

# Body Dissatisfaction Among Gay Men: The Roles of Sexual Objectification, Gay Community Involvement, and Psychological Sense of Community

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Despite conjecture that involvement in the gay community exposes gay men to more experiences of sexual objectification, to our knowledge, no research to date has directly examined this relationship. We propose that gay community involvement may be related to more sexual objectification experiences, which in turn may relate to greater body dissatisfaction among gay men. Moreover, the literature examining the direct relationship between body dissatisfaction of gay men and gay community involvement is inconsistent in terms of whether more community involvement is related to more body dissatisfaction. These inconsistencies may be because gay community involvement and psychological sense of community have been conflated. The present study examined the relationship between sexual objectification experiences, gay community involvement, psychological sense of community, and body dissatisfaction among a sample of 233 gay men. Results of a path analysis suggested that sexual objectification experiences fully mediated the relationship between gay community involvement and body dissatisfaction. Psychological sense of community was unrelated to body dissatisfaction.

*Keywords:* body dissatisfaction, gay community, objectification, psychological sense of community

Body dissatisfaction is conceptualized as discontentment regarding one's perceived appearance and body shape (Smolak, 2006). Although body dissatisfaction is considered a concern that predominantly affects women, men experience body image and disordered eating concerns as well (Goldfield, Blouin, & Woodside, 2006; Leit, Pope, & Gray, 2001). The ideal masculine body is mesomorphic, characterized by broad, muscular shoulders and a slender waistline (Barlett, Vowels, & Saucier, 2008; Hargreaves & Tiggemann, 2009; Pope et al., 2000). Exposure to these ideals is associated with greater body image concerns among gay men (Duggan & McCreary, 2004).

Appearance ideals are often communicated via sexual objectification experiences (i.e., acts that reduce an individual to their body and sexual functioning; Fredrickson & Roberts, 1997). Sexually objectifying experiences may include media images, as well as evaluative appearance-related comments, sexualized comments and gazes, inappropriate touching and fondling, and so forth. Rohlinger (2002) observed an increase in the objectified media images of the male body, and sexual objectification experiences are an important sociocultural correlate of gay men's body image

concerns (Watson & Dispenza, 2015; Wiseman & Moradi, 2010). Scholars have asserted that appearance pressures in the gay community may perpetuate images of the ideal male body (Herzog, Newman, & Warshaw, 1991; Kousari-Rad & McLaren, 2013; Siever, 1994).<sup>1</sup>

Given the centrality of physical appearance that tends to occur in the larger gay community (Siever, 1994), greater involvement with the gay community may expose men to more appearance pressures and sexual objectification experiences. Gay community involvement is represented by behavioral participation in LGBT spaces and activities (e.g., attending a pride event or involvement with a LGBT resource center; Frost & Meyer, 2012). However, researchers often conflate gay community involvement with community connection (i.e., a psychological sense of belonging to a community; Frost & Meyer, 2012; Levesque & Vichesky, 2006), which likely has produced conflicting findings in relation to gay men's body dissatisfaction (Beren, Hayden, Wilfley, & Grilo, 1996; Levesque & Vichesky, 2006; Tiggemann, Martins, & Kirkbride, 2007). This study seeks to explore the relationships among gay community involvement, sexual objectification experiences, and body dissatisfaction in a sample of gay men.

## Objectification Theory and Body Dissatisfaction Among Gay Men

Objectification theory was originally developed to explain how common psychological concerns (e.g., depression, disordered eating, and decreased psychosexual functioning) experienced among

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<sup>1</sup> It is important to note that some groups within the gay community (e.g., "bears") reject traditional and rigid mesomorphic body types (Moskowitz, Turrubiates, Lozano, & Hajek, 2013).

women are rooted in a sociocultural context that sexually objectifies and reduces them to their physical appearance and sexual functioning (for a thorough review see Fredrickson & Roberts, 1997; Moradi & Huang, 2008); however, this theory has also been applied to gay men's experiences of body dissatisfaction using data from Western nations (predominantly the United States and Australia; Engeln-Maddox, Miller, & Doyle, 2011; Levesque & Vichesky, 2006; Martins, Tiggemann, & Kirkbride, 2007; Wiseman & Moradi, 2010). In examining the relationship between sexual objectification and body image concerns, Martins et al. (2007) experimentally manipulated state self-objectification by having gay and heterosexual men wear either a speedo swimsuit (i.e., objectification) or a sweater (i.e., nonobjectification). The investigators found that gay men in the objectifying condition experienced a greater amount of body dissatisfaction, body shame, and eating restraint than gay men in the nonobjectifying condition.

