafri, 2007). Indeed, since the 19<sup>th</sup> century, the most consistent appearance ideal prescribed for men has been muscularity (Luciano, 2007). Although at the beginning of the 20<sup>th</sup> century men with bulging muscles were located at the fringes of society, confined to the bodybuilding subculture and Mr. America contests, the end of the 20<sup>th</sup> century saw a rapid development in the culture of muscularity in mainstream society, which continues today. Indeed, the current masculine beauty ideal emphasizes a muscular v-shaped body with a well-developed upper body, flat stomach, and narrow hips (Leit, Pope, & Gray, 2001).

This culture of muscularity promotes the personal acceptance or internalization of a hypermuscular body as the masculine body ideal (Grogan & Richards, 2002; Cafri et al., 2005, McCreary & Sasse, 2000; Thompson & Cafri, 2007). *Muscular-ideal internalization* refers to the extent to which individuals cognitively accept the muscular cultural standard of attractiveness as their own personal standard and engage in behaviors designed to help them meet that standard

(Thompson & Cafri, 2007). Men who have internalized the muscular ideal, and thereby pursue a muscular body, are more vulnerable to the negative outcomes associated with exposure to muscular images than are men who have not internalized these ideals. In particular, muscular-ideal internalization is associated with a *drive for muscularity* among men in Westernized societies (McCreary & Sasse, 2000), which, in turn, has been linked to men's body dissatisfaction (Cafri, Blevins, & Thompson, 2006), dieting to gain weight (McCreary & Sasse, 2000), overtraining (Klein, 2007), steroid use (Ricciardelli & McCabe, 2004), muscle dysmorphia (Pope et al., 2005), and body dysmorphic disorder (Phillips & Castle, 2001).

When a desire to be thinner has been documented among boys, it appears to reflect a desire for less body fat or more leanness as opposed to a smaller frame (Cafri, Strauss, & Thompson, 2002). However, research conducted by Yelland and Tiggemann (2003) revealed several interesting patterns with regard to the body image of gay men. First, they found that the gay ideal body shape involves being both thin and muscular; gay men's drive for thinness is on par with women's drive for thinness, and gay men's drive for muscularity is higher than that of heterosexual men. They also found that gay men engage in behaviors to try to achieve this ideal, such as disordered eating, muscle-building, and food supplementation. However, with regard to body dissatisfaction, gay men report being more satisfied than women and just as satisfied as heterosexual men, although gay men did report less satisfaction than heterosexual men with their current level of muscularity.

The evidence for lesbians is more mixed. Traditional lesbian ideology rejects the culture of thinness and sexist ideologies that persist in Westernized societies (Cogan, 1999), and, therefore, lesbians should be less susceptible to thin-ideal internalization. These notions have been supported to some extent: Lesbians report less body monitoring, less thin-ideal

internalization, and less disordered eating than heterosexual women (Guille & Chrisler, 1999; Schneider, O'Leary, & Jenkins, 1995). However, these effects are quite modest (Owens, Hughes, & Owens-Nicholson, 2003) and suggest that a lesbian subculture may counteract some of the sociocultural pressures for women's appearance but may not be able to protect against the broader societal preference for thin women (Cogan, 1999; Dworkin, 1989). For example, recent research has shown that lesbians and heterosexual women experience similar levels of interpersonal sexual objectification and body shame, but lesbians report even higher body surveillance than heterosexual women (Kozee & Tylka, 2006). From this research it is also important to note that interpersonal experiences of sexual objectification were directly linked to lesbians' body shame and disordered eating, whereas this was not the case for heterosexual women.

#### Gender and Body Behaviors

Body behaviors refer to how people behave toward, and in relation to, their bodies. Often conceptualized as the 'outcome' variables in empirical studies, a consideration of the actual behaviors that men and women engage in as a result of their body image experiences serve as a grave reminder of the significance of these phenomena in people's lives. As Harrison (2003) noted, to meet the current 'curvaceously thin' ideal, women are at risk for doing 'double damage' to themselves as they try to reduce and reshape the lower body through disordered eating and exercise practices and to enlarge and reshape the upper body through surgery and drug use (e.g., herbal supplements). Similarly, in order to meet the 'masculine ideal of lean muscularity' (Leon, Fulkerson, Perry, Keel, & Klump, 1999), boys and men may simultaneously engage in strategies to gain muscle and strategies to lose weight (Cafri et al., 2005), which may also place them at increased risk for doing 'double damage' to their bodies.

### *Eating Disorders*

It has been well-documented that eating disorders are gendered phenomena. Indeed, 90% of those affected with anorexia nervosa and bulimia nervosa are girls and women (American Psychiatric Association, 1994), although other eating disorders, such as binge-eating disorder, show fewer gender differences (Johnson & Torgrud, 1996). Body dissatisfaction is the most consistent predictor of the onset of eating disturbances (Cattarin & Thompson, 1994; Thompson et al., 1999), thus it may be no wonder that eating disorders occur at substantially higher rates in girls and women. The behavioral hallmark of these disorders is the pursuit of weight loss by chronic dieting, fasting, bingeing, purging, and a variety of other methods. Eating disorders have the highest mortality rate of all psychiatric disorders (American Psychiatric Association, 1994), therefore, because of the much higher prevalence rate of eating disturbances for women, it is clear that their risk of death from eating disorders is much higher than that for men.

### *Body Dysmorphic Disorder (BDD)*

BDD refers to an excessive preoccupation with an imagined or slight defect in appearance that brings about emotional suffering and significant disruptions in daily functioning (American Psychiatric Association, 2000; Crerand, Phillips, Menard, & Fay, 2005). Although any body part can become the focus of concern, BDD is typically characterized by intrusive thoughts about one's skin, hair, or facial features. BDD occurs with relatively similar frequency in men and women; however, some of the clinical features may vary. For example, women tend to be more preoccupied with their hips and weight, pick their skin, use make-up to cover imagined defects, and suffer from bulimia nervosa, whereas men tend to be more preoccupied with body build, genitals, thinning hair, using a hat to cover imagined defects, be unmarried, and have alcohol abuse or dependence (Phillips & Diaz, 1997). The course of BDD tends to be

chronic, and the level of impairment can be quite severe, including attempted and completed suicides (Phillips et al., 2005).

