Body Image Perceptions: Do Gender Differences Exist?

Despite the large volume of research on body image, few studies have directly compared body image perceptions of men and women. Do men and women experience body image dissatisfaction in the same ways? Do similar factors predict negative body image perceptions in men and women? Is body image dissatisfaction associated with the same consequences regardless of gender? This study investigated these questions. One hundred ninety-seven undergraduate students completed an online survey that assessed their body image experiences and self-perceptions (i.e., body esteem, body mass index, self-esteem, sociocultural and situational factors, and body image perceptions in sexual contexts). Data analysis compared the responses of male and female participants. Several gender differences were found; body dissatisfaction was more common and felt more strongly in women, yet men were also clearly affected by body dissatisfaction.

North American society puts a strong emphasis on physical appearance. People who are deemed attractive are often viewed more favorably than unattractive people. They are thought to be smarter, and more commendable than their less attractive peers. This assumption is called the halo effect (Thorndike, 1920); people who are rated highly on one dimension (attractiveness) are assumed to excel on others as well (intelligence). This is also referred to as the “what-is-beautiful-is-good” stereotype (Solomon, Zaichkowsky, & Polegato, 2005). In our society, attractiveness is associated with being thin for women, whereas a more muscular appearance is considered attractive for men. Appearance ideals are often unattainable for the average person, and may be becoming more difficult to meet as the population is becoming heavier (Statistics Canada, 2002). The disparity between “real” and “ideal” size is increasing.

How do people respond to this disparity? It appears that many individuals respond by feeling badly about their bodies and themselves, and subsequently they develop a negative body image. Body image is a subjective and multidimensional construct (Cash, Morrow, Hrabosky, & Perry, 2004). It encompasses an individual’s self-perceptions and attitudes about his or her physical appearance. The two main aspects of body-image attitudes are evaluation and investment. Evaluation refers to the evaluative thoughts and beliefs that one has about one’s body (Morrison, Kalin, & Morrison, 2004). Body image investment is the cognitive, behavioral, and emotional importance attributed to the body in self-evaluation (Cash & Pruzinsky, 2002). It is useful to view body image as a continuum, ranging from no body image disturbance to extreme body image disturbance (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Another way of conceptualizing how one feels about one’s body is called body esteem, which involves an individual’s self-evaluation of his or her physical appearance (Mendelson, White, & Mendelson, 2001).

It has been argued that mass media is a key factor in the development of body image dissatisfaction (Morrison et al., 2004; Morrison, Morrison, & Hopkins, 2003). According to sociocultural theory, the more often an individual is exposed to mass media containing idealistic representations of the body, the less favorable an individual’s body image evaluations will become. The sociocultural theory purports that mass media influences an individual’s perceptions of what the ideal body is, and bodies that do not match this ideal are therefore thought to be unattractive (Morrison et al., 2003). Thus, awareness and internalization of society’s appearance standards may contribute to body image dissatisfaction (Matz, Foster, Faith, & Wadden, 2002).

The sociocultural theory, however, does not explain why some people are affected by media messages, whereas others are not. Social comparison theory states that individuals are driven to evaluate themselves through the use of social comparison (Morrison et al., 2004).

Research suggests that scrutinizing one’s self in comparison to those who are less attractive positively

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affects self-perceptions. Conversely, comparing oneself to those who are more attractive negatively affects self-perceptions (Morrison et al., 2004). Therefore, to whom one compares oneself is an important determinant of one’s level of body image satisfaction. Furthermore, believing oneself to be acceptably attractive may be more adaptive than actually being considered attractive by others. How others perceive the individual’s attractiveness appears to be less important for an individual’s body esteem than how the individual perceives him or herself (Noles, Cash, & Winstead, 1985). This suggests that people’s perceptions of their appearance are more relevant to how they feel about themselves and their bodies than how closely they actually resemble societal appearance ideals. A recent study (Johnstone et al., 2008) supports this notion. Lean participants more accurately assessed their body shape than did obese participants, but they were not more satisfied with their appearance. This suggests a cognitive-evaluative dysfunction, where individuals can accurately estimate their size or shape, but are still dissatisfied with their bodies (Cash & Brown, 1987; Gardner, 1996).

