

PERFECTIONISM, SOCIETAL MESSAGES, GENDER ROLE AND RACE AS  
CORRELATES OF MALE BODY IMAGE

A Dissertation Presented to the  
Faculty of the College of Education  
University of Houston

In Partial Fulfillment  
of the Requirements for the Degree

Doctor of Philosophy

by

Debbie L. Grammas

August, 2010

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### Abstract

Many men experience psychological distress as they try to obtain the ideal body as constructed by society (Pope, Phillips, and Olivardia, 2000). The number of articles focusing on men and muscularity has greatly increased since the year 2000 (Thompson & Cafri, 2007). Research indicates that body dissatisfaction is increasing in males and even young boys are experiencing body image dissatisfaction (Pope et al., 2000). Men with body image concerns are at risk for low self esteem, eating disorders, use of steroids, anxiety and depression (McCreary & Sasse, 2000; Cafri, Strauss, & Thompson, 2002; Olivardia, Pope, Borowiecki, & Cohane, 2004).

Examining the predictors of body image distress is critical. Perfectionism and gender role socialization have been related to a drive for muscularity in men (Davis, Karvinen & McCreary, 2005; McCreary, Saucier, & Courtenary, 2005). In addition, viewing images of muscular men and reading fitness magazines have been linked to body dissatisfaction in men (Lorensen, Grieve, & Thompson, 2004; Morry & Staska, 2001). While the relationships between perfectionism, internalization of ideal standards transmitted by the media, and gender role conflict have been examined with body image dissatisfaction in men, no studies have linked these variables together in a single model. Investigating how these variables interact may lead to a greater understanding of the distress that men experience due to the socialization process of masculinity. The lack of racial diversity has been a limit of several research studies. The purpose of this study was to examine the relation between: 1) perfectionism and male body image dissatisfaction,

and 2) internalization of societal messages and male body image, and to determine what role gender role conflict plays, if any in the hypothesized correlation.

Data was collected from an ethnically diverse sample of 331 college men from a university in the southwestern United States. Hierarchical multiple linear regression analyses were conducted. Results indicated that identifying as an Asian American, socially prescribed perfectionism, and internalization of societal messages were significant positive predictors of muscle dissatisfaction. Higher levels of socially prescribed perfectionism and internalization of societal messages were related to higher levels of dissatisfaction with the amount of one's body fat. None of the variables examined served as a predictor for height dissatisfaction. Gender role conflict did not serve as a moderator in the relationship between the variables and male body image dissatisfaction.

## TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION	1
Definition of Terms	4
II. LITERATURE REVIEW	5
Body Dissatisfaction in Men	5
Consequences of Body Dissatisfaction in Men	7
Perfectionism in the Promotion of Body Image Concerns	8
Societal Factors in the Promotion of Body Image Concerns	11
Gender Role Conflict and Body Image	14
Ethnicity	18
Gender Role Conflict as Potential Moderator	21
III. METHOD	24
Participants	24
Measures	24
IV. RESULTS	28
V. DISCUSSION	36
REFERENCES	45

## LIST OF TABLES

Table	Page
1 Means, SD, and Intercorrelations for Outcome Measures	29
2 Means and SD for demographics based on ethnicity and total participants	29
3 Means and Standard Deviations by Ethnicity on Muscularity, Low Body Fat, and Height	30
4 Multiple Linear Regression Analysis Summary for the Prediction of Muscularity	31
5 Multiple Linear Regression Analysis Summary for the Prediction of Low Body Fat Scores	33
6 Multiple Linear Regression Analysis Summary for the Prediction of Height Sores	34

# Perfectionism, Societal Messages, Gender Role and Race as Correlates of Male Body

## Image.

### Introduction

Adonis, according to Greek mythology was half man and half god, and represented the ideal masculine physique. However, when comparing the Adonis represented in 16<sup>th</sup> century Renaissance paintings to the images representing the ideal male body of today, he looks heavy and out of shape. The obsession (referred to as the Adonis complex) to achieve the perfect male body has caused psychological distress in many men and boys as they strive to meet these culturally constructed ideals (Pope, Phillips, and Olivardia, 2000). The pressure to obtain this ideal has led to an increase in eating disorders, usage of steroids and protein supplements, muscle dysmorphia (pathological dissatisfaction with one's perceived amount of muscle mass), compulsive exercise, shame and low self-esteem (McCreary & Sasse, 2000; Cafri, Strauss, & Thompson, 2002; Olivardia, Pope, Borowiecki, & Cohane, 2004). In addition the number of men obtaining cosmetic surgery has greatly increased to improve their looks (Pope, Phillips, & Olivardia, 2000).

Body image is a complex construct that consists of one's attitudes (such as evaluation and investment in appearance) and perception about his or her body (Cash & Pruzinsky, 2002). It does not indicate dissatisfaction with the entire body, just certain attributes. Because body image concerns have typically been considered a problem with women, many men are afraid to express this concern for fear that they will be considered less masculine (Pope et al., 2000). In addition, the shame felt by some of these men prevents them from talking to others, they suffer in silence, and their feelings of inferiority increase (Pope et al., 2000)



One might be surprised by the number of men who are suffering from body image concerns as the majority of research focuses on women and body esteem (Pope et al., 2000). However, the number of articles focusing on men and muscularity has greatly increased since the year 2000 (Thompson & Cafri, 2007). Research indicates that even young boys are experiencing body dissatisfaction (Pope et al., 2000). These concerns are traditionally thought of as a women's problem and much of the research on body image is understood through a female perspective.

Among women, the internalization of societal ideal standard of beauty (thinness) has been linked to body dissatisfaction, low feelings of self-worth and eating disorders (Cash & Pruzinsky, 2002). Physical attractiveness serves as a major focus of the female gender role stereotype (Cash & Pruzinsky, 2002). Adherence to these socially prescribed female gender roles lead to lower ratings of physical appearance (Jackson, Sullivan, & Rostker, 1988). Perfectionism has also been associated with body image disturbances and eating disturbances in women, as they may feel pressure to meet the unrealistic standards of beauty set by society (Hewitt et al., 1995). Although strong research relations have been found for women, it is unclear how this process is similar or unique for men. Understanding how perfectionism, a strong predictor of body image in women, interacts with gender socialization of men may lead to increased insight into male body image.

The purpose of the current study was to examine the relationship among perfectionism, internalization of society's ideal standard of beauty for men, gender role socialization, and male body attitude in an ethnically diverse sample. The primary research objective was to determine if gender role conflict served as a moderator in the relationship between internalization of societal images and male body image satisfaction,

and if gender role conflict also served as a moderator in the relationship between perfectionism and male body image satisfaction. Researching these factors could help mental health professionals become more aware of possible sources of poor male body image and guide intervention.

### Definition of Terms

*Body Image:* A complex construct that consists of one's attitudes (such as evaluation and investment in appearance) and perception about his or her body (Cash & Pruzinsky, 2002).

*Self-oriented Perfectionism:* Those behaviors such as having extremely high personal standards, constantly appraising ones actions, trying to be perfect in what one does, and trying to prevent failure (Hewitt & Flett, 1991).

*Socially prescribed Perfectionism:* Refers to the feeling that significant others have high standards for the individual, appraises the actions of the individual, and expects him or her to be perfect (Hewitt & Flett, 1991).

*Internalization of Societal Standards:* The degree to which one accepts or endorses the standards of appearance based on images in the media (Heinberg, Thompson, & Stormer, 1995).