The trend toward societal representations of hypermuscular men parallels a rise in the prevalence of muscle dysmorphia among men, which is described as a type of BDD with an obsessive focus on becoming muscular (Olivardia, Pope, & Hudson, 2000). Men with BDD and muscle dysmorphia (MD) have a particularly high risk of attempted suicide, poor quality of life, substance use disorder, and anabolic steroid use (Cafri, Olivardia, & Thompson, 2008; Pope et al., 2005). Although there have been documentations of cases of MD in women, by far the data to date suggest that men are more likely to have this type of BDD. However, well-designed prevalence studies are lacking and, to date, no study has specifically compared men and women on MD characteristics and associated features.

#### *Anabolic Steroid Use*

Although once restricted to body builders and weight lifters, the use of anabolic-androgenic steroids (AAS) is filtering into the mainstream as both men, and increasingly women, strive for a more muscular look (Bahrke, 2007; Thompson & Cafri, 2007). The use of AAS to achieve a more muscular and lean body is associated with many serious negative side effects, such as cardiovascular disease, liver failure, kidney tumors, aggressiveness, mood changes, and substance dependence (Cafri et al., 2005). Most of the research on AAS describes samples of adolescent boys and men because increased muscularity is a body change goal predominantly among boys and men; however, AAS is not only a problem among boys as there is increasing pressure for women to look muscular and toned as well as thin and slim (Harrison, 2003). Estimates suggest that between 1% to 12% of boys and between 0.2% and 9% of girls have used AAS sometime in their life (Ricciardelli & McCabe, 2004).

### *Cosmetic Surgery*

Over the last decade, the rate of cosmetic surgical and nonsurgical procedures has exploded in the United States: There has been a 457% increase in all cosmetic procedures since 1997, with nearly 11.7 million procedures performed nationally in 2007 (American Society for Aesthetic Plastic Surgery, 2008). It is important to emphasize that all forms of plastic surgery have become normalized for both women and men. This is most clearly evident in mainstream American television shows, such as *Extreme Makeover* and *The Swan*, which have large prime-time audiences. People on these shows compete to undergo large numbers of surgical procedures to modify their appearance to make it more acceptable and closer to appearance ideals. Viewership of these types of shows was recently found to be related to positive attitudes towards cosmetic surgery, body dissatisfaction, and eating disturbances (Sperry, Thompson, Sarwer, & Cash, in press). This normalized practice of surgically modifying the body to meet beauty standards has caused deadly infections, gangrene, nerve damage, loss of sensation, loss of body parts, mutilated body parts, and death (Haiken, 1997): These deleterious effects of plastic surgery on physical health and psychological well-being have been reported for decades, but do not seem to have harmed its popularity.

In 2007, the top five surgical procedures included liposuction, breast augmentation, eyelid surgery, abdominoplasty, and breast reduction and the top five nonsurgical procedures included botox injection, hyaluronic acid, laser hair removal, microdermabrasion, and laser skin resurfacing. While both women and men express approval for body-altering surgical procedures to achieve their ideals of bodily perfection (Henderson-King & Henderson-King, 2005), approximately 10.6 million of these procedures were performed on women (91%), whereas 1.1 million of these procedures were performed on men in 2007. Although the percentage of men

undergoing cosmetic surgery is minimal relative to women, a 44 % increase in cosmetic surgery among men was documented between the years 2000 and 2004 (American Society of Plastic Surgeons, 2005), with the most common surgical procedures among men including rhinoplasty, hair transplantation, and liposuction.

A recent development in men's body image is the recognition that some men engage in body depilation (Boroughs, Cafri & Thompson, 2005; Boroughs & Thompson, 2002), which is the removal of hair in rather non-traditional places for men (e.g., arms, legs, genital area). Body depilation is standard practice among competitive bodybuilders in order to show off high muscle definition during competition (Klein, 2007). Yet, the practice of body depilation has extended to men outside this athletic subculture. Indeed, the media have coined the term 'metrosexual' to characterize a fashion-conscious urban heterosexual man with a strong aesthetic sense who spends a great deal of time and money on his appearance and lifestyle (e.g., clothing, manicures, facials). The cultural idea of the metrosexual might be one contributing factor to explain the emergence of male body depilation and other body enhancing or modification strategies such as cosmetic surgery.

### *Avoidance*

Although seemingly less harmful than cosmetic surgery and steroid use, the actual avoidance of social situations and interactions where the body may be on display can bring its own set of negative consequences to people's lives. There is evidence to indicate that women choose to avoid situations because of their appearance significantly more often than men do. For example, a stunning report by Etcoff and colleagues (2005) revealed that 67 % of women ages 15 to 64 across ten countries actually withdraw from life-engaging, life-sustaining activities due to feeling badly about their looks. These activities include giving an opinion, meeting friends,

exercising, going to work, going to school, dating, and going to the doctor. In a recent study of 52,677 heterosexual adult readers of *Elle* magazine aged 18 to 65, women reported greater dissatisfaction with their appearance and were more likely than men to avoid situations where their bodies were on display, such as wearing a swimsuit in public (Frederick, Peplau, & Lever, 2006). In addition, negative body image concerns are linked to the avoidance of sexual intimacy and sexual activity with a partner, at least among women (Faith & Schare, 1993; Wiederman, 2000).

### Theoretical Explanations

The evidence presented above supports the idea that gender has a profound impact on multiple dimensions of body image. Indeed, while some similarities exist, numerous gender differences have been documented with regard to how men and women perceive, feel about, think about, and treat their bodies. In the following sections we turn our attention toward potential explanations for these gender differences. In particular, we describe three theoretical frameworks to help us understand how broader social psychological, socio-cultural and socio-structural mechanisms may contribute to the different body images of women and men.