Unfortunately, most people experience mild to moderate body image dissatisfaction (Thompson et al., 1999). People deal with body image dissatisfaction in a wide variety of ways. A common way of coping is to restrict the number of calories consumed. At any given time, 70% percent of women and 35% of men are dieting (Canadian Mental Health Association, 2003). Some individuals resort to extreme forms of caloric intake restriction or develop eating disorders (Stice, 2002). Other ways of coping include excessive exercise, cosmetic surgery, and using diet pills, steroids, or protein supplements.

Not only does body image dissatisfaction affect one’s behaviors, it also affects how one feels about oneself. It is associated with depression (Noles et al., 1985), low self-esteem (Mendelson et al., 2001), feelings of shame (McKinley & Hyde, 1996), body surveillance (McKinley & Hyde), diminished quality of life (Cash & Fleming, 2002), and anxious self-focus and avoidance of body exposure during sexual activity, which can lead to impaired sexual functioning (Cash, Maikkula, & Yamamiya, 2004).

Historically, research on body image dissatisfaction has portrayed it as an issue that exclusively or predominantly affects women. Recent research suggests that the past studies of body image among men were flawed. It was assumed, for example, that body image concerns among men (like those of women) stemmed from perceived excess weight. More recently, studies have been conducted with both men and women using a figure rating scale, where participants rated which figures they actually looked like, wanted to look like, and believed the opposite sex found most attractive. Men perceived themselves to be more overweight and more muscular than they actually were. They also believed that the male body women perceived to be the most attractive was significantly more muscular than the actual ideal male body that the women chose (Olivardia, Pope, Borowiecki, Cohane, 2004). Research demonstrated that women tended to overestimate their weight/figure size, and underestimate what they thought the male’s ideal female figure was (Fallon & Rozin, 1985). The research with figure rating scales suggests that men’s body image concerns stem from a perceived lack of muscle, whereas women’s stem primarily from perceived excess weight. These findings are consistent with media messages that emphasize a thin ideal for women (Morrison et al., 2003), while promoting a V-shaped figure for men, with emphasis on having a larger, more muscular upper body (Furnham, Badmin, & Sneade, 2002). Several studies corroborate perceived lack of muscle as being a more pivotal factor in male body image dissatisfaction than excess fat (Cafri & Thompson, 2004; Olivardia et al., 2004; Pope, Olivardia, Gruber, & Borowiecki, 1999). This research calls into question the validity of previous studies; it appears that body image dissatisfaction was not actually the construct being measured, but rather weight dissatisfaction.

While it is now known that men are also affected by body image dissatisfaction, the literature continues to demonstrate that women suffer from higher rates of discontentment with their bodies and that this discontentment negatively impacts their lives, more so than male body image concerns affect men (Johnstone et al., 2008; Mendelson et al., 2001). Cash, Morrow et al., (2004) conducted a cross-sectional investigation of body image satisfaction among male and female college students across a 19-year period. They found that body image dissatisfaction rates of the female participants worsened and then improved over time. The researchers also found that male body image dissatisfaction rates were stable over time. This finding contradicts other studies which have shown that body image dissatisfaction is on the rise in men (Cash, 2002; Olivardia et al., 2004). It has been suggested that the ideal male body portrayed in the media is becoming as difficult for typical men to attain as the ideal female body is for typical women to attain. For example, Pope et al. (1999) found that action figures illustrated evolving ideals of male bodies. Toys like G.I. Joe are becoming more muscular and, when converted to human size, G.I. Joe’s body is as unattainable for boys as Barbie’s body is for girls. Similar to the research done with women, research has also found that body image dissatisfaction in men is associated with low self-esteem, depression, and eating pathology (Olivardia et al., 2004).
The current study will avoid issues with construct validity by using a battery of tests to assess body image concerns in men and women and including measures that assess male muscle satisfaction, as well as weight satisfaction. This is in line with suggestions by Olivardia et al. (2004) who suggest that existing research is limited because researchers only investigate one or two aspects of body image. They suggest a comprehensive assessment of body image by using a number of different measures, as well as investigating a larger sample of men.