*Gender Role Conflict:* a construct designed to assess the cognitive, affective, and behavioral consequences men are subjected to as they try to conform to the traditional male gender roles determined by society (O'Neil et al.,1986)

## Literature Review

### *Body Dissatisfaction in Men*

Body dissatisfaction in females has increased over the past few decades (Cash, Morrow, Hrabosky, & Perry, 2004; Garner, 1997; Sondhaus, Krutz, & Strube, 2001). Research comparing body image in men over the same time period has produced inconsistent results. Some studies indicated that male body image dissatisfaction appeared to remain constant over the past few decades (Sondhaus, Krutz, & Strube, 2001; Cash, Morrow, Hrabosky, & Perry, 2004), while an increase in dissatisfaction was found in others (Garner, 1997). Garner (1997) found that between the years of 1972 and 1997, male body dissatisfaction increased from 15 % to 43%. In another survey, 95% of men were dissatisfied with some portion of their body, especially their upper body, weight and waist (Mishkind, Rodin, Silberstein, & Striegel-Moore, R. H., 1986).

Recently there has been a growing body of literature indicating that the standard for an optimal male body is becoming more muscular (Leit, Pope, & Gray, 1999; Morry & Staska, 2001). In a study to determine the ideal male body in society, 115 male models that appeared in *Playgirl* magazine between the years of 1973 and 1997 were compared (Leit et al., 1999). Results showed that the Fat Free Mass Index (FFMI) ratings increased and the amount of body fat decreased over time, indicating that the models were becoming more muscular. Because 7% of the models had an FFMI greater than 25 (typically unachievable without the use of steroids), one might wonder if there is an increased use of steroids in males as the ideal male becomes more muscular. In addition, the muscularity of action figure toys such as G.I. Joe has increased dramatically over the years, giving young boys the message that the ideal male is muscular (Pope, Olivardia,

Gruber, & Borowiecki, 1999). The G.I. Joe that originally came on the market in 1964 is much less muscular than the G.I. Joe of the 1990's. Other action figures such as those from *Star Wars*, Batman and Wolverine have also grown to have bodies that are typical of body builders using steroids. In addition professional wrestlers and movie stars have increased in muscularity. Masculine figures such as Arnold Schwarzenegger and Sylvester Stallone are much larger than the masculine figures of the past such as Clark Gable or Humphrey Bogart (Thompson& Cafri, (2007).

Research shows that body dissatisfaction is increasing in males. In one study college men were shown a computer drawing of 100 men in a 10 x 10 matrix with varying degrees of muscle and fat, called the Somatomorphic Matrix (Olivardia et al., 2004). Results indicated that men chose an ideal male body that on average had about 25 lbs. more muscle and about 8 lbs. less body fat than what they actually had. The image chosen that represented the average man was significantly more muscular and had less body fat than the actual average male (Olivardi et al. 2004). The men's perceived image of themselves was fatter than their actual amount of fat, and surprisingly, slightly more muscular than they actually were. The perceived female ideal of the male body was significantly more muscular and less fat than the type women actually preferred. A similar study conducted on boys between the ages of 11 and 17 indicated that their ideal body would contain 35 pounds more muscle than their actual muscularity and that the ideal body women would prefer would have an FFMI greater than 25, which is not achievable without the use of steroids (Pope et al., 2000). Cafri et al., (2002) also found significant body dissatisfaction among college men, who desired about 15 pounds more muscle than they actually had.

### *Consequences of Body Dissatisfaction in Men*

Men with body image concerns are at risk for behaviors that can lead to psychological and physical harm such as the use of steroids, ephedrine or extreme dieting (Cafri et al., 2005). Steroid users have a higher risk for heart disease, heart attack, stroke, liver disease, mood disorders, aggression, steroid dependence and depression from withdrawal. Ephedrine (a stimulant) users may have consequences such as headaches, a short-temper, agitation, insomnia, dependence, heart attack, stroke, or even death. Some men may fluctuate between gaining and losing weight to increase muscle mass and lose body fat which can lead to obesity, decreased metabolism, higher blood pressure, and electrolyte imbalances (Cafri et. al, 2005).

Olivardia et al. (2004) found that 27% of college males admitted that they used some type of steroid or performance enhancing substance. This may be an underestimate because some males may not know that substances such as creatine and ephedrine are performance enhancing substances (Olivardia et al, 2004). Authors have found that as muscle dissatisfaction increased, the level of depression increased and self esteem decreased (McCreary & Sasse, 2000; Cafri et al., 2002; Olivardia et al., 2004). Blouin and Goldfield (1994) sampled men from fitness centers and found that 44% of body builders, 2% of runners, and none of the men participating in martial arts, admitted using steroids. Improving looks was the most common motive to use them. Whereas the self esteem of college students improved as their FFMI increased (Olivardia et al., 2004), body builders had lower self esteem and were less satisfied with their bodies than the other athletes (Blouin & Goldfield, 1995). In addition, body builders using steroids, scored significantly higher on scales of perfectionism than runners or martial artists

(Blouin & Goldfield, 1995), were more prone to report that they felt too small and needed to increase their size (Kanayama, Barry, Hudson, & Pope, 2006) and more likely to endorse traditional societal norms for men (Kanayama et al., 2006). Body builders were found to have common psychological components and act in similar ways as women with eating disorders, and were found to be at greater risk for engaging in harmful behaviors to meet the ideal standard of beauty. Further inquiry is needed to better understand the factors that lead men to engage in these harmful behaviors.

*Perfectionism in the Promotion of Body Image Concerns*

High levels of perfectionism can influence a person to base their self-worth on the ideal standard of beauty that is valued in society (Cash & Pruzinsky, 2002). Originally, perfectionism was considered a unidimensional cognitive construct (Hewitt, Flett, & Ediger, 1995) that was commonly included in measures of eating disorders such as the Eating Disorder Inventory (Flett & Hewitt, 2002). In recent years, perfectionism has been described as a multidimensional construct. Multidimensional scales appear to be the method of choice because they have been found to measure perfectionism in eating disorders in a consistent fashion (Franco-Paredes, Manuel, Manuel, Mancilla-Diaz, Vazquez-Arevalo, & Lopez-Aguilar, 2005). According to Hewitt and Flett (1991), perfectionism not only has a personal dimension, but also a social dimension. In their Multiperfectionism Scale (MPH-S) they describe these dimensions as: self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism. Self-oriented perfectionism refers to those behaviors such as having extremely high personal standards, constantly appraising ones actions, trying to be perfect in what one does, and trying to prevent failure. Self-oriented perfectionism has been implicated in anxiety,

anorexia nervosa, low self regard, and depression (Hewitt et al., 1995). Other-oriented perfectionism refers to having perfectionistic expectations directed toward another person (Hewitt & Flett, 1991). Other-oriented perfectionism refers to having high standards of others, appraising the actions of others, and feeling the other person should be perfect. Socially prescribed perfectionism refers to the feeling that significant others have high standards for the individual, appraises the actions of the individual, and expects him or her to be perfect.

Much of the research comparing perfectionism and body image disturbances have been conducted on females (Hewitt et al., 1995; Davis, 1997). A relationship was found between self-oriented perfectionism and anorexia in female college students (Hewitt et al., 1995). Socially prescribed perfectionism and perfectionistic self-presentation (trying to look perfect in the eyes of others) were related to self-esteem, body image disturbance and eating disorder behaviors. The authors concluded that it is important to look at the different components of perfectionism in order to understand the behaviors that accompany eating disorders. In a study comparing males and females with chronic bulimic symptoms, males scored higher on the perfectionism and interpersonal distrust subscales of the Eating Disorder Inventory than females (Joiner, Katz, & Heatherton, 2000). However, the body dissatisfaction subscale was not used in this research. In a clinical sample consisting of females, Davis (1997) found that there was a positive relationship between body esteem and normal perfectionism (healthy desire to achieve success and reap the benefits), when the level of neurotic perfectionism (desire to attain a goal in order to avoid a negative outcome) was low. When normal perfectionism was low, and neurotic perfectionism was high, there were low levels of body esteem. Thus,



normal and neurotic perfectionism are related to body esteem in an interactive versus additive manner. Results suggest that body image dissatisfaction is seen most often in those who struggle to reach goals that are extremely difficult to achieve and when the person has an intense fear of personal failure.