#### *Tripartite Model of Social Influence*

According to the Tripartite Influence Model, parents, peers, and media represent three formative influences on body image (Keery et al., 2004; Shroff & Thompson, 2006). The gender differences in body perceptions, body cognitions, body feelings, and body behaviors can be explained partially by the distinctly different messages that girls/women and boys/men receive about their bodies. In particular, considerable evidence indicates that these sociocultural sources consistently promote striving toward the thin ideal among women and the muscular ideal among men.



*Parents.* Perceptions by both young girls and boys that their parents are concerned about their child's weight predict higher levels of body dissatisfaction in these young girls and boys (Gardner et al., 1997); however, the majority of studies indicate that parents exert a stronger influence on the appearance concerns of girls than boys (Barker & Galambos, 2003; Thompson et al., 1999). For young girls, the desire to be thinner is correlated with actual encouragement to lose weight from both mothers and fathers (Thelen & Cormier, 1995). One study showed that the body esteem of girls was related to their mothers' comments about daughters' weight, mothers' complaints about their own weight, mothers' weight loss attempts, and fathers' complaints about their own weight (Smolak, Levine, & Schermer, 1999). McKinley (1999) provided further evidence that mothers' experiences with their bodies influence daughters' experiences with their bodies. In a sample of 151 undergraduate women and their middle-aged mothers, McKinley demonstrated significant, positive relationships between mothers' and daughters' body esteem and body monitoring. In addition, higher body shame in mothers was associated with lower body esteem in daughters, and daughters' perceptions that the family approved of their appearance significantly predicted their body esteem. Phares et al. (2004) found that, compared to boys, girls exhibited greater body image concern, received more information regarding weight and dieting from their parents, and tried more actively to stay thin.

In contrast, for young boys, the desire to be thinner was not related to perceived or actual encouragement to lose weight from either mother or father (Thelen & Cormier, 1995). Perhaps this is because parents are less likely to encourage boys to lose weight, as this strategy would move boys further away from the muscular ideal. Instead, perceived pressure to increase muscle size may influence weight and/or body dissatisfaction among boys. Recent evidence supports this possibility. McCabe and Ricciardelli (2005) found that pressure from mothers to increase

muscularity predicted weight dissatisfaction 8 months later and muscle dissatisfaction more than one year later in their sons. In a longitudinal investigation of 237 boys aged 8 to 11 years, the sole predictor of boys' body dissatisfaction was BMI, and the main predictors of body change strategies were BMI and the perceived pressure to modify weight and muscularity from parents, peers, and media (Ricciardelli, McCabe, Lillis, & Thomas, 2006). Other research has shown that mothers' messages and mothers' own body dissatisfaction predicts the degree of body dissatisfaction in boys whereas the role of fathers appears to be less influential (Lowes & Tiggemann, 2003).

*Peers.* Appearance-related teasing and commentary from peers is associated with negative body image in girls and women (Murray, Touyz, & Beaumont, 1995; Oliver & Thelan, 1996; Paxton, Schultz, Wertheim, & Muir, 1999). In a nationally representative cohort of middle-aged British women, experiences of appearance-related commentary in childhood continued to exert negative effects on body esteem in later life (McLaren, Kuh, Hardy, & Gauvin, 2004). However, body image concerns may occur in the context of peer relationships for both boys and girls. For example, adolescent boys and girls who reported engaging in frequent conversations about appearance with friends endorsed greater internalization of appearance ideals, which, in turn, predicted greater body dissatisfaction (Jones, 2001; Jones, Vigfusdottir, & Lee, 2004; Jones & Crawford, 2005). However, among boys, social comparisons appear to be more closely related to body change strategies than to body dissatisfaction per se (Holt & Ricciardelli, 2007).

Other gender differences have been noted as well. In a three year prospective study, Lunde, Frisen, and Hwang (2007) evaluated peer victimization and teasing (among other variables) as predictors of body esteem in ten-year old girls (n = 474) and boys (n = 400). Their

findings indicated that peer victimization had long term association with girls' weight esteem, but teasing related appearance was associated with boys' more negative beliefs regarding how others viewed their appearance. Additionally, in a sample of college-aged men and women, childhood teasing about weight, but not teasing about general appearance or competence, predicted negative body image in men, whereas childhood teasing about weight, general appearance, and competence predicted negative body image in women (Gleason, Alexander, & Somers, 2000). In addition, teasing about competence predicted lower general self-esteem in men, whereas teasing about appearance and competence predicted lower general self-esteem in women. That men's body image was influenced by fewer forms of teasing than women's body image suggests that women's sense of competence is more intricately tied to their appearance than men's, and, moreover, that men's self-esteem is more likely to develop independently from body image compared to women's self-esteem and body image. It should be noted that while some of the questions about teasing in this study referred to 'other kids' or 'peers' explicitly as the perpetrators of the teasing, other questions referred to 'people' more generally as the perpetrators; therefore, it is not clear to what extent the source of the teasing, as opposed to the mere occurrence of teasing, is the critical factor in the development of body image concerns.

Peer effects extend to intimate partners as well. A 1995 survey by *Glamour* magazine showed that men hold unrealistic views of women's bodies and support methods that might bring their partner's bodies more in line with unrealistic cultural standards (Haiken, 1997). *Glamour* asked men: 'If it were painless, safe, and free, would you encourage your wife or girlfriend to get breast implants?' More than one-half (55%) of the men sampled answered 'yes.'