Wiseman and Moradi (2010) integrated childhood harassment for gender nonconformity and internalized heterosexism into objectification theory with a sample of sexual minority men. The authors hypothesized that childhood harassment for gender nonconformity would operate in a similar manner as sexual objectification experiences; that is, sexual minority men who experienced greater levels of harassment for gender nonconformity in childhood may be motivated to adopt a masculine appearance in an effort to avoid stigmatization, thereby fostering more body image concerns. In fact, after controlling for body mass index (BMI), sexual objectification experiences and childhood harassment for gender nonconformity predicted higher internalized sociocultural standards of appearance, which was related to more body surveillance and body shame (a construct similar to body dissatisfaction), which were then related to more symptoms of disordered eating. This comprehensive model highlighted the importance of examining sexual minority men's unique social experiences, especially as they relate to sexual objectification and body image concerns.

### Gay Community Involvement, Sexual Objectification, and Body Dissatisfaction

Siever (1994) noted that gay men are more likely than heterosexual men to experience body dissatisfaction because other men act as their sexual audience and are also vulnerable to sexually objectifying experiences. Engeln-Maddox and colleagues (2011) examined tenets of objectification theory among gay, lesbian, and heterosexual men and women. Results suggested that gay men experienced more sexual objectification experiences than heterosexual men—rates that were similar to those of lesbians and heterosexual women. Furthermore, Kozak, Frankenhauser, and Roberts (2009) found that gay men were more likely to objectify themselves and other men more than heterosexual men. These findings suggest that sexual objectification may be prevalent in the gay community, and therefore involvement and participation in the gay community may expose gay men to more experiences of sexual objectification because of the greater opportunity for these experiences to occur. In return, exposure to these experiences may relate to their body image concerns.

It is also plausible that involvement in the gay community is directly related to body dissatisfaction for gay men. For example, research has found that gay community involvement is associated with higher levels of drive for muscularity (Hunt, Gonsalkorale, &

Nosek, 2012; Levesque & Vichesky, 2006), disordered eating symptoms (Davids & Green, 2011; Feldman & Meyer, 2007), and body dissatisfaction (Beren et al., 1996; Davids & Green, 2011; Doyle & Engeln, 2014) among gay men; however, other studies have found a nonsignificant relationship between gay community involvement and body dissatisfaction (Levesque & Vichesky, 2006; Tiggemann et al., 2007). The inconsistent findings in the relationship between gay community involvement and body dissatisfaction may be attributable to variations in the ways in which gay community involvement has been measured, as well as mediating variables such as sexual objectification experiences (Beren et al., 1996; Doyle & Engeln, 2014; Levesque & Vichesky, 2006; Tiggemann et al., 2007).

Notably, Levesque and Vichesky (2006) conceptualized community involvement as perceived acceptance by the community and frequency of attending gay-related events; yet, they used a total score in their analyses that produced a poor reliability coefficient ( $\alpha = .61$ ), perhaps attenuating the relationship. Indeed, scholars have noted the importance of distinguishing between community involvement and community connectedness—a construct similar to perceived acceptance (Ashmore, Deaux, & McLaughlin-Volpe, 2004; Frost & Meyer, 2012; Lin & Israel, 2012). Community involvement includes behavioral participation in a community (e.g., going to LGBT-related events, spending time in gay bars, volunteering for LGBT organizations), whereas community connectedness includes one's cognitive and affective sense of belonging with others in that community (Frost & Meyer, 2012). These results suggest that (a) there is a need to further explore the relationship between gay community involvement and body dissatisfaction among gay men; and (b) it may be important to distinguish between gay community involvement and one's cognitive and affective connection to the gay community (i.e., psychological sense of community) in relation to gay men's body dissatisfaction.

### Psychological Sense of Community and Body Dissatisfaction

Sarason (1974) discussed the importance of interdependence among individuals within a system, known as *psychological sense of community* (PSOC). PSOC may be conceptualized as a sense of belonging to and being able to rely on a particular community for support (Proescholdbell, Roosa, & Nemeroff, 2006). More specifically, PSOC may be defined as “a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together” (McMillan & Chavis, 1986, p. 9). Psychological sense of community may be especially important for gay men, as they often experience unique and additive stressors as a result of possessing a stigmatized social identity (Meyer, 1995, 2003).

Research has found that psychological sense of community may protect against adverse mental health outcomes (Feldman & Meyer, 2007; Kertzner, Meyer, Frost, & Stirratt, 2009; Ramirez-Valles, Fergus, Reisen, Poppen, & Zea, 2005; Shilo, Antebi, & Mor, 2015), including unsafe sexual practices (Herek & Glunt, 1995; Ramirez-Valles, Kuhns, Campbell, & Diaz, 2010; Ramirez-Valles & Brown, 2003), internalized heterosexism (Frost & Meyer, 2012), and disordered eating behaviors (Feldman & Meyer, 2007).