More studies are needed to verify the relationship between perfectionism and desire for muscularity in men. There is a lack of research on the risk factors of body image dissatisfaction in men, but they seem to be similar to those found in eating disorders (Ricciardelli & McCabe, 2004; Grieve, 2007). Such risk factors include body dissatisfaction, internalizing the ideal standard of beauty and perfectionism (Grieve, 2007). Eating disorders and drive for muscularity may both be used to attain the ideal male body as defined by society. Perfectionism could play a role as men try to attain the perfect body as determined by societal standards. Only two articles were found that examined the relationship between perfectionism and body image concerns in men. Furnham and Calnan (1998) found a correlation between the perfectionism scale of the Eating Disorders Inventory and a scale they developed to measure a drive for bulk. Davis, Karvinen and McCreary (2005) found that anxiousness, perfectionism, and the focus on appearance were directly related to a drive for muscularity in men. Thus, these characteristics may lead men to use anabolic steroids, engage in excessive weight training and other unhealthy actions in order to obtain the ideal standard of muscularity. However, only the self-oriented scale of the Multiperfectionism scale was used. According to Hewitt et al. (1995), the socially prescribed perfectionism scale of the MPS-H is best for determining psychological distress, and the self-oriented perfectionism scale is related to performance standards and aspirations. Thus, the study should be replicated using all of

the scales of the MPS-H. Socially prescribed perfectionism has been significantly correlated to appearance self-esteem, weight concern, and shape concern in men, but did not account for unique variance when combined with several other factors such as body mass index, media influence, and weight-related teasing (Bardone-Cone et al., 2008). Because there appears to be a noteworthy gap in the literature in regards to perfectionism and male body image in men, this topic demands further inquiry.

### *Societal Factors in the Promotion of Body Image Concerns*

Sociocultural theory posits that it is important to look at culture as a way to comprehend how the individual observes oneself as well as others (Cash & Pruzinsky, 2002). Things that are valued in society, such as the ideal body image will also be valued by the self and others. The mass media has been cited as a major source of transmission of the standards of beauty set by society (Tiggemann, 2002) as seen by the images portrayed in television, magazines, advertisements, and movies. A mesomorphic body shape with a well developed upper body and flat abdomen represents today's ideal standard for the male body (Tiggemann, 2002). Because the body represents strength and masculinity, men are targeted for products aimed at increasing their masculinity such as body building, weight loss and plastic surgery (Weber, 2006). Unfortunately, the societal standard of body image is unachievable to most men and has been cited as a reason of steroid usage (Pope, Phillips, & Olivardia, 2000). The extent to which these societal values are internalized by the individual as a set of personal standards can lead to negative self-evaluation of appearance and psychological distress in men and women (Morry & Staska, 2001; Tiggemann, 2002).

Morry and Staska (2001) found that the more magazines men read the less satisfied they were with their body and were more likely to exhibit behaviors associated with eating disorders. Reading fitness magazines has been positively related to a drive for muscularity in men (Morrison, Morrison, & Hopkins, 2003). In addition, internalization of ideal standards of beauty was found to mediate the relationship between reading fitness magazines and troubles linked to body shape dissatisfaction. Vulnerability to the impact of the mass media in regards to one's looks has also been related to body dissatisfaction and satisfaction with the level of one's muscularity (Vartanian, Giant, & Passino, 2001).

Several researches have shown groups of participant's images of muscular men and neutral images with similar results. Specifically, Lorensen, Grieve, and Thompson (2004) randomly assigned participants into two groups and showed images of muscular men from magazines to one group and images of nonmuscular men to another group. Participants had lower body dissatisfaction after viewing the muscular images whereas those who saw the nonmuscular men had no difference in body satisfaction suggesting that men are being influenced by the mass media in the same way that women have been. In another study men who were shown slides of muscular men had a greater discrepancy between their actual level of muscularity and ideal level of muscularity than those who were shown slides without people in them (Leit, Gray, & Pope, 2002). They also had a greater discrepancy between their actual muscularity and what they perceived as the muscularity of the average man. Male body dissatisfaction was only seen with level of muscularity, not the amount of body fat indicating that being muscularity is more important to a man than his level of body fat.

Stanford and McCabe (2002) examined sociocultural influences and focused on different body parts. To determine the discrepancy between their ideal body and current body, researchers took individual pictures of the participant's body and put them into a computer program that allowed the person to change specific parts of their body (make larger or smaller) to represent what he would consider ideal. As body mass index increased, the discrepancy between his actual and ideal body decreased. Men wanted a larger body than their own and to increase their upper body. Ninety percent of the men indicated a discrepancy between the size of some part of their body and their ideal which indicates that many men are not satisfied with their body. When the authors looked at sociocultural factors of body image, they found that opposite sex peers and parents had the smallest amount of influence on the upper body (which was the body area most important to men). Thus sociocultural factors such as the media may play a greater role in the determination of the body ideal (Stanford & McCabe, 2002).

When asked why men wanted to be more muscular the most common reasons cited was that it was desirable to women, it makes one generally more attractive, it leads to success and status, and health reasons (Morrison, Morrison, & Hopkins, 2003; Ridgeway & Tylka T.L, 2005). Only a small number of participants said that the messages from the mass media and a way to assert one's masculinity (Morrison, Morrison, & Hopkins, 2003). One reason they may have been reluctant to admit that society played a role in their desire to be more muscular was because it would mean that they were looking at the male body in aesthetic terms, which is associated with femininity.

### *Gender Role Conflict and Body Image*

Men are socialized at an early age by family, peers and society as to how to behave as a man (O'Neil, 1981). These values and beliefs of manhood may be detrimental to men as they devalue femininity. Men are taught that they are superior to women and feminine characteristics such as vulnerability, emotionality, communication, and intimacy are to be avoided. Success, power and control are a way to assert one's masculinity (O'Neil, 1981) as is success in the work place. As a result, men learn to fear feminine characteristics and the importance of demonstrating their superiority as a man. The extent of this socialization process varies from man to man.

Gender role conflict is a construct designed to assess the cognitive, affective, and behavioral consequences men are subjected to as they try to conform to the traditional male gender roles determined by society (O'Neil et al., 1986). The theory was conceptualized from Brannon's analysis on the themes of masculinity and Pleck's Gender Role Strain Paradigm (Levant & Pollack, 1995; O'Neil, Helms, & Gable, 1986). According to Brannon the themes of masculinity (what it means to be a man) are learned by society (David & Brannon, 1976). The role a man is to play is constructed immediately after birth, and by the time he reaches adolescence these roles become even more critical. In his desire to fit in he becomes toughened and adopts these roles, which essentially limit the potential of every man. The four themes underlying the socially learned roles of masculinity include: 1) No Sissy Stuff, which is the avoidance of feminine traits such as hiding emotions, 2) The Big Wheel, which includes bringing in the family income, gaining respect, 3) The Sturdy Oak, which includes traits such as being tough and confident, and 4) Give 'em Hell which includes violence and danger

(David & Brannon, 1976). Pleck outlines the harmful consequences of these socially constructed gender roles (Levant & Pollack, 1995). According to Pleck's Gender Role Strain Paradigm there are ten propositions that indicate that: these stereotypical roles are conflicting and ambiguous, there are severe ramifications for those who do not adhere to the roles which leads to psychological distress, some of traits associated with these gender roles are dysfunctional, and these socially constructed expectations are harmful to both men and women. These propositions underlie O'Neil's Gender Role Conflict Theory (Levant & Pollack, 1995).

Four patterns of negative conflict result from restrictive and rigid gender roles. Success, Power and Competition results from an overemphasis of one's accomplishments (usually job related), desire for control, and rivalry with others (O'Neil et al., 1986). Restrictive Emotionality (RE) relates to one's difficulty exposing their own feelings as well as listening to self disclosures of other people. Restrictive Affectionate Behavior Between Men (RABBM) refers to the anxiety and avoidance of showing feelings of caring towards other men. Conflict Between Work and Family (CBWF) relates to one feeling as if he has no time to relax or spend time with his family as he is overly concerned about work. A male may devalue himself or other men for not meeting the expectations of masculinity set by society leading to psychological distress, anxiety, depression, low self-esteem, difficulty in relationships with others, and sexual assault (Levant & Pollack, 1995).