*Media.* Virtually every form of media communicates the idea that thinness is desirable for women (Levine & Harrison, 2004), including magazines (Englis, Solomon & Ashmore, 1994),

television shows (Harrison & Cantor, 1997), television commercials (Richins, 1991), music videos (Tiggemann & Slater, 2003), popular films (Silverstein, Perdue, Peterson, & Kelly, 1986), books (Baker-Sperry & Grauerholz, 2003), and children's videos (Herbozo, Tantleff-Dunn, Gokee-Larose, & Thompson, 2004). These images of women consistently portrayed in the media are not realistic as the body proportions are virtually unattainable for most women (Tiggemann & Pickering, 1996). Even for individuals who do not purposely expose themselves to media sources of these beauty ideals, the negative impact of these sources still seems virtually unavoidable. For example, exposure to ideal-body television images was associated with preferences for thinness and approval of plastic surgery even for individuals who expressed no interest in viewing television shows with topics such as dieting, nutrition, fitness, and exercise (Harrison, 2003). This finding may be explained, in part, by recent research, which showed that more exposure to thin-ideal media is associated with a greater tendency among women to idealize thinness (Harrison & Cantor, 1997). Indeed, women expect that their lives will change in important and positive ways if they look like the ideal portrayals of women in the media (Engeln-Maddox, 2006; Evans, 2003); that is, women expect to be happier, better adjusted, more socially competent, romantically successful, and have more job opportunities.

Although much of the research on media exposure to unrealistic body ideals has focused on women, there is increasing evidence to indicate that men are also targeted and affected. For example, when exposed to pictures of attractive same-sex models, both men and women reported lower body esteem (Grogan, Williams, & Conner, 1996). As described above for women, boys and men are increasingly exposed to hyper-muscular male bodies through television, movies, magazines, and other media (Pope et al., 2000). The muscular ideal is the preferred body size and shape among boys and men (Jones, 2001; Pope et al., 2000) and this is the masculine body ideal

that is increasingly promoted in the mass media (Luciano, 2007). Researchers have documented the sociocultural shift in portrayals of the muscular male ideal. Leit et al. (2001) found that *Playgirl* centerfolds have become increasingly muscular over the past 25 years by losing 12 lbs (5.4 kg) of fat and gaining 27 lbs (12.25 kg) of muscle. In one study, measurements of the waist, chest, and bicep circumference of male action figures (e.g., GI Joes, wrestlers) have indicated increasingly muscular physiques over the past 30 years (Pope, Olivardia, Gruber, & Borowiecki, 1999); some of the measurements far exceed the muscularity of even the largest human bodybuilders. Although research is lacking on how playing with these action figures affects the body image concerns of young boys, one study has showed that young adult men report lower body esteem after touching and manipulating hypermuscular action figures (Bartlett, Harris, Smith, & Bonds-Raacke, 2005). As reported by Olivardia (2002), since the 1990's even male mannequins have become more muscular. Studies have consistently shown that exposure to muscular images is associated with body image concerns in adolescent boys (Botta, 2003) and adult men (Agliata & Tantleff-Dunn, 2004; Grogan, Williams, & Connor, 1996; Leit, Gray, & Pope, 2002).

The idea that the particular content of the media can inform and form people's view about themselves and the world around them is the basis of cultivation theory (Gerbner, Gross, Morgan, & Signorielli, 1994), which we describe briefly here in the context of media's role in body image concerns. In particular, it is *television* exposure that 'cultivates' people's beliefs, attitudes, and behaviors about their bodies, such that the more frequently people are exposed to certain themes and images, the more they view those images as both desirable and realistic; the boundaries between fictitious and real bodies become blurred (Freedman, 1984; Holstrom, 2004). The consistent portrayal of idealized bodies on T.V. has been implicated in the early

development of body image. In a study of preadolescents between 8 and 11 years old, patterns of media use were associated with a greater attraction to muscular appearances and athletic ability among boys and a greater attraction to beauty among girls (Jung & Peterson, 2007). McCreary and Sadava (1999) demonstrated a significant positive association between television viewing and both women's and men's beliefs that they were overweight, independent of their actual weight. In a study of children's animated cartoons appearing on television between the 1930s and 1990s (e.g., Bugs Bunny, Popeye), the researchers were able to conclude that the cartoon characters communicated positive messages about being attractive and negative messages about being unattractive (Klein & Shiffman, 2006). In an investigation of actual eating behavior, researchers found that a 'diet-of ideal-media' predicted smaller amounts of food consumed by women and larger amounts of food consumed by men (Harrison, Taylor, & Marske, 2006), consistent with the gendered body ideals of thinness and muscularity 'cultivated' by the media.

The cross-cultural work of Ann Becker and colleagues demonstrates the impact of Westernized media imagery on adolescent girls in Fiji. Since the introduction of television in 1995, young Fijian girls have expressed an increased desire to be thin. Between 1995 and 1998, a cross-sectional, two-wave cohort study revealed increased eating disordered attitudes and behaviors among ethnic Fijian adolescents (Becker, Burwell, Gilman, Herzog, & Hamburg, 2002). This is remarkable considering that the traditionally revered body in Fiji is large and robust; yet, there is no corresponding preoccupation with attaining this robust ideal and an almost explicit disinterest in reshaping the body (Becker, 1995). The narrative responses of adolescent Fijian girls reveal that young girls admire and accept Western ideals of beauty portrayed in the media, and they associate thinness with success and social mobility (Becker, 2004). In addition, these girls report increased identification with television characters as role

models, preoccupation with weight loss, greater motivation to reshape their bodies through dieting and exercise, and disordered eating behaviors. According to Becker (2004, p.553), “Fijian self-presentation has absorbed new dimensions related to buying into Western styles of appearance and the ethos of work on the body.”

Perhaps even more important, the portrayal of thinness and muscularity as good is contrasted with the portrayal of fatness as bad, which prescribes anti-fat attitudes as normative in Westernized societies (Allon, 1982; Bessenoff & Sherman, 2000; Crandall, 1994; Hebl & Mannix, 2003; Puhl & Brownell, 2003; Vartanian, Herman, & Polivy, 2005). The media cultivate fat prejudice and weight stigma by showing a very narrow range of acceptable bodies, especially for women; almost two-thirds of the women portrayed on television weigh 15% less than the average American woman (Spitzer, Henderson, & Zivian, 1999). The media also cultivate fat prejudice by showing derogatory depictions of fat characters, such that fat people are portrayed as less active, intelligent, hardworking, attractive, popular, romantically desirable, successful, and athletic than people of average weight; again, this is especially true for depictions of fat women (Fouts & Burggraf, 2000; Greenberg, Eastin, Hofshire, Lachlan, & Brownell, 2003; Hebl & Heatherton, 1997).