The Present Study
While research demonstrates that men and women share some similarities with regard to body image perceptions and body image dissatisfaction, there are important gender differences. More research needs to be done in order to gain a comprehensive understanding of these differences. The present study expands on existing research because it involves a more comprehensive analysis of the similarities and differences in body image dissatisfaction in men and women. The present study compares the sexes across several measures of body image dissatisfaction. It not only explores whether body image dissatisfaction is experienced differently by women and men, but it also investigates whether these experiences impact the sexes differently. The present study also uses measures that were norm-referenced for both male and female participants, comparing body image perceptions of male and female undergraduate students. We explored body image perceptions using a battery of assessments to examine differences in risk factors for, manifestation of, and consequences of body image dissatisfaction in men and women.

Hypotheses
This study was designed to test six hypotheses. The first three are based on the finding that more women than men experience some degree of body image dissatisfaction, and women tend to have a higher degree of body image dissatisfaction than men (Mendelson et al., 2001).

Our first hypothesis was that men would have higher body esteem scores than women and therefore women would report a lower quality of life due to negative body image perceptions. Body image dissatisfaction is positively correlated with depression (Noles et al., 1985) and negatively correlated with self-esteem (Mendelson et al., 2001), both of which have a negative impact on quality of life. The fact that women suffer from higher levels of body image dissatisfaction (Johnstone et al., 2008) suggests that their quality of life would be more adversely affected by their body image perceptions.

The second hypothesis predicts that women would experience negative body image perceptions in more situations than men. Knowing that women experience body image dissatisfaction more frequently than men, it is likely that they also experience more cross-situational body image dysphoria.

The third hypothesis was that women would show a higher frequency of negative body image experiences during sexual activity than men, but regardless of gender, lower body esteem scores would be correlated with negative body image perceptions during sex. Body image dissatisfaction correlates with anxious self-focus and avoidance of body exposure during sexual encounters (Cash, Maikkula, & Yamamiya, 2004). Thus we expected that women would experience more negative body image perceptions during sexual activity because they suffer from higher rates of discontentment with their bodies, but that this relationship would also be found in men who experience body image dissatisfaction.

The next two hypotheses are based on research findings suggesting that body image dissatisfaction is associated with low self-esteem (Mendelson et al. 2001), awareness of and internalization of society’s appearance standards (Matz et al., 2002), and body shame and body surveillance (McKinley & Hyde, 1996), as well as on Taylor’s (2003) theory that people can cope more effectively with stress when they feel that they can exert control over stressful events. Our fourth hypothesis was that women would experience more negative body image experiences in more situations than men. Knowing that women experience body image dissatisfaction more frequently than men, it is likely that they also experience more cross-situational body image dysphoria.

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The last hypothesis is based on research that suggests the media emphasizes a thin ideal for women, but not for men (Morrison et al., 2003). Body image dissatisfaction is related to a perceived lack of muscle in men and to a perceived excess weight in women (Cafri & Thompson, 2004). Therefore, our fifth hypothesis asserted that underweight men would be less satisfied with their appearances than underweight women.