One outcome of traditional gender roles may be body dissatisfaction. Mishkind, Rodin, Silberstein and Striegel-Moore (1986) determined that men preferred to have a mesomorphic shape as opposed to endomorphic or ectomorphic. In fact most men

preferred to be what they called "hypermesomorphic" which is characteristic of the muscle man or body builder with broad shoulders and chest, well developed biceps and a narrow waist. The closer they were to this ideal, the more body satisfaction they displayed. Research indicates that positive characteristics are assigned to those with a mesomorphic build such as being more attractive. The male body is associated with masculinity and male privilege, which suggests that physical appearance is central to perception of power and self-esteem (Weber, 2006). Thus muscularity is associated with masculinity.

The number of men appearing partially undressed in women's magazines such as *Glamour* and *Cosmopolitan* has dramatically increased after the 1980's whereas the number of women undressed has remained constant (Pope, Olivarida, Borowiecki, & Cohane, 2001). Prior to 1980's most of the men who were undressed were in bathing suit advertisements. After that time period most of the advertisements had nothing to do with swimming, but were for items such as telephones and electronics. Thus the value in appearance of males has increased. Pope et al. (2001) noted that over the same time period, women have reached equality with men in several arenas such as the work force and military. The value of the male body has increased and men desire to be more muscular. They hypothesize that this has been related to the decrease in the traditional masculine role as the one to support and protect the family (Pope et al, 2001). The level of muscularity that a man can reach can not be achieved by women, thus muscularity remains one area that a man can assert his masculinity.

If masculinity is threatened such as failing in an activity, men may engage in activities that assert their masculinity such as their level of muscularity (Mishkind, Rodin,

Silberstein, & Striegel-Moore, 1986). Mills & D'Alfonso (2007) tested this speculation by having men and women compete in a puzzle completion task. Participants were given feedback as to whether they did better or worse than the previous participant. Men who did worse on a puzzle than the participant prior to them (male or female) felt less attractive, and had less confidence in their ability for physical performance. Thus, the way a person perceives himself can be displaced onto the body in a negative fashion. In addition, men who received feedback that they did worse than a female, had lower social confidence scores, greater dissatisfaction with their body, and had a greater desire to be more muscular.

Men who adhere to societal masculine gender role expectations have a higher drive for muscularity (McCreary, Saucier, & Courtenary, 2005). As the drive for muscularity increases a man is more likely to experience distress in the areas of success, power, and competition as well as difficulty finding a balance between work and play (McCreary, Saucier, & Courtenary, 2005). A desire to win, pursuit of status, and primacy of work has also been associated with body ideal distress (Kimmel & Mahalik, 2004). However, Tager, Good, & Morrison (2006) did not find a relationship between pursuit of status and body image. The ideal muscular body endorses power, toughness, and dominance as signs of masculinity (Tager, Good, & Morrison, 2006). Dominance has been related to both self acceptance and body area satisfaction thus there is a relationship between psychological well being and physical dominance (Tager, Good, & Morrison, 2006). As a result, those who compare themselves to the images of the male body that emphasize muscularity, dominance and toughness, and fall short of this standard may experience psychological conflict (Tager, Good, & Morrison, 2006). By stressing the lean



muscular body as the ideal, it lends support to the notion that men are being stereotyped into rigid roles of being dominant, tough and powerful based on their physical makeup (Tager, Good, & Morrison, 2006).

Research has examined the relation between actual body build, masculinity and body image. Men who had a higher Body Mass Index and the perception of lower masculinity were more likely to think and feel that they are heavier than the ideal male body and have greater body dissatisfaction (Borchert, & Heinberg, 1996). Thus if they do not meet the ideal body standards of the masculine ideal, they have greater body dissatisfaction. Those who have poor body image (believe they are not sufficiently strong and muscular) and endorse stereotypical male roles (need to be powerful and gain respect) may be at greater risk for steroid usage, thus it is important to further research this factor and to target this group for prevention (Kanayama, Barry, Hudson, & Pope, 2006).

### *Ethnicity*

Ethnicity is another factor that may influence body image dissatisfaction (Cash & Pruzinsky, 2002). Specifically, standards of attractiveness may vary depending on one's ethnicity and the extent to which they have adopted the values associated with that ethnicity. The lack of ethnic diversity has been a limitation of several studies (Vartanian, Giant, & Passino, 2001; McCreary, Saucier, & Courtenary, 2005; Cafri, Strauss, & Thompson, 2002), thus it is important to include an ethnically diverse sample when looking at body image in men. The current body of research on men of different races has lead to inconsistent findings (Ricciardelli, McCabe, Williams, & Thompson, 2007). Body

image differences in African American, Asian, and Hispanic men will be considered for the purpose of this paper.

In one study African American men were shown to have a lower discrepancy score between their current body and ideal body than Caucasian men indicating that they are more satisfied with their body (Smith, Thompson, Raczynski, & Hilner, 1997). African American men have also been found to have higher body esteem than Caucasian's (Miller et al., 2000). In addition, Caucasian's were less satisfied with their appearance which was not related to body mass index, age or level of education indicating that some other factors are contributing to the dissatisfaction (Smith, Thompson, Raczynski, & Hilner, 1997). In contrast, Russell (2002) found that after controlling for body mass index in college students there was no difference in body dissatisfaction between Caucasians and African Americans. Miller et al., (2000) also did not find a difference in satisfaction with appearance between the two groups.

Asian and Caucasian college students were compared to determine if there were any differences in body preferences (Barnett, Keel, & Conoscenti, 2001) using the Figure Rating Scale. Asian men chose a smaller figure that represented their current body than Caucasian men. In addition, Asian's felt that their current body was significantly smaller than they thought was ideal, whereas no difference was found for Caucasian men. In contrast, Pope, Phillips, and Olivardia (2000) found that Caucasian men thought the ideal body was more muscular and less fat than they were. Asian men found their current body to be smaller than what would be attractive to the opposite sex whereas this did not hold true for Caucasian men (Barnett, Keel, & Conoscenti, L.M, 2001). There was no difference between the two groups as to what was considered an ideal body. Only Asian

men chose an ideal body that was significantly larger than their own, therefore Asian males are shown to have greater body dissatisfaction than Caucasian males. In addition, Asian men were found to have a smaller BMI, thus they deviate more from the ideal male body. Edman and Yates (2005) also found Asian males to have greater body dissatisfaction. In contrast, Mintz and Kashubeck, 1999 found no difference between Caucasian and Asian American men in the discrepancy between their actual weights vs. ideal weight. Both groups wanted to gain weight.

In another study African American, Caucasian and Hispanic men were shown the Figure Rating Scale and asked to choose their current body, ideal body, and what would be attractive to the opposite sex (Demarest & Allen, 2000). There was no difference in the amount of body dissatisfaction among the ethnic groups. In addition there was no difference as to what men thought women would find as attractive, they all thought that women would choose a body that was bulkier than their own. Miller et al. (2000) found no difference in the body esteem, body area satisfaction or evaluation of appearance when comparing these same ethnicities.

Body image dissatisfaction among African American, Hispanic, Asian and Caucasian adolescents in high school was assessed using the Body Image Rating Scale (Mayville, Katz, Gipson, & Cabral, 1999). Chest, shoulders and total muscle mass were the areas of the body that were of the greatest concern. African Americans were the most satisfied with their body. There was no difference in body satisfaction among Hispanics, Asians or Caucasians.

Individual races and cultures determine their own ideal standards of beauty which in turn affect what is seen as the ideal body type (Cash & Pruzinsky, 2002; Thomposn &

Cafri, 2007). Ethnicity also influences the importance of muscularity in men (Thompson & Cafri, 2007). It is important to look at the culture that one grows up in and the messages received about body image. Recognition of the differences among groups and individuals within those groups need to be considered (Cash & Pruzinsky, 2002). Thus it is important to consider one's ethnicity when researching body image satisfaction in men.