This stigmatization of fatness is apparent early in childhood (Goldfield & Chrisler, 1995) and communicated in children’s media (Herbozo et al., 2004), thus affecting the perceptions of both boys and girls. However, the biological reality is that the female body has more fat than the male body; therefore, women will more often naturally deviate from the idealized image of a “fat-free” body (Fallon, 1990). This sets women up to be targeted more often as bad and unacceptable because of their bodies’ natural attributes (Chrisler, 1996), and this occurs at a very young age. Thus, it may not be the constant media exposure to idealized bodies alone, but also

the constant media exposure to the associations between attractive physical appearance and clear rewards or punishments, that leads to the cultivation of women's and men's body images.

In sum, while some research indicates that girls receive and detect more messages than boys do about their bodies from sociocultural sources (McCabe, Ricciardelli, & Ridge, 2006; Smolak, Levine, & Thompson, 2001; Tiggemann, Gardiner, & Slater, 2000; Wertheim, Paxton, Schultz, & Muir, 1997), it is the distinctly different content of the messages that may contribute to the gender differences in body image. Most messages transmitted to boys focus on the importance of the functionality and strength of their bodies, whereas most messages transmitted to girls focus on the importance of the appearance and weight of their bodies (Grogan & Richards, 2002; McCabe et al., 2006), which, in turn, map onto men and women's respective pursuits of muscularity and thinness. Thus, the tripartite model of social influence may explain why men and women come to take different perspectives on their bodies, and may help to explain the more drastic behavioral measures that people may take to try to attain appearance ideals, such as cosmetic surgery and steroid use.

### *Gender Socialization*

Both the societal construction of what it means to be a boy or a girl and the distinct biological predisposition of being male or female to gender socialization (Eagly, Beall, & Sternberg, 2004). From an early age girls are socialized to focus on their external appearance and on their interpersonal qualities and relationships, whereas boys are socialized to focus on their agentic qualities and abilities (Eagly, 1987; Rodin, Silberstein, & Striegel-Moore, 1984), which contribute to the development of girls' and boys' self-concepts (Wood, Christensen, Hebl, & Rothgerber, 1997). These gender socialization practices, which teach girls to value being communal and boys to value being agentic, extend to the way in which girls and boys learn to



view, experience, and treat their bodies. In particular, it has been documented that the traditional gender roles associated with women (e.g., caregiver, nurturing, relational) are in direct conflict with the values of individualism, independence, and competitiveness promoted in Westernized societies (Brown & Jasper, 1993), whereas the traditional gender roles associated with men are largely in line with societal values. Moreover, women's bodies have often functioned as their primary social and economic currency (Henley, 1977; Hesse-Biber, Leavy, Quinn, & Zoino, 2006; Unger & Crawford, 1996). Because the body serves as an instrument through which social and cultural forces are communicated, "it is hardly surprising that the body is often the arena within which women unconsciously choose to express conflict which they feel in their lives" (Dana & Lawrence, 1988, p. 35). Thus, the disproportionate rate of negative body image typically observed in women relative to men may actually reflect their discontent and unhappiness about their inferior social status; however, it is their appearance, and not their social status, that they might more quickly and directly improve to feel better (Brown & Jasper, 1993).

In conjunction with learning these traditional gender roles, girls experience specific developmental changes that contribute to the gender socialization process. Indeed, women's bodies change more substantially than men's across the lifespan. There is evidence that physical changes during puberty, menstruation, pregnancy, the postpartum period, and menopause are very often associated with increased difficulties in girls' and women's relationships with their bodies (Ussher, 1989). Because the physical changes accompanying puberty push girls further away from the thin ideal, whereas pubertal changes bring boys closer to the muscular ideal, adolescence becomes a critical window for markedly increased negative body image in girls and decreased body image in boys. As Ussher (1989, p. 18) wrote, "It is during adolescence that the

young woman first experiences a split between her body and her self: between her own experience and the archetype she is expected to emulate.”

However, it is not only weight and shape that cause distress about the body for adolescent girls. The social construction of the sexual organs affects girls’ body images during this critical developmental period. As Ussher (1989, p. 19) explained it, “...whilst boys learn to perceive their genitals as a source of pride and pleasure, girls mainly develop a sense of shame, disgust and humiliation about theirs. In this way then, social stereotypes which define women’s genitals as unpleasant, odorous and unattractive, are internalized by the female child.” Thus, the sexual and reproductive functions of the female body are framed and constrained to fit very narrow standards for acceptable, feminine bodies. In support of these ideas, a longitudinal investigation of 9,011 girls and 8,781 boys showed that adolescent girls experience more depressive symptoms after than before puberty due to their self-perceptions of being overweight and more physically developed than their peers (Yuan, 2007). In contrast, boys experience more depressive symptoms during than after puberty due to their self-perceptions of not being as large and developed as their peers, whereas pre- and post-pubertal boys did not differ on depressive symptoms.