Method
Participants
The participants in this study were undergraduate students attending a large metropolitan university in Canada who were enrolled in Psychology 100 courses. Data were collected from 210 students, but data from 13 of the students were dropped from the study due to technical problems with the online survey, resulting in a final sample size of 197 participants. The partici-
All participants completed an online survey that consisted of an assessment battery of seven instruments and demographic information including participants’ age, sex, native language, and a self-report of height and weight. Stice and Bearman (2001) found that self-reports of height and weight correlate strongly with measurements taken by research assistants, with correlations ranging from .94 to .99, therefore we used self-reports. Height and weight were used to calculate body mass index (BMI; calculated by multiplying 703 times the total of a person’s weight in pounds divided by his or her height in inches squared). Completion of this survey took approximately 20-30 min.

**Body Exposure During Sexual Activities Questionnaire (BESAQ).** The BESAQ (Cash, Maikkula, & Yamamiya, 2004) is a self-report questionnaire that measures experiences of body image in sexual interactions. Participants rate their degree of agreement with 28 statements about how they feel and act during sexual interactions. Each item is answered on a 5-point Likert scale that ranges from 0 (never) to 4 (always or almost always). Participants’ final scores are determined by calculating the mean of the 28 questionnaire items. Higher scores indicate that the individual experiences more negative body image perceptions during sexual activity. The BESAQ is an internally consistent measure (Cronbach’s alpha = .95 for men and .96 for women). The BESAQ had a Cronbach’s coefficient value of .96 in this study.

**Body Image Quality of Life Inventory (BIQLI).** The BIQLI (Cash & Fleming, 2002) assesses the degree to which an individual’s body image affects his or her quality of life. Participants answer each item on a 7-point Likert scale. Participants rate their degree of agreement with 19 statements about how their body image affects them, ranging from -3 (very negative effect) to +3 (very positive effect). It is useful in determining how an individual’s body image perceptions affect a large variety of life domains (e.g., sense of self, social functioning, sexuality, emotional well-being, eating, exercise, grooming, etc.). A participant’s final score is the mean of their 19 ratings. A higher score indicates a higher quality of life. It is internally consistent with a Cronbach’s alpha of .95. The BIQLI had a Cronbach’s coefficient value of .94 in this study.

**The short form of the Situational Inventory of Body-Image Dysphoria (SIBID-S).** The SIBID-S (Cash, 2000) measures the negative body-image emotions that an individual has in specific situational contexts. This is a 20-item version of the original 48-item SIBID. The SIBID-S uses a 5-point Likert scale with choices ranging from 0 (never) to 4 (always or almost always). For each item, participants indicate how often they have the emotional experiences described in each statement. A higher score indicates more frequent cross-situational body image dissatisfaction. It has a Cronbach’s alpha of .96 and achieved a Cronbach’s alpha of .95 in the present study.

**Objectified Body Consciousness scale (OBC).** The OBC (McKinley & Hyde, 1996) is a 24-item measure of the degree to which an individual objectifies his or her body. The OBC uses a 7-point Likert scale that ranges from 1 (strongly disagree) to 7 (strongly agree). It consists of three subscales: Body surveillance, Body shame, and Appearance control beliefs. Body surveillance refers to viewing one’s body as an outside observer. Body shame involves feeling shame when one’s body does not conform to cultural standards. Appearance control beliefs refer to the belief that one can control one’s appearance through effort. Cronbach’s alpha for undergraduate women is .89 for the surveillance subscale, .75 on the body shame subscale and .72 for control beliefs. For undergraduate men, Cronbach’s alpha is .79 on the surveillance subscale, .73 for the body shame subscale, and .64 for control beliefs. Higher scores on the subscales indicate higher levels of the subscale construct in question. Overall, the OBC had a Cronbach’s value of .80 in the present study.

**Rosenberg Self-Esteem Scale.** The Rosenberg Self-Esteem Scale (Rosenberg, 1965) consists of 10 items and uses a 4-point Likert scale for responses ranging from 1 (strongly agree) to 4 (strongly disagree). Lower scores indicate higher self-esteem. This measure has a Cronbach’s reliability coefficient of .84. It had a Cronbach’s alpha of .58 in the current study.