*Gender Role Conflict as Potential Moderator of Internalization-Body Image Relation*

Images shown in media have been cited as a major source of depicting the ideal male body. Men shown images of the ideal male body have greater body dissatisfaction than those who have been shown nonmuscular men (Leit, Gray, & Pope, 2002).

Internalization of images from the media has been related to greater body dissatisfaction in men (Morry & Staska, 2001). Men are taught that muscularity is related to masculinity (Mishkind, et al., 1986). Those with greater levels of drive for muscularity experience greater distress with success, power and competition and difficulty finding a balance between work and play (McCreary, et al, 2005). Thus it may be possible that those who internalize the ideal images of the male body and have high degrees of gender role conflict may experience greater body dissatisfaction than those with low levels of gender role conflict. Thus gender role conflict may serve as a moderator between internalization of societal images and body dissatisfaction.

*Gender Role Conflict as Potential Moderator of Perfectionism-Body Image Relation*

The relation between perfectionism and body image concerns are beginning to emerge in men (Furnham & Calnan, 1998). More specifically, self-oriented perfectionism has been associated with a drive for muscularity in men (Davis et al., 2005). Muscularity is associated with masculinity (Mishkind, et al. 1986) and those who adhere to societal

expectation of gender role have a higher drive for muscularity (McCreary et al, 2005). (McCreary, et al, 2005; Tager, Good, & Morrison, 2006). Men are continually socialized to the expectations of what it means to be a man, including high levels of muscularity (Mishkind et al., 1986). Thus the level of gender role conflict that one experiences may interact with perfectionism to influence their body image dissatisfaction.

There are three types of perfectionism; self-oriented, socially prescribed, and other oriented. Self-oriented perfectionism refers to behaviors in which the person has high personal standards and wants to be perfect (Hewitt & Flett, 1991). It may be possible that men who expect their bodies to be perfect and have high levels of gender role conflict have higher levels of body dissatisfaction than those who have low levels of gender role conflict. Socially-prescribed perfectionism refers to the feeling that significant others have high standards for the individual and expects him or her to be perfect. Thus, those who feel that others expect them to be perfect and experience high levels of gender role conflict may experience greater levels of body dissatisfaction than those with low levels of gender role conflict.

While the relationships between perfectionism, internalization of ideal standards of beauty, and gender role conflict have been linked to body image dissatisfaction, no studies have linked these variables together in a single model. Investigating how these variables interact may lead to a greater understanding of the distress that men experience due to the socialization process of masculinity. The following research hypotheses will be explored:

1. The relationship between internalization of societal messages and male body image dissatisfaction will be stronger for those who score high on gender role socialization.

2. The relationship between socially prescribed perfectionism and male body image dissatisfaction will be stronger for those who score high on gender role socialization.

3. The relationship between self-oriented perfectionism and male body image dissatisfaction will be stronger for those who score high on gender role socialization.

## Method

### *Participants*

Three hundred thirty one undergraduate men from a large Southern university were recruited from chemistry, psychology, marketing and human development classes. Students received extra credit for their participation. The mean age was 22.12 years ( $SD = 4.59$ ), and 34.4% were Asian, 32.9% were Caucasian, 17.5% were Hispanic, and 15.1% were African American. The mean body mass index (BMI) was 24.44 ( $SD = 4.46$ ). However only 213 of the 331 participants filled out information on both height and weight. The mean weight was 169.54 pounds ( $SD = 32.5$ ) and height was 68.59 inches ( $SD = 8.90$ ). Informed consent and measures were completed on line using Survey Monkey, at the participant's convenience. About 45 minutes were needed to complete the surveys.

### *Measures*

*The Male Body Attitude Scale (MBAS: Tylka, Bergeron, & Schwartz, 2005).* The MBAS is a 29 item scale designed to measure body dissatisfaction in males. Participants respond on a scale from 1 to 6 ranging from 1 (always) to 6 (never). Factor analysis yielded three subscales: muscularity (10 items; e.g., "I think I have too little muscle on my body"); low body fat (8 items; e.g., "I think my body should be leaner"); and height (2 items, e.g., "I wish I were taller"). A total score is also calculated by averaging the items on the instrument. Lower total and subscale scores indicate a greater degree of dissatisfaction. Concurrent, convergent and discriminant validity have been established (Tylka et al., 2005). Cronbach alphas of .92 were reported for the total score, .90 for the muscularity subscale, .94 for low body fat and .85 for height. The MBAS total score,

muscularity subscale scores and low body fat subscale score was related to the Body Esteem Scale, and the muscularity subscale was related to the muscular behaviors subscale of the Drive for Muscularity Scale, supporting convergent validity. The MBAS total score and subscales were not related to impression management showing support for discriminant validity. The MBAS total score and subscales were related to self-esteem, and the MBAS total score and low body fat subscale scores were related to eating disorder symptomology providing concurrent validity. The Cronbach's alphas for the present study were .88 for the muscularity subscale, .91 for low body fat, and .66 for height.

*Sociocultural Attitudes Towards Appearance Questionnaire* (Heinberg, Thompson, & Stormer, 1995). This 14 item scale is a measure of recognition and acceptance of society's standards of appearance due to media exposure. Respondents rate their responses on a scale of 1 (completely disagree) to 5 (completely agree). Scales were modified for use in men ("men" replaced "women", "muscular/fit" replaced "thin", "bodybuilder" replaced "swimsuit model" and "Men's Fitness" and Muscle & Fitness" replaced "Cosmopolitan, Vogue, and Glamour") as in Morry and Staska (2001). Internalization (8 items; e.g., "Photographs of muscular/fit men make me wish that I were muscular/fit.") and Awareness (7 items; e.g., "People think that the more muscular/fit you are, the better you look in clothes.") are the two subscales. Higher scores indicate greater internalization or awareness of standards of appearance that exist in the media. Heinberg et al (1995) reported Cronbach Alphas of .88 for internalization and .71 for awareness. Factor analysis yielded two factors, internalization and awareness. Moderate convergent validity was found with the Eating Disorders Inventory and Body Image Avoidance



Questionnaire. Significantly different scores for the Internalization scale of the SATAQ were found with groups identified as having a diagnosis of Anorexia, Bulimia or Eating Disorders, Not otherwise specified indicating discriminant validity. The Cronbach's alpha for the internalization subscale for the present study was .80.

*Multidimensional Perfectionism Scale* (Hewitt & Flett, 1991). This is a 45 item scale designed to measure personal characteristics. Participants respond on a scale of 1 (strongly agree) to 7 (strongly disagree). Three subscales exist: self-oriented (e.g., "One of my goals is to be perfect in everything I do."); other-oriented (e.g., "I have high expectations for the people who are important to me."), and socially prescribed (e.g., "I feel that people are too demanding of me."); each comprised of 15 items. Lower scores indicate higher levels of perfectionism. Cronbach alphas were .89 for self-oriented perfectionism, .79 for other-oriented perfectionism, and .86 for socially prescribed perfectionism. Factor analysis yielded 3 factors (self-oriented, other-oriented and socially prescribed perfectionism). Self-oriented perfectionism was significantly correlated with measures of high standards, self-criticism, and blame, but not correlated with other directed blame or demand of approval of others. Other oriented perfectionism was positively correlated with measures of other-blame and dominance, but not correlated with demand of approval of others or fear of negative evaluation. Socially prescribed perfectionism was significantly correlated with fear of negative evaluation and demand for approval of others, but not correlated with high self standards or dominance, thus showing support for convergent and discriminate validity. All three subscales correlated significantly with the Burns perfectionism scale showing support for concurrent validity (Hewitt & Flett, 1991). Chronbach alphas for the current study were .89 for the self-

oriented perfectionism scale, .72 for socially prescribed perfectionism and .89 for the other-oriented perfectionism subscale.