In addition, a sense of connection to the LGBT community may offer greater opportunities for activism and social support (LeBeau & Jellison, 2009), while fostering well-being (Obst & Stafurik, 2010). Therefore, it is plausible that psychological sense of community may also relate to lower levels of body dissatisfaction.

To our knowledge, however, only one study has examined the relationship between psychological sense of community and body dissatisfaction among gay men. Kousari-Rad and McLaren (2013) examined the relationships among psychological sense of belonging (a construct very similar to psychological sense of community), body dissatisfaction, and self-esteem among 90 Australian, gay men. Results suggested that psychological sense of belonging was related to *higher* rates of body dissatisfaction, which was related to poorer self-esteem. Given the dearth of research on this subject, as well the conflicting nature of the findings, it is unclear whether psychological sense of community may protect against or foster more body dissatisfaction. Hence, this relationship merits further exploration.

### Present Study

Based on the aforementioned literature, we hypothesized that gay community involvement would predict higher levels of body dissatisfaction, but this relationship would be partially mediated by sexual objectification experiences. In other words, we expected that more gay community involvement would be related to more frequent experiences of sexual objectification, which would then relate to higher levels of body dissatisfaction. We also explored the direction and significance of the relationship between PSOC and body dissatisfaction; however, we did not predict a direction in the relationship between PSOC and body dissatisfaction because of the dearth of research examining this relationship and conflicting nature of prior findings. Previous literature has indicated that it is

important to control for BMI when examining body dissatisfaction with gay men (Davids & Green, 2011; Garner, 1997; Wiseman & Moradi, 2010); therefore, we controlled for BMI in the present model. See Figure 1 for a visual representation of the model.

## Method

### Participants

Participants in this study were 233 self-identified gay men. Participants ranged in age from 18 to 68 ( $M = 26.76$ ,  $SD = 10.38$ ). The largest group represented in the sample were White individuals ( $n = 169$ , 72.5%), and 8.2% ( $n = 19$ ) of the sample identified as Hispanic or Latino, 5.6% ( $n = 13$ ) as Multiracial, 4.3% ( $n = 10$ ) as Asian or Asian American, 3.9% ( $n = 9$ ) as African American, 1.7% ( $n = 4$ ) as Native American, and 3.9% ( $n = 9$ ) indicated belonging to an ethnic group that was not listed. In terms of relationship status, 63.9% ( $n = 149$ ) were single, 17.6% ( $n = 41$ ) were dating, 15.5% ( $n = 36$ ) were partnered, 2.1% ( $n = 5$ ) were married, 0.4% ( $n = 1$ ) were divorced. According to World Health Organization guidelines (2006), approximately 57.5% ( $n = 134$ ) of the sample was within a normal weight range, 22.7% ( $n = 53$ ) were overweight, 15.9% ( $n = 37$ ) were obese, 3.4% ( $n = 8$ ) were underweight, and 0.4% ( $n = 1$ ) did not indicate their height and weight to compute BMI.

### Procedure

Several methods were used to attain a convenience sample, including the following: e-mail distribution on listservs for student affairs, professionals, and psychologists; direct contact with more than 500 LGBT resource centers across the United States; and a snowball technique asking professional contacts to share the study