**Sociocultural Attitudes Towards Appearance Questionnaire–Revised version (SATAQ-R).** The SATAQ-R (Cusumano & Thompson, 1997) is a 21-item scale that measures the degree to which an individual recognizes and accepts society’s appearance standards. It uses a 5-point Likert scale that ranges from 1 (completely disagree) to 5 (completely agree). The SATAQ-R has both a male and a female version and consists of two subscales: awareness and internalization. The awareness subscale assesses the degree to which an individual is aware of society’s appearance standards, and the internalization subscale assesses the degree to which the individual adopts these beliefs as his or her own. A higher score
on either subscale indicates a higher level of awareness or internalization. Both subscales have high reliability scores. The awareness subscale has a Cronbach’s alpha of .83, and the internalization subscale has a Cronbach’s alpha of .89. Overall this measure had a Cronbach’s alpha of .88 in the present study.

**Body-Esteem Scale for Adolescents and Adults (BESAA).** The BESAA (Mendelson et al., 2001) is a 23-item self-report measure of body esteem. It uses a 5-point Likert scale that ranges from 0 (never) to 4 (always). The BESAA consists of three subscales: Appearance, Weight, and Attribution. The Appearance subscale measures one’s general feelings about one’s appearance. It has a Cronbach’s alpha of .92, suggesting high internal consistency. The Weight subscale measures weight satisfaction. It also demonstrates high internal consistency with a Cronbach’s value of .94. The Attribution subscale measures one’s perceptions about others’ evaluations of one’s body and appearance and has a Cronbach’s alpha value of .81. Higher scores on a subscale indicate more positive body esteem on that subscale. Overall this scale had a Cronbach’s alpha of .92 in the current study.

**Results**

**Hypothesis 1**

The means and standard deviations for all variables are shown in Table 1. Independent t tests were conducted to test for differences between males and females. As predicted, men had higher scores than women on the three subscales of the BESAA indicating that men feel better about their bodies than women (see Table 1). However, it should be noted that while the sexes differed significantly on both the Appearance, t(195) = 2.59, p = .01, and Weight, t(195) = 2.78, p = .01, subscales, they did not differ significantly on the Attribution subscale. Contrary to the second part of this hypothesis, men and women did not significantly differ on the BiQLI, however there was a trend toward significance, t(195) = 1.85, p = .07 (see Table 1).

**Hypothesis 2**

As expected, women reported negative body image perceptions during significantly more situations than men on the SIBID-S, t(195) = -4.40, p = .01 (see Table 1). Women scored higher (showing more dissatisfaction) than men on all questions except for questions 5, 14, and 20. On question 5 (When I am with attractive persons of the other sex), a t test revealed men (M = 1.74, SD = 1.20) and women (M = 1.99, SD = 1.15) did not significantly differ. On question 14 (When the topic of conversation pertains to physical appearance), men (M = 1.26, SD = 1.12) and women (M = 1.54, SD = 1.00) did not significantly differ either. Similarly, on question 20 (During certain recreational activities) men (M = 1.07, SD = 1.26) and women (M = 1.35, SD = 2.24) did not significantly differ.

**Hypothesis 3**

The prediction that body esteem scores on the BESAA and body image experiences during sexual activity scores on the BESAQ would be negatively correlated was supported (see Table 2). BESAQ scores demonstrated that women experience significantly more negative body image perceptions during sexual activity than men, t(195) = -3.47, p = .001. Although not significantly different, the negative relationship between BESAA scores and BESAQ scores was stronger in men than women (see Table 2). A trend toward significance (p = .06) was demonstrated for the relationship between BESAA scores and the Weight subscale of the BESAA.

**Hypothesis 4**

BESAA and self-esteem scores were negatively correlated in both men and women (see Table 2). This indicates that participants with lower self-esteem also had lower body esteem.