Part of the problem has been that men’s bodies have served as the gold standard for what is good and normal about the human body, and, therefore, by comparison, women’s bodies have often been perceived as inferior and deviant from this biological baseline (McNay, 1992). Women’s bodily functions, particularly menstruation, have been historically reviled and associated with disgust (Delaney, Lupton, & Toth, 1988), and these negative perceptions remain largely in tact even in contemporary Westernized societies (Buckley & Gottlieb, 1988; Roberts, 2000; Rozin, Haidt, McCauley, Dunlop, & Ashmore, 1999; Ussher, 1989). In the late 19<sup>th</sup> century, the *British Medical Journal* published letters from doctors suggesting that women

should not prepare hams if it was their 'time of the month,' and, until recently, withering fruit trees and sour wine were believed to be caused by the contamination of menstrual blood or menstruating women (Einon, 2007; Knight, 1995). In particular, menstruation, pregnancy, and lactation seem to tie women more closely to nature, which, in turn, has been used to devalue women and judge them as inferior (Tauna, 1993). Evidence from a recent study of American university students suggests that although women are not confined to menstrual huts in this culture, we haven't come too far on this particular front: The mere presence of a tampon led both women and men to rate a peer as less competent and likable and to physically distance themselves from her (Roberts, Goldenberg, Power, & Pyszczynski, 2002). According to Roberts et al. (2002, p. 138), "...norms of secrecy and concealment surrounding menstruation nevertheless serve the function of keeping women's corporeal bodies out of the public eye. Thus, the sanitized, deodorized, and idealized images of women's bodies become the only ones we encounter and accept."

The process of gender socialization and the adoption of traditional gender roles may also explain the development of men's body image, and the rising trends in men's body image concerns. Boys and young men report feeling a social imperative to be more muscular in order to obtain social power and avoid ostracism (Drummond, 2002) as well as to manage the stress associated with deviating from masculine ideals and gender roles (Mussap, 2008). Indeed, the attainment of muscle is indicative of masculinity and reaching the status of 'being a man' because muscles convey the masculine qualities of strength, dominance, and power. In contrast, men who lack muscle and size convey weakness, which is inconsistent with masculinity and may leave boys and men more open to ridicule. Men who can achieve a muscular body are simultaneously meeting the ideals for masculinity promoted in Western societies (Connell, 2005;

Luciano, 2007). Not surprisingly, researchers have demonstrated positive relationships between a drive for muscularity and the endorsement of masculine personality traits and traditionally male social roles (Kimmel & Mahalik, 2004; McCreary, Saucier, & Courtenay, 2005).

Perhaps the most widely accepted criterion for masculinity is the absence of feminine qualities and traits (Holbrook, Andersen, & Cohn, 2000; McCreary, 1994). Indeed, it has been suggested that men's concerns with muscularity may reflect their uneasiness with women's improved economic and social status (Luciano, 2007). Some interesting statistics provided by Shellenberger (2005) explain why men might feel threatened. Since 1990, the proportion of women earning more than \$100,000 per year has tripled (whereas men's earnings have declined over the same period), and roughly one-third of wives earn more than their husbands do. Moreover, women hold 58 % of all bachelor's degrees and 59 % of all master's degrees. If we consider that economic power has long been a critical indicator of masculinity, and that higher education and higher-paying occupations have remained almost exclusively in men's domain, it may not be surprising that men are looking for other ways to display their masculinity (Drummond, 2003; Pope et al., 2000). Muscularity remains one area in which women will not be able to surpass, or easily match, men, and, therefore, the attainment of a muscular physique conveys the message that men are still more powerful than, and physically superior to, women.

In sum, gender differences in body image may be explained by the distinctly different socialization practices and developmental changes that occur for girls and boys. The long-standing and well-documented higher rates of body dissatisfaction among women compared to men may stem, in part, from socialization practices that align women's physically smaller bodies with inferior and devalued social roles (Eagly et al., 2004) and sanction the expression of disgust toward women's natural and changing bodies (Martin, 1992; Roberts et al., 2002). These same

socialization practices align men's physically larger bodies with superior and valued social roles, but the improvements in women's social position and gains in freedom have threatened these roles. In order to maintain a superordinate position in the hierarchy, it may seem necessary to bulk up; hence, the increased rates of body dissatisfaction and the importance of appearance in men.

### *Objectification Theory*

A common theme shared by the perspectives described above is that women are defined and treated more often as bodies than men. What girls and women, and boys and men, come to learn about women's bodies from sociocultural agents and gender socialization is that women's bodies are open to and available for sexual objectification. Being sexually objectified is a pervasive aspect of girls'/women's, but not boys'/men's, social lives in Westernized societies (Bartky, 1990; Calogero et al., 2007; Eck, 2003; Huebner & Fredrickson, 1999; Krassas et al., 2003; Piran & Cormier, 2005; Plous & Neptune, 1997; Reichert, 2003; Swim, Hyers, Cohen, & Ferguson, 2001; Thompson et al., 1999). Experiences of sexual objectification occur at a very young age; a disturbing 75% of American elementary school girls report experiences of sexual harassment (Murnen & Smolak, 2000). Although boys and girls may both be victims of sexual harassment, girls are more frequently targeted and suffer more devastating effects (Bryant, 1993; Murnen, Smolak, Mills, & Good, 2003). As documented in a well-known study of adolescents supported by the American Association of University Women, after experiences of sexual harassment girls were nearly five times more likely than boys to be afraid at school and three times less confident (Bryant, 1993). Beyond the subjective distress, because of the sexual harassment one-third of the girls did not want to attend school and nearly one-third did not want to speak up in class.

Particularly insidious is the exposure to sexualized media environments, which have been linked to the development of adolescent girls' and boys' notions of women as sex objects (American Psychological Association Task Force on the Sexualization of Girls, 2007; Busby & Leichty, 1993; Grogan & Wainwright, 1996; Harper & Tiggemann, 2008; Peter & Valkenburg, 2007; Reichert & Carpenter, 2004; Ward & Friedman, 2006). Research has revealed the dominant presence of depictions of women in the role of sex object across virtually every medium, including prime time television programs (e.g., Grauerholz & King, 1997; Ward, 1995), television commercials (e.g., Lin, 1997), music videos (e.g., Gow, 1995; Vincent 1989), and magazines (e.g., Krassas, Blauwkamp, & Wesselink, 2003; Plous & Neptune, 1997). Such sexually objectifying images of women have been increasing over time (e.g., Busby & Leichty, 1993; Reichert & Carpenter, 2004): One report indicates a 60% increase in the portrayal of women in "decorative" roles from 1970 to the mid-1980s (Sullivan & O'Connor, 1988). Moreover, the sexual objectification of women in the media affects men's beliefs about women's bodies. Ward, Merriwether, and Caruthers (2006) demonstrated that heavier media usage by men is linked to greater acceptance of traditional gender ideologies that construct women as sex objects and to positive views of women's bodies and body parts when they serve a sexual function but not when they serve a reproductive function.