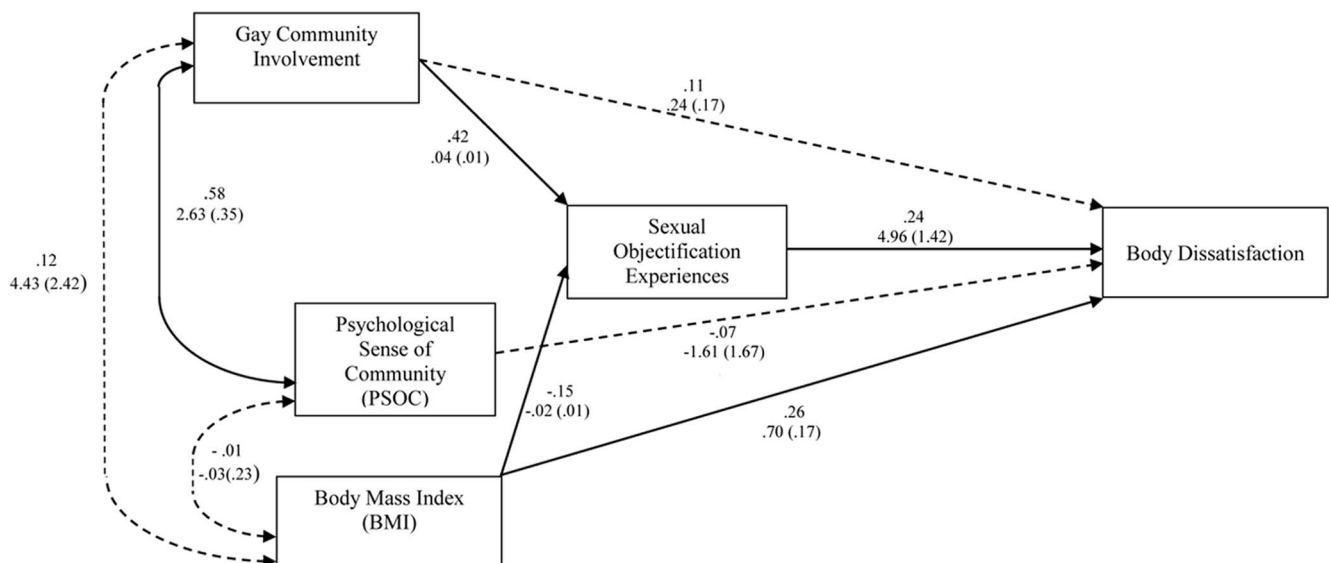


Figure 1. Path model of direct and indirect relations among all variables of interest, controlling for BMI. Top numbers reflect standardized coefficients, whereas bottom numbers represent unstandardized coefficients (standard errors are in parentheses). Dashed lines indicate nonsignificant paths, and all other paths are significant at  $p < .05$ .

request with others who were qualified to participate. As an incentive to forward the request to eligible participants, a \$100 donation prize was randomly awarded to an LGBT organization that forwarded our participation request; no requests were sent directly to potential participants without approval by the associated organization.

Approval was received by the Social Sciences Institutional Review Board of a Midwestern university to conduct data collection. Potential participants were informed that the study was investigating gay community involvement and well-being. Interested participants clicked a URL that presented an information script and the survey instruments. Participants were informed that they were able to stop at any time without penalty and consent was assumed if the participants continued to complete the survey. Forced item-response was used on all items on the survey. Participants were offered the opportunity to enter an email address (which was not linked to their responses) to have the chance of winning one of six \$25 gift certificates to the Internet retailer Amazon.com, whether or not they finished the survey.

## Measures

**Demographic questionnaire.** The demographic questionnaire assessed self-reported age, ethnicity, gender, relationship status, height and weight, and sexual orientation. Sexual orientation, age, and gender were used to confirm that participants met the inclusion criteria of the study. Height and weight were used to calculate BMI (World Health Organization, 2006).

**Body dissatisfaction.** The Body Shape Questionnaire-Shortened Version (BSQ-Shortened Version; Evans & Dolan, 1993) is a 16-item inventory that measures one's reported amount of body dissatisfaction. The scale was based on the original Body Shape Questionnaire (BSQ; Cooper, Taylor, Cooper, & Fairbum, 1987). Items are measured on a six-point scale ranging from 1 (*never*) to 6 (*always*), and assess the frequency of negative appraisals of one's body. Sample items include, "Have you worried about your flesh not being firm enough?" and "Have you felt ashamed of your body?" The composite score for the scale is the sum of all the item scores; higher scores represent more body dissatisfaction.

In the present study, two items were excluded (i.e., "Have you worried about your flesh being dimply?" and "Has worry about your shape made you feel you ought to exercise?") because of an administrative omission. Moreover, similar to previous researchers (Davids & Green, 2011; Russell & Keel, 2002), the BSQ-Shortened Version was modified for the present study; the word "women" was replaced with the word "men" in the inventory. Given these changes, we conducted a principle axis factor (PAF) analysis to support the scale's validity. The PAF supported a single factor structure with 46.91% of the variance explained and factor coefficients ranging from 0.57 to 0.79. Validity has been supported by significant and positive relationships with disordered eating symptoms (Garner, Olmsted, Bohr, & Garfinkel, 1982; Russell & Keel, 2002; Thelen, Farmer, Wonderlich, & Smith, 1991). Previous research studies utilizing the BSQ-Shortened Version have reported Cronbach's alpha as .92 (Davids & Green, 2011) and .96 (Russell & Keel, 2002) for gay men. Cronbach's alpha for the present study was .92.