**Hypothesis 5**

Women demonstrated higher rates of Internalization on the SATAQ-R, t(195) = -2.55, p = .01, but they did not show a significant difference from men on the Awareness subscale of this measure (see Table 1). Women also demonstrated higher rates of body shame, t(195) = -3.63, p = .01, and body surveillance, t(195) = -3.06, p = .001 on the OBC. There was no significant difference between men and women in scores on the Control beliefs subscale (see Table 1). Contrary to expectations, the correlation matrix for the OBC revealed that Control beliefs were not significantly related to any other variable in this study. This demonstrates that the degree to which participants’ believed they had control over their appearance did not affect how they felt about their appearance.

**Hypothesis 6**

Contrary to expectations, BMI scores were not correlated with body esteem (BESAA) scores for men or women (see Table 2).

**Discussion**

The present study demonstrated that much remains to be learned about the similarities and differences between men and women with regard to body image perceptions. The higher body esteem scores of the male participants supports the results of previous research (Johnstone et al., 2008; Mendelson et al., 2001).
<table>
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<tr>
<th>TABLE 1</th>
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Means and Standard Deviations of All Measures by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Variable</strong></td>
<td><strong>M</strong></td>
<td><strong>SD</strong></td>
</tr>
<tr>
<td>(a) Body-Esteem Scale for Adolescents and Adults (BESAA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BESAA Appearance</td>
<td>2.33 (.69)</td>
<td>2.60 (.75)</td>
</tr>
<tr>
<td>BESAA Weight</td>
<td>2.31 (.83)</td>
<td>2.65 (.86)</td>
</tr>
<tr>
<td>BESAA Attribution</td>
<td>2.31 (.68)</td>
<td>2.41 (.57)</td>
</tr>
<tr>
<td>(b) Body Image Quality of Life Inventory (BIQLI)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>.87 (1.0)</td>
<td>1.14 (1.04)</td>
</tr>
<tr>
<td>(c) Situational Inventory of Body Image Dysphoria (SIBID-S)</td>
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<td></td>
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<tr>
<td></td>
<td>1.79 (.78)</td>
<td>1.29 (.82)</td>
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<tr>
<td>(d) Body Exposure during Sexual Activity Questionnaire (BESAQ)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.43 (.78)</td>
<td>1.05 (.71)</td>
</tr>
<tr>
<td>(e) Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ-R)</td>
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</tr>
<tr>
<td>Awareness</td>
<td>37.38 (5.57)</td>
<td>36.78 (5.94)</td>
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<tr>
<td>Internalization</td>
<td>33.67 (8.08)</td>
<td>30.79 (7.77)</td>
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<td>(f) Objectified Body Consciousness scale (OBC)</td>
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<tr>
<td>Surveillance</td>
<td>4.56 (1.00)</td>
<td>4.09 (1.14)</td>
</tr>
<tr>
<td>Shame</td>
<td>3.04 (1.15)</td>
<td>2.44 (1.15)</td>
</tr>
<tr>
<td>Control beliefs</td>
<td>4.51 (1.01)</td>
<td>4.44 (1.06)</td>
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<th>TABLE 2</th>
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Correlations of BESAQ, Self-Esteem and BMI Scores With BESAA Scores by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Women *</th>
<th>Men **</th>
<th>Total **</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Body Exposure during Sexual Activity Questionnaire (BESAQ)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>BESAA Appearance</td>
<td>-.59**</td>
<td>-.67**</td>
<td>-.64**</td>
</tr>
<tr>
<td>BESAA Weight</td>
<td>-.49**</td>
<td>-.64**</td>
<td>-.58**</td>
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<tr>
<td>BESAA Attribution</td>
<td>-.30**</td>
<td>-.34</td>
<td>-.32**</td>
</tr>
<tr>
<td>(b) Self-Esteem</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>BESAA Appearance</td>
<td>-.72**</td>
<td>-.62**</td>
<td>-.68**</td>
</tr>
<tr>
<td>BESAA Weight</td>
<td>-.27**</td>
<td>-.47**</td>
<td>-.41**</td>
</tr>
<tr>
<td>BESAA Attribution</td>
<td>-.39**</td>
<td>-.24*</td>
<td>-.32**</td>
</tr>
<tr>
<td>(c) Body Mass Index (BMI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BESAA Appearance</td>
<td>-.08</td>
<td>.05</td>
<td>.04</td>
</tr>
<tr>
<td>BESAA Weight</td>
<td>-.02</td>
<td>-.03</td>
<td>.01</td>
</tr>
<tr>
<td>BESAA Attribution</td>
<td>-.06</td>
<td>-.06</td>
<td>.05</td>
</tr>
</tbody>
</table>