Over a decade ago, Fredrickson and Roberts (1997) offered Objectification Theory as a formal framework for understanding how exposure to chronic sexual objectification negatively and disproportionately affects multiple dimensions of women's lives. According to this theory, daily encounters with sexual objectification across multiple interpersonal and social contexts lead girls and women to view themselves as objects. Girls and women come to adopt an

objectifying observers' perspective on their bodies such that "they treat *themselves* as objects to be looked at and evaluated" (p. 177, emphasis in original). According to Bartky (1990, p. 72):

In contemporary patriarchal culture, a panoptical male connoisseur resides within the consciousness of most women: They stand perpetually before his gaze and under his judgment. Woman lives her body as seen by another, by an anonymous patriarchal Other. Referred to as self-objectification, this self perspective does not merely reflect social comparison with others, or the fact that women simply do not like the size or shape of their bodies, but actually reflects a view of the body as belonging "less to them and more to others" (Fredrickson & Roberts, 1997, p. 193) because women learn that it is normative for their bodies to be looked at, commented on, evaluated, and sexually harassed. Despite the heterogeneity among women with regard to ethnicity, class, sexuality, and age, "having a reproductively mature body may create a shared social experience, a vulnerability to sexual objectification, which in turn may create a shared set of psychological experiences" (Fredrickson & Roberts, 1997, p. 3).

Self-objectification has been associated with significant costs to women's emotional well-being (e.g., body shame, appearance anxiety, diminished internal bodily awareness) and cognitive performance (e.g., decreased motivational states, poorer math performance), and disproportionately higher rate of mental health risks (i.e., depression, sexual dysfunction, and disordered eating). In particular, the pervasive sexual objectification of women, and resultant self-objectification, is one explanation for the disproportionate rate of eating disorders among women in Westernized societies (Calogero, Davis, & Thompson, 2005; Fredrickson & Roberts, 1997; McKinley & Hyde, 1996; Striegel-Moore & Smolak, 2001; Thompson et al., 1999). Thus, the objectified way in which women's bodies are evaluated and treated at both the cultural and individual level has direct implications for their quality of life and well-being.

This focus on the negative consequences of the objectification of women is consistent with the aims of Objectification Theory, but there is evidence to suggest that men's bodies are becoming increasingly objectified (Pope, Olivardia, Borowiecki, & Cochrane, 2001; Thompson & Cafri, 2007). For example, in recent decades, there has been widespread exposure of the nearly nude male body to sell products such as underwear and shaving gel (Luciano, 2007), and fitness magazines expose men to idealized images of the male body, with particular emphasis on extremely muscular and lean bodies that show off the "six-pack abs" (Botta, 2003). In fact, the percentage of nearly nude men portrayed in women's magazines such as *Glamour* and *Cosmopolitan* approximates that of nearly nude images of women (Luciano, 2007). Thus, sexualized depictions of men are becoming more common.

Although women self-objectify to a greater degree than men (Strelan & Hargreaves, 2005), the nature and patterns of men's self-objectification should be clarified because some men do self-objectify, and when they do they also report more body shame and restrained eating (Martins et al., 2007; Hebl et al., 2004; Tiggemann & Kuring, 2004). The degree to which men have internalized this objectified view of their bodies needs further investigation, but there are several indications that men feel pressure to meet these ideals and to invest more effort in their appearance. In a recent cross-cultural study of college-aged men from Austria, France, and the United States, the men, on average, chose an ideal body shape that was approximately 28 lbs (12.70 kg) more muscular than their actual body shape (Pope et al., 2000). As noted above, men are increasingly electing to engage in body change strategies, usually to increase their muscle size with steroids or different types of implants (Luciano, 2007). The severity of these trends is underscored by Leit, Gray, and Pope (2002), "...the cultural ideal of hypermesomorphy may be just as dangerous to men as is the anorexic ideal to women" (p. 334). Of course, the numerous



risks to men's health as a result of these body change strategies and procedures are the same as for women, and, perhaps ironically, only serve to impair performance and function, thus undermining the very attributes traditionally associated with the masculine gender role and bringing men into an arena once reserved for women: the 'decorative role.'

Although more research is needed to understand the objectification of men, it is still the case that men are allowed much greater variability than women when it comes to body size and shape (Andersen & DiDomenico, 1992), and their bodies are still deemed more acceptable in their natural form. Moreover, men's natural bodies are not sexually objectified by women to the same extent as women's bodies are sexually objectified by men (Strelan & Hargeaves, 2005). Thus, Objectification Theory explains the extreme and pervasive tendency to equate women with their bodies, and why this can have such negative consequences for women's body image and beyond. The sexually objectifying male gaze serves as a particularly potent way to limit women's social roles and behaviors by keeping them in a restricted and devalued societal position, which they come to self-monitor and police on their own.

That being said, as mentioned above, the gay men's subculture places an extreme emphasis on appearance, and contains a high level of sexual objectification (Siever, 1994). Similar to heterosexual women, gay men try to attract the attention of men who typically place greater value on the appearance of their partners (Siever, 1994). Indeed, researchers have documented higher levels of self-objectification in gay men compared to heterosexual men (Martins et al., 2007). While having similar potential for negative effects, we would not submit that these experiences of sexual objectification for women and gay men are experientially the same because of the obvious differences in physicality and relational qualities of the surveyors and their targets. In addition, the nature of the sexual objectification of heterosexual men or the

lack thereof, represents an equally important way in which men experience their own bodies within a patriarchal system. Thus, variability in the presence or absence of sexual objectification, and the attendant self-objectification, may explain why men and women come to take different perspectives on their bodies.