*Gender Role Conflict Scale* (O'Neil, et al., 1986). The GRCS (O'Neil, et al., 1986) is a 37 item scale that uses a 6-point likert scale indicating to what degree they agree with the given statements (1=strongly disagree, 6=strongly agree). It is designed to measure negative conflict resulting from restrictive and rigid gender roles with the following four factors: Success, Power, and Competition (SPC), e.g., "I like to feel superior to other people"; Restrictive Emotionality (RE), e.g., "I often have trouble finding the words to describe how I am feeling"; Restrictive Affectionate Behavior Between Men (RABBM), e.g., "I am sometimes hesitant to show my affection towards men because of how others may perceive me"; and Conflict Between Work and Family (CBWF), e.g., "My school or my work often disrupts other parts of my life (e.g., home, family, health, leisure)". Higher scores indicate greater levels of gender role conflict. O'Neil, et al. reported internal consistency for the four factors (alphas range from .75 to .85) and adequate test-retest abilities (ranging from .72 to .86). Convergent validity has been established with other measures of masculinity and stress in men such as the Brannon Masculinity Scale (Levant, R. F., & Pollack, 1995). The Cronbach's alpha for the present study was .93.

## Results

Analyses were conducted utilizing the Statistical Package for the Social Sciences (SPSS) version 16.0. Correlational analyses were used to examine the zero-order correlations between the measures of the key constructs under investigation. Three separate hierarchical multiple linear regression analyses were conducted using the subscales of the MBAS (muscularity, body fat and height) as the criterion variables. For each analysis conducted, ethnicity was entered in step one as a control. The two subscales of perfectionism, the internalization subscale of the SATAQ and the total GRC score were entered in step two, and the interactions were entered in step three. Prior to running the regression models the predictor and moderator variables were centered to reduce possible problems with multicollinearity.

### *Preliminary Analyses*

While data from seven different ethnic groups were collected, only four categories were created (Caucasian, African American, Asian American and Hispanic) due to the small number of participants in the other groups. Bivariate correlations were conducted among the outcome measures. Socially prescribed perfectionism and internalization were significantly correlated with the muscularity subscale of the MBAS (see Table 1). Socially prescribed perfectionism and internalization were significantly correlated with the low body fat subscale. Finally, gender role conflict, socially prescribed perfectionism and internalization were significantly correlated with the height subscale.

Table 1. Means, SD, and Intercorrelations for Outcome Measures

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. Self-oriented	51.51	15.11	--	.42**	.04	-.20**	.09	.04	.03
2. Socially prescribed	60.57	10.03		--	-.17**	-.30**	.22*	.26**	.12*
3. Internalization	22.22	5.58			--	.27**	-.30**	-.17**	.13*
4. Gender Role Conflict	133.40	28.72				--	-.07	.006	.11*
5. Muscularity	34.97	10.10					--	.29**	.25**
6. Low Body Fat	30.07	9.99						--	.18**
7. Height	7.29	2.80							--

Lower scores of muscularity, low body fat, and height equal greater dissatisfaction. Lower scores of perfectionism equal higher levels of perfectionism. Higher scores of internalization equal greater levels of internalization. Higher scores of gender role conflict equal greater levels of gender role conflict.

Correlations that were significant were in the predicted direction, such as greater low body fat dissatisfaction was linked with higher levels of socially prescribed perfectionism, and higher levels of muscle dissatisfaction were linked to higher levels of internalization. Demographics of the sample are listed in Table 2.

Table 2. Means and SD for demographics based on ethnicity and total participants.

Variable	Caucasian		African American		Asian		Hispanic		Total	
	<i>(n=109)</i>		<i>(n=50)</i>		<i>(n=114)</i>		<i>(n=58)</i>		<i>(N=331)</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	23.15	5.45	22.71	6.55	21.25	3.04	21.52	3.30	22.12	4.59
Weight	177.42	32.07	186.59	34.48	153.73	25.80	165.39	30.45	169.54	32.50
Height	70.99	2.95	69.91	3.86	68.56	2.89	63.03	19.08	68.59	8.90
BMI	24.81	4.79	25.31	3.56	23.29	3.86	24.12	4.46	24.44	4.46

A MANOVA was conducted to determine if there were differences between the four ethnic groups (Caucasian  $N=109$ , African American  $N=50$ , Asian  $N=114$ , Hispanic  $N=58$ ) on scores of muscularity, low body fat, or height (see Table 3).

Table 3. Means and Standard Deviations by Ethnicity on Muscularity, Low Body Fat, and Height.

Variable	Caucasian		African American		Asian		Hispanic	
	<u>(n=109)</u>		<u>(n=50)</u>		<u>(n=114)</u>		<u>(n=58)</u>	
	M	SD	M	SD	M	SD	M	SD
Muscularity	35.57	9.48	37.78	10.92	32.37	10.18	35.28	8.98
Low Body Fat	30.57	9.83	29.96	10.42	28.97	9.15	30.37	11.12
Height	7.65	2.62	8.06	2.48	6.69	2.78	7.38	3.02

Lower scores equal greater dissatisfaction.

The MANOVA indicated that the multivariate effect was significant, Pillai's Trace = .058.  $F(318.00, 960.00) = .543, p = .026, \eta^2 = .019$ . This indicates that there were significant differences between ethnic groups for the three dependent variables. Post hoc Scheffe's test indicated that African American men have significantly greater satisfaction with their level of muscularity ( $p = .018$ ) and with their height ( $p = .037$ ) than Asian American men. There was no significant difference with Caucasian or Hispanic men.

#### *Prediction of Muscularity*

Three separate hierarchical multiple linear regression analyses were conducted to determine if gender role conflict would moderate the relationship between internalization of messages from society and body image dissatisfaction, and between the two types of perfectionism and body image dissatisfaction, after controlling for the effects of ethnicity (see Table 4).

Table 4. Multiple Linear Regression Analysis Summary for the Prediction of Muscularity Scores (N=331)

<i>Predictor Variable</i>	<i>b</i>	<i>SE</i>	$\beta$	$R^2$	$\Delta R^2$
Step 1				.046**	.046**
Black	1.98	1.68	.07		
Asian	-4.10	1.32	-.19**		
Hispanic	-.943	1.61	-.04		
Step 2				.16***	.11***
Black	1.67	1.59	.06		
Asian	-3.46	1.27	-.16**		
Hispanic	-.24	1.54	-.01		
Self-oriented	.05	.04	.07		
Socially prescribed	.15	0.06	.15*		
Internalization	-.52	.10	-.28*		
Gender Role Conflict	.02	.02	.06		
Step 3				.17***	.01
Black	1.73	1.61	.06		
Asian	-3.32	1.28	-.15*		
Hispanic	-.16	1.54	-.01		
Self-oriented	.04	.04	.06		
Socially prescribed	.15	.06	.15*		
Internalization	-.52	.10	-.29***		
Gender Role Conflict	.02	.02	.06		
GRC x sop	.00	.00	.03		
GRC x spp	.00	.00	-.07		
GRC x intern	.00	.00	.06		

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ .

Ethnicity accounted for 4.6 % of the variance,  $F(3,327) = 5.23$ ,  $p < .01$ . After controlling for the effects of ethnicity, internalization, the two types of perfectionism and gender role conflict significantly improved the amount of explained variance. They accounted for 11.3% of the variance,  $F(7,323) = 8.72$ ,  $p < .01$ . When the interaction terms were entered in step 3, the overall model was significant  $F(10,320) = 6.32$ ,  $p < .001$ , but the

interaction terms did not significantly increase the amount of explained variance. In step 3 an Asian origin ( $\beta = -.15, p < .05$ ), socially prescribed perfectionism ( $\beta = .15, p < .05$ ), and internalization ( $\beta = -.29, p < .001$ ) were significant predictors of muscularity. An Asian origin, higher levels of socially prescribed perfectionism, and greater levels of internalization were associated with greater muscle dissatisfaction.