* p < .05. ** p < .01.
Although I did not test for significance, in comparison to the normative data for the BESAA, the females’ BESAA scores in this study were higher, whereas the men’s scores were lower. The normative sample for the BESAA consisted of 12-25 year-old male and female respondents. Further investigation is warranted to determine whether the comparison of these BESAA scores reflects an improvement in females’ body image satisfaction and a decrease in satisfaction amongst men. Contrary to research indicating that body image dissatisfaction in men is related to perceived lack of muscle instead of perceived fatness (Cafri & Thompson, 2004; Olivardia et al., 2004; Pope et al., 1999), the results of this study demonstrate that body esteem scores in men are correlated with weight satisfaction. This corroborates a recent study by Johnstone et al. (2008) which found that although body image dissatisfaction in men is primarily affected by perceived muscle, it is also affected by perceived excess weight. Perhaps this is because of the more recent media emphasis on male weight.

Intuitively, one would think that a person with low body esteem would be more adversely affected than someone with higher body esteem scores; thus the fact that women do not have a lower quality of life due to body image dissatisfaction than men appears inconsistent with the finding that women tend to have lower body esteem scores than men. A possible explanation for the finding that women do not have a lower quality of life due to body image dissatisfaction is that men and women may be adversely affected by body image perceptions in different ways. However, there was a trend toward statistical significance, so further research needs to be done to determine whether a larger sample size would have detected a significant difference.

The finding that women experience negative body image perceptions in more situations than men is consistent with the reports that women tend to have lower body esteem scores than men. More situations may make women feel negatively about themselves and so they are, on average, more dissatisfied with their bodies than men. The particular situations in which men and women both experience negative body image perceptions deserves further investigation. In the present study, SIBID-S scores demonstrated that women experience significantly more negative body emotions across various situations than the men. However, there were no significant differences between men and women on the following three statements: “When I am with attractive persons of the other sex,” “when the topic of conversation pertains to physical appearance,” and “during certain recreational activities.” On these questions both men and women reported experiencing negative body image emotions between sometimes and moderately often. This may indicate that men and women experience somewhat negative levels of body image perceptions when in the presence of a member of the opposite sex. It is possible that both men and women care about how potential partners evaluate their appearance, or that they feel physical attractiveness is an important factor in heterosexual relationships. Furthermore, men and women are equally affected by negative body image perceptions during conversations about physical appearance. This may suggest that men and women are equally aware of and insecure about their appearance when it is a direct topic of conversation and they feel that others may be thinking about their appearance.

Finally, women did not report significantly higher levels of negative body image perceptions than men during recreational activities. This may indicate that participating in recreational activities provides a different way to view the body that protects against body image dissatisfaction. Viewing the body as an instrument rather than as an object may promote a healthier body image. Further research is needed to examine whether the situations addressed in the SIBID-S affect men and women differently. Results of such research could be useful in creating prevention and intervention programs, allowing professionals to target specific situations known to affect the population of interest.