**Sexual objectification experiences.** The Sexual Objectification Experiences scale (SOE; Wiseman & Moradi, 2010) is a 17-item inventory that assesses the frequency of objectification

experiences encountered by sexual minority men over the past year. Sample items include "Heard someone make evaluative or judging comments about my weight or body shape," and "Had my romantic partner (current or former) 'check out' other men in my presence, in a way that was offensive or hurtful to me." To score the inventory, items are averaged and higher scores indicate higher levels of sexual objectification experiences. Instrument validity was supported via positive relationships with the internalization of sociocultural standards of appearance, body surveillance, and body shame (Wiseman & Moradi, 2010). Reliability has been supported by consistent responses ( $\alpha = .91$ ; Wiseman & Moradi, 2010); Cronbach's alpha for the present study was .90.

**Gay community involvement.** We developed the Gay Community Participation Scale (GCPS) for this study. In doing so, we drew upon findings from prior studies to develop a list of different components of gay community involvement, such as engaging in common activities related to the gay community and utilizing common gay-affirming spaces (e.g., attending Pride events, using LGBT resource centers, and participating in LGBT advocacy in one's community; Drummond, 2005; Duggan & McCreary, 2004; Duncan, 2007; LeBeau & Jellison, 2009; Tiggemann et al., 2007). Next, we identified 13 possible scale items reflecting the aforementioned components. Four men who identified as gay examined the face validity of the items and provided feedback regarding perceived strengths, limitations, and possible additional items. Items were rated on a five-point scale ranging from 1 (*never*) to 5 (*always*); items were summed to achieve a total score, with higher scores indicating greater gay community involvement. Sample items included, "I spend time in gay friendly places," and "I attend pride events when they occur."

A PAF was conducted with an oblique rotation on the 13 items. The Kaiser-Meyer-Olkin measure verified the sampling adequacy for the analysis,  $KMO = .81$ , and was considered good (Field, 2009). Bartlett's test of sphericity,  $\chi^2(36) = 743.39$ ,  $p < .001$ , suggested that the correlations between items were sufficiently large for PAF. We utilized four criteria to determine the number of factors for the final solution: (a) eigenvalues greater than 1; (b) scree tests; (c) factors explaining at least 5% of the variance; and (d) interpretability of the factors (Tabachnick & Fidell, 2007). Factor coefficients needed to be at least 0.32, and the maximum acceptable cross-loading was 0.32 (Tabachnick & Fidell, 2007). Each factor needed at least four items, with at least four factor coefficients greater than 0.40 (Guadagnoli & Velicer, 1988; Velicer, Peacock, & Jackson, 1982). The original PAF produced a four-factor solution, explaining 46.06% of the variance. However, given the aforementioned criteria, it appeared that a one-factor solution with nine items was the most stable solution. This final solution, with a total of 9 items, explained 36.36% of the variance in gay community involvement, with factor coefficients ranging from 0.47 to 0.70. As additional evidence of validity, this measure was positively correlated with psychological sense of community,  $r = .57$ ,  $p < .001$ . Cronbach's alpha was .83 (compared with .81 for the 13 items).

**Psychological sense of community.** The Component Measures of Psychological Sense of Community scale (PSOC; Proscholdbell et al., 2006) is a 17-item inventory that measures PSOC and was originally validated with a group of gay men. A five-point scale is used in the study with a variety of anchor terms, such as "none" to "all," and "not at all well" to "extremely well." Proe-



scholdbell and colleagues (2006) observed a three-factor solution composing the PSOC construct (fulfillment of needs and belonging, shared emotional connection, and influence); however, a global score may also be calculated, which was the method used in this study. To compute the global score, the three component scores must be summed and divided by three. To score a single component, items from that component must be averaged. Sample items include, "How much do you care about how gay men think of your actions?" and, "In general, how thoughtful are gay men toward each other?" The multicomponent PSOC measure was significantly and positively correlated with theoretically relevant variables, including group success, shared experiences, and personal investment (Proescholdbell et al., 2006). The authors reported good internal reliability for the scale; Cronbach's alpha was .82 for influence, .85 for shared emotional connection, and .87 for fulfillment of needs/ belonging. For the present study, Cronbach's alpha was .90 for the global score.

## Results

### Preliminary Analyses

Data were initially screened to remove participants who did not meet inclusion criteria, which included identifying as male, gay (data were accepted from other sexual minority groups but not used in this study), over the age of 18. A total of 107 cases were removed from the original dataset for either not meeting the criteria or prematurely ending the study. No cases had missing data at the item-level as a result of forced item-response. Following this, univariate (i.e., 13.001 *SD* from the mean) and multivariate outliers (i.e., Mahalanobis distance values greater than 20.00) for all variables were observed and extreme cases were removed. Linearity of all predictors on the outcome variable was observed through the use of scatter plots. Normality