#### *Prediction of Low Body Fat*

Ethnicity accounted for .9 % of the variance,  $F(327,330) = 1.02, p > .05$  (see Table 5). After controlling for the effects of ethnicity, internalization, the two types of perfectionism and gender role conflict significantly improved the amount of explained variance. They accounted for 9 % of the variance of the low body fat subscale,  $F(7, 323) = 5.030, p < .001$ . When the interaction terms were entered in step 3, the overall model was significant  $F(10,320) = 3.76, p < .001$ , but the interaction terms did not significantly increase the amount of explained variance. In step 3 socially prescribed perfectionism ( $\beta = .27, p < .001$ ), and internalization ( $\beta = -.15, p < .05$ ) were significant predictors of low body fat. Higher levels of socially prescribed perfectionism and internalization were associated with greater low body fat dissatisfaction.

Table 5. Multiple Linear Regression Analysis Summary for the Prediction of Low Body Fat Scores (N=331)

<i>Predictor Variable</i>	<i>b</i>	<i>SE</i>	<i>β</i>	<i>R</i> <sup>2</sup>	<i>Δ R</i> <sup>2</sup>
Step 1				.009	.009
Black	-.49	1.70	-.02		
Asian	-2.27	1.33	-.11		
Hispanic	-.86	1.63	-.03		
Step 2				.10***	.09***
Black	-.63	1.63	-.02		
Asian	-1.64	1.30	.08		
Hispanic	.11	1.58	.00		
Self-oriented	-.02	.04	-.02		
Socially prescribed	.27	0.06	.28***		
Internalization	.26	.10	-.14**		
Gender Role Conflict	.04	.02	.11		
Step 3				.11***	.01
Black	-.89	1.5	-.03		
Asian	-1.88	1.31	-.09		
Hispanic	.03	1.58	.00		
Self-oriented	-.03	.04	-.04		
Socially prescribed	.27	.06	.27***		
Internalization	-.27	.10	-.15**		
Gender Role Conflict	.04	.02	.11		
GRC x sop	.00	.00	.06		
GRC x spp	.00	.00	.03		
GRC x intern	.00	.00	.02		

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ .



*Prediction of Height*

Ethnicity accounted for 2.6 % of the variance  $F(3,327) = 2.94, p < .05$  (see Table 6).

Table 6. Multiple Linear Regression Analysis Summary for the Prediction of Height scores (N=331)

<i>Predictor Variable</i>	<i>b</i>	<i>SE</i>	$\beta$	$R^2$	$\Delta R^2$
Step 1				.026*	.026*
Black	.44	.47	.06		
Asian	-.85	.37	-.14*		
Hispanic	-.15	.45	-.02		
Step 2				.05*	.02
Black	.44	.47	.06		
Asian	-.68	.37	-.11		
Hispanic	-.04	.45	-.01		
Self-oriented	.00	.01	-.02		
Socially prescribed	.03	0.02	.10		
Internalization	-.05	.03	-.10		
Gender Role Conflict	.00	.00	-.04		
Step 3				.06*	.01
Black	.45	.48	.06		
Asian	-.66	.38	-.11		
Hispanic	.03	.46	-.00		
Self-oriented	.00	.01	-.02		
Socially prescribed	.03	.02	.10		
Internalization	-.05	.03	-.11		
Gender Role Conflict	.00	.00	-.04		
GRC x sop	.00	.00	.02		
GRC x spp	.00	.00	-.04		
GRC x intern	.00	.00	.02		

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ .

After controlling for the effects of ethnicity, internalization, the two types of perfectionism and gender role conflict accounted for 3.4% of the variance,  $F(7,323) = 2.64, p < .05$ . They did not significantly improve the amount of explained variance. When the interaction terms were entered in step 3, the overall model was significant  $F(10,320) = 1.87, p < .05$ , but there were no significant predictors and interaction terms did not significantly increase the amount of explained variance.

## Discussion

The purpose of this study was to determine the relationships among self-oriented perfectionism, socially prescribed perfectionism, internalization of society's ideal standard of beauty for men, gender role socialization, and male body attitude in an ethnically diverse sample. Specifically, the goal was to determine if gender role conflict would strengthen the relationship between internalization of societal images and male body image satisfaction, and if gender role conflict would also strengthen the relationships between perfectionism and male body image satisfaction. The results indicate that the hypotheses were not supported.

### *Prediction of Muscularity*

Preliminary analyses indicated that the African American men in this sample were significantly more satisfied with their level of muscularity and height than Asian American men. Some research indicates that African American men are the most satisfied with their bodies when comparing the same four ethnicities (Mayville et al., 1999), whereas other studies show no difference in the amount of body dissatisfaction among these ethnic groups.

After controlling for the effects of ethnicity, an Asian origin, socially prescribed perfectionism, and internalization of societal messages were significant predictors of muscle dissatisfaction. Specifically, Asian males were less satisfied with their amount of muscularity than Caucasian males. Results from this study are consistent with previous research that has shown that Asian males have greater body dissatisfaction than Caucasian males (Barnett et al., 2001). In addition, Barnett et al., found that Asian men were significantly smaller than Caucasian men, thus they deviated more from the ideal

body than their Caucasian counterparts. This also held true for this sample as the Asian men had a smaller BMI than Caucasian men. However, previous research has indicated that African Americans had a higher degree of body satisfaction than Caucasians (Smith et al., 1997; Miller et al., 2000) which did not hold true for this sample.

Socially prescribed perfectionism was a significant positive predictor of muscle dissatisfaction. This is consistent with studies that indicate that men perceived the ideal male body to be more muscular than they actually were, and men perceived that the ideal body that women prefer is more muscular than actually preferred (Olivardia et al., 2004). Bardone-Cone et al. (2008) indicated that socially prescribed perfectionism was not a significant predictor of concerns with weight or shape. However the authors did not specifically measure dissatisfaction with muscularity as was done in this study. Self-oriented perfectionism was not a significant positive predictor of muscle dissatisfaction. In contrast, Davis et al., (2005) found that self-oriented perfectionism was directly related to a drive for muscularity in men. This characteristic was also found in a drive for thinness and anorexia in females (Davis et al., 2005; Hewitt et al., 1995).

Men who had higher levels of internalization had greater muscle dissatisfaction. This is consistent with the current literature. Reading fitness magazines and viewing images of muscular men lead to greater body dissatisfaction (Leit, Gray, & Pope, 2002; Lorensen, Grieve, & Thompson, 2004; Morry & Staska, 2001). Vartanian et al., (2001) found that the more men internalized messages from society, the more dissatisfied they were with shape. In addition, internalization of ideal standards of beauty has been found to mediate the relationship between reading fitness magazines and troubles linked to body shape dissatisfaction (Morry and Staska, 2001). Studies based on media representations

indicate that the ideal male body has increased in muscularity to a level unattainable by most men (Leit et al., 2001; Pope et al., 1999). As this standard of beauty is internalized, the level of satisfaction in one's own muscle mass decreases.

It is surprising that gender role conflict did not serve as a predictor of muscle dissatisfaction as the male body is associated with masculinity and male privilege (Weber, 2006). Those who do not meet the ideal body standards of the masculine ideal have greater body dissatisfaction (Borchert, & Heinberg, 1996). In addition, as the drive for muscularity increases a man is more likely to experience gender role distress (McCreasry, Saucier, & Courtenary, 2005). However, body image concerns have typically been considered a problem with women, thus men may be afraid to express concern regarding their appearance for fear that they will appear feminine (Pope et al., 2000). It could be that the men in this sample who experience gender role conflict were reluctant to admit concerns with body dissatisfaction. In addition, previous research has not specifically compared overall gender role conflict with muscle, body fat or height dissatisfaction.

While internalization and socially prescribed perfectionism were related to muscle dissatisfaction, gender role socialization did not strengthen the relationship between these variables. These three variables have not been examined together in previous literature, thus it is difficult to form hypotheses. Perhaps the socialization process on how to behave as a man has less impact on male body image than other factors such as personality and endorsement of standards of appearance.