#### Future Directions

The conceptualization and measurement of body image is critical for understanding the body image of women and men. Body image has been most often measured as a cross-situational, individual disposition or trait. Although the scope of this research has been invaluable for understanding the nature, meaning, and consequences of body image in people's lives, there are other directions that need to be taken to widen the scope of research on gender and body image. This section identifies several gaps in the literature on women's and men's body images and offers some suggestions for future research directions on this topic.

Body image is not static, but can vary across situational contexts, and thus more research is needed on the nature and consequences of body image states (Cash, 2004; Cash, Fleming, Alindogan, Steadman, & Whitehead, 2002; Tiggemann, 2001), and how these states may differ for men and women (e.g., Duncombe, Wertheim, Skouteris, Paxton, & Kelly, 2008). Moreover, most individual difference measures in body image experiences cannot capture the broader societal and cultural forces that operate on people's body image; thus, more qualitative and archival research is needed to investigate these processes, and the development of measurements that are more sensitive to the operation of these processes among women and men with different ethnic backgrounds and sexualities is needed.

An additional point must be considered when evaluating this research. As described above, a focus on muscularity and larger size reflect the body concerns of boys and men,

whereas a focus on weight and smaller size reflect the body concerns of girls and women. Most measures of body dissatisfaction focus on evaluations of weight and shape, and do not assess evaluations of muscularity; therefore, most measures of body dissatisfaction do not represent key targets of men's appearance evaluations. While it is clear that girls and women are more dissatisfied with their weight than boys and men (Gardner, Sorter, & Friedman, 1997; Ricciardelli & McCabe, 2001), we cannot draw firm conclusions about gender differences in body dissatisfaction until we fully consider the distinct dimensions of body image under evaluation by men and women.

Body image has been conceptualized and assessed almost exclusively in negative terms, and therefore there is a dearth of research on positive body image. Important practical and empirical questions that have yet to be answered are: What is positive body image? What are the gender similarities and differences in positive body image? How do we promote positive body image at both macro- and micro-levels of society? Some researchers have begun to address this gap in the literature. For example, Avalos, Tylka, and Wood-Barcalow (2005) developed and evaluated a measure of body appreciation, which is characterized by (a) favorable evaluations of the body regardless of perceived discrepancy from the cultural appearance standards, (b) body acceptance regardless of weight, body shape, and imperfections, (c) respect for the body as demonstrated by responding to body's needs and engaging in healthy behaviors, and (d) protection of the body by rejecting unrealistic idealized images portrayed in media. In their acceptance model of intuitive eating, Avalos and Tylka (2006) demonstrated that more perceived body acceptance by others (e.g., family, peers, partners) predicted greater importance of body function (i.e., focus on how the body functions and feels vs. how the body looks), which predicted greater body appreciation, which, in turn, predicted more intuitive, healthy eating.

We have discussed how the lack of acceptance of women's natural bodies is communicated from a variety of sociocultural sources. The findings described above indicate that by changing the messages transmitted by these same sociocultural sources to convey body acceptance, women may learn to appreciate their bodies more for what they can do than for how they look. Indeed, the idea that body function is linked to body appreciation may explain why many men are less vulnerable to negative body image because the focus on their bodies is more likely to be functionality and agency. Further research on the development and cultivation of positive body image, particularly in women, is sorely needed.

There is also little research available on the role of school environments in the development of women's and men's body images. Peer interactions as well as teachers' and coaches' comments play a significant role in the gender socialization process, and we know that experiences of sexual harassment occur early in the lives of children (Murnen & Smolak, 2000). There is also evidence to indicate that teachers' perceptions of students' competence are influenced by aspects of the students' physiques. Specifically, larger sized boys are more likely to be perceived as competent, and they receive higher grades on achievement test scores, especially older boys (Villimez, Eisenberg, & Carroll, 1986). In contrast, larger sized girls are less likely to be perceived as competent, especially with regard to athletic competence in older girls.

Little systematic research has examined how older individuals respond to contemporary beauty ideals and the effects of aging on their body image (Chrisler, 2007). Clarke (2002) assessed perceptions of body weight in a sample of women aged 61 to 92, and reported that weight and appearance are still central to women's identity and their perceived social value. The majority of women reported some degree of body dissatisfaction, a desire to lose weight for

appearance reasons, and varied degrees of dieting behavior. Because of the social construction of women's bodies and their biological processes, the experience of a changing, menopausal body could be important to women's body image as women's natural bodies diverge more substantially from what they used to look like as well as from cultural appearance ideals (Chrisler & Ghiz, 1993; Dillaway, 2005). Some recent research suggests the body esteem of older men warrants more consideration as well. In a study of 95 adults aged 60 to 91 years old, it was men, not women, who became more disparaging of the appearance and function of their bodies during the last decades of their life (Kaminski & Hayslip, 2006).

### Conclusions

The frameworks provided by theories of social influence, gender socialization, and objectification converge on the point that women's, and increasingly men's, bodies are not wholly acceptable in their natural form. The extent to which this cultural dissatisfaction becomes internalized introduces a new set of consequences for individual women and men, but it seems clear that people's bodies are systematically subjected to negative scrutiny and objective evaluation regardless of whether they like their own bodies or not. In addition, it is evident that social and political conflicts and norms are often translated into how the body can be manipulated, controlled, and experienced. As Lee (2003, p. 82) stated, the external body is a "text of culture; it is a symbolic form upon which the norms and practices of a society are inscribed." The critical point is that gender is inscribed on people's bodies. Gender informs body image through the different *fictions* about women's and men's bodies communicated by the media, the different *fashions* for women's and men's bodies encouraged by formative sociocultural agents, and the different biological and social *functions* of women's and men's bodies that define their respective social roles and social value.

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