The fact that women have higher overall scores than men on the body shame and surveillance subscales of the OBC may also explain why women have lower body esteem scores than men. However, the finding that men and women do not differ significantly on the control belief subscale suggests that control beliefs are not directly related to body image satisfaction. Indeed, the correlation matrix for this measure revealed that control beliefs were not significantly related to any other variable in this study. This suggests that, contrary to expectation, when people feel as if they have control over their appearance, it does not protect them from feeling negatively about their body. This appears to counter Taylor’s (2003) findings that control beliefs mitigate stressful situations. Perhaps body image dissatisfaction is not experienced in the same way as other stressful experiences.

Women scored higher on the internalization of sociocultural appearance standards than men, which may explain why women have lower body esteem scores than men. The fact that so many variables appear to play a role in body image dissatisfaction supports the belief that body image dissatisfaction is a multidimensional construct, as proposed earlier (Cash, Morrow, et al., 2004). More research needs to be done to determine if men are more likely to internalize societal appearance standards than they were in the past, and if women are
Body esteem scores were negatively correlated with self-esteem for both women and men, supporting the findings of Mendelson et al. (2001); however, the results from the present study indicate that weight was not significantly correlated with body esteem. This is in contrast with the results from other studies in which significant positive correlations were observed between being overweight and being dissatisfied with one’s body, particularly in women (Matz et al., 2002). Further corroborating research is needed to support the findings from this study suggesting that weight is no longer a significant predictor of body image dissatisfaction.

In the present study, body esteem scores on all three subscales: Weight, Appearance, and Attribution, had significant negative correlations with body image perceptions during sexual activity. Lower body esteem scores were associated with more negative body image perceptions during sexual activity. These results are in line with the findings of Cash et al. (2004). Surprisingly, body esteem scores had a stronger negative correlation with body exposure during sexual activity for men than women. Although these correlations were not significantly different, there was a trend toward significance for this relationship in regard to the body esteem Weight subscale. Future research could examine whether this difference would be significant with a larger sample size to determine whether negative body image perceptions during sexual activity are more strongly linked to weight dissatisfaction in men than they are in women.

One of the limitations of this study was that it had a narrow sample—undergraduate students. In addition, these students received course credit as an incentive to participate. Certain types of students may be more inclined to seek the bonus credit and this sample may, therefore, be less representative of the general population of undergraduate students. The fact that this was an online study may also threaten generalizability. It is possible for students to answer questions in an online survey quickly—or even randomly—without actually reading the questions. In the present study, however, a timer was used to ensure that respondents took a reasonable amount of time to complete each question. Another possible limitation was the length and the number of the measurement instruments. Completion of all the questionnaires took approximately 20-30 min and the number of questions may have contributed to fatigue or boredom, adversely affecting measurement validity.

Finally, the measure used to assess body image satisfaction (BESAA) assessed body esteem on three levels: Appearance, Weight satisfaction, and Attribution. Recent research has shown that measures that focus on weight instead of muscle are not valid scales for use with men. We included the BESAA because it did have two subscales that did not look specifically at weight. Interestingly, for participants in the current study, scores on the weight satisfaction subscale were significantly correlated with the other subscales of the body esteem scale, suggesting that weight is a valid measure of body esteem in men after all. Research suggests that an equal number of men want to gain weight as want to lose weight (Drewnowski & Yee, 1987). Therefore, it would have been helpful to consider the direction of the desired change in weight when comparing weight dissatisfaction in men and women (Furnham et al., 2002). It appears that future research should assess both weight satisfaction (and direction of any desired change) and muscle satisfaction when measuring body image dissatisfaction. These measures would provide a more accurate description of body image satisfaction levels for men in particular.

**Conclusion**

This study demonstrated that much remains to be learned about the differences and similarities in the body image perceptions of men and women. Body image dissatisfaction is more prevalent among women than men, but men may be becoming more negatively affected and women less so. Our findings support the assertion that men are more commonly becoming the targets of mass media images, resulting in more emphasis on the muscular ideal (Pope et al., 1999). To aid all those affected by body image dissatisfaction, however, future research should concentrate on the important gender differences, as well as similarities, revealed in the present study.

**References**