### *Prediction of Low Body Fat*

After controlling for the effects of ethnicity, socially prescribed perfectionism and internalization were significant predictors of low body fat. Higher levels of socially prescribed perfectionism were related to higher levels of dissatisfaction with the amount of one's body fat. This is consistent with studies that indicate that men perceived the ideal male body to be less fat than they actually were, and that the ideal body that women prefer is less fat than actually preferred (Olivardia et al., 2004). These results contrast with research conducted by Bardone-Cone et al. (2008) that indicated that socially prescribed perfectionism was not a significant predictor of concerns with weight or shape. However it did serve as a moderator in the relationship between body mass index and body dissatisfaction. It is surprising that self-oriented perfectionism was not a significant predictor as previous research has indicated that the average male desires a body with less fat (Cafri et al., 2002; Olivardia et al., 2004). In the current study it appears as if men feel that significant others expect them to have low body fat versus personally endorsing this standard. This is significant as few studies have examined the multidimensional aspects of perfectionism in relation to male body dissatisfaction (Bardone-Cone et al., 2008; Davis, et al., 2005). This underscores the importance of considering the multidimensional aspects of this trait when measuring male body dissatisfaction.

Men who had higher levels of internalization had greater dissatisfaction with their amount of body fat. Similar results have been found in the literature (Morry & Staska 2001; Vartanian et al., 2001). However, these studies found a relationship between overall body dissatisfaction and internalization. It is unclear if dissatisfaction was

specifically related to muscularity or to low body fat. Thus looking at the relationship between endorsement of the societal ideals and specific areas of male body dissatisfaction adds additional knowledge to the current research.

Gender role conflict did not serve as a predictor of body fat dissatisfaction. Thus men experiencing conflict with traditional gender roles in this sample indicated that they were content with their level of body fat. It could also be that they were reluctant to admit their dissatisfaction for fear of appearing less masculine. Perhaps pressure from significant others, and the media to obtain the ideal standard are stronger forces in being satisfied with one's body, than the socialization process of masculinity. Previous studies have shown that those who feel that they do not meet the masculine ideal and have a higher BMI have greater body dissatisfaction (Borchert, & Heinberg, 1996). However, the authors used the body dissatisfaction subscale of the Eating Disorders Inventory which does not specifically measure satisfaction with body fat. No studies were found examining the relationship between body fat and masculinity.

#### *Prediction of Height*

After controlling for the effects of ethnicity, perfectionism, internalization, and gender role socialization did not serve as predictions of dissatisfaction with height. Because no research was found that examined how perfectionism or internalization relates specifically to height, it is difficult to draw conclusions. Since height is not as malleable as one's level of muscularity or body fat, perhaps men feel that they cannot control their height, but they can change their level of muscularity or body fat. There is a lack of information on factors leading to height dissatisfaction. This variable is important to consider when researching body dissatisfaction as men desire to be taller as well as

lean and muscular (Garner, 1997; Ridgeway & Tylka, 2005). The internal reliability of the height subscale was somewhat low suggesting these results should be interpreted with caution.

#### *Gender Role Conflict as a Potential Moderator*

While internalization and socially prescribed perfectionism were related to muscle and fat dissatisfaction, gender role socialization did not significantly strengthen the relationship between these variables. Self-oriented perfectionism was not related to discontent with the amount of muscularity or low body fat. None of the predictors were associated with height dissatisfaction. These three variables have not been examined together in previous literature, thus it is challenging to speculate.

Previous studies have found that those who internalize media messages and experience distress with success, power and competition have greater body dissatisfaction (Morry & Staska, 2004; McCreary, et al, 2005). Masculinity and muscularity have also been related (Mishkind et al., 1986). However, in this study, gender role conflict did not interact with internalization or socially prescribed perfectionism, and body image dissatisfaction. This finding may indicate that further exploration of factors associated with male body image dissatisfaction is necessary. Perhaps the socialization process on how to behave as a man has less impact on male body image than other factors such as personality variables and endorsement of standards of appearance. The total score of gender role conflict scale was used, thus the relationship of the individual subscales were unknown. Examining the individual subscales of the instrument may have led to different results. It could be that men who have difficulty expressing their emotions did not feel comfortable endorsing body dissatisfaction, or men who feel the need to overemphasize their accomplishments



were unwilling to admit that they had body concerns.

Overall these findings are consistent with the view that there are social and societal pressures to obtain a lean and muscular body. Men who endorse the ideal standards of appearance based on images of the media are more likely to experience distress regarding low body fat and muscularity. These findings are important as much of the research associating body dissatisfaction and internalization of media messages involved showing men images of muscular men prior to completing the measures (Leit et al., 2002; Lorenson et al., 2004; Stanford and McCabe 2002). Viewing muscular images may make the discrepancy between one's body and the ideal body more salient leading to greater dissatisfaction. In this study internalization was measured without seeing images. An Asian ethnicity was associated with dissatisfaction with muscularity, but not body fat. Thus, the process of internalizing societal messages related to muscularity into the view of self seems particularly salient for those of Asian ethnicity. In addition, men who perceived that significant others expected them to be perfect were less satisfied with their amount of body fat and muscularity. This underscores the importance of the interpersonal aspects of body image dissatisfaction. It seems as if the perceived pressure from others to appear lean and muscular is greater than the pressure of one's personal standards to meet this ideal. According to Hewitt et al. (1995), the socially prescribed perfectionism scale is best for determining psychological distress, and the self-oriented perfectionism scale is related to performance standards and aspirations. The findings in this study contribute to current research as no other studies were found that examined both the interpersonal and intrapersonal aspects of perfectionism in relation to attitudes of male body image.

### *Limitations and Future Research*

Although this study contributed to the research in several ways, the limitations need to be noted. Body mass index could only be determined on two-thirds of the sample, as several participants did not indicate their height or weight. The relationships between the variables mentioned are limited to the constructs used to measure them. The sample is made up of college students and results cannot be generalized to other populations. Self report measures were used, thus responses may not represent the actual viewpoints of the individual. Socially desirable responses may have been given, or participants may not have expressed their true feelings. No significant findings were found with the height subscale which could be due to the low internal reliability of the subscale. In addition, long term psychometric analyses have not been conducted on the Sociocultural Attitudes to Awareness Questionnaire for men or for the Male Body Attitude Scale. Finally results are correlational in nature, thus causation cannot be determined. For example it cannot be determined if endorsement of societal messages leads to muscle and fat dissatisfaction or if discontent with these areas of the body leads one to internalize the ideal standards.

While this study represents one of the most ethnically diverse samples of men found in the literature regarding male body image, several other aspects of culture such as level of acculturation and ethnic identity were not assessed. Does the level of body dissatisfaction increase as men become more acculturated to the U.S.? Can ethnic identity serve a protective function against body dissatisfaction? Studies are needed with an ethnically diverse sample to assess male body dissatisfaction as well as to assess the psychometrics of the instruments. Research is needed to determine the consequences of

body image dissatisfaction, and to determine if the consequences are different based on one's ethnicity. More studies are also needed to measure the relationship between gender role socialization and body image. Additional factors contributing to body image such as age, sexual orientation, socioeconomic status, and personality should also be considered.

Awareness of the factors that influence male body image has implications for prevention and treatment. The number of men dissatisfied with their body has increased to such an extent that terms such as muscle dysmorphia have become common in empirical research. Much of the research on male body image dissatisfaction is conducted with college men. Thus college campuses would be an ideal site for prevention programs. Workshops could be presented to discuss the forces in our society that lead men to feel that their body does not meet the ideal, the consequences that ensue, and ways to combat those forces. In addition, therapists need to be knowledgeable about the topic so they can provide appropriate interventions for their clients who are experiencing psychological distress due to poor body image. It is important to assess if the discontent is due to interpersonal or intrapersonal factors, as therapy may be different for each of these factors.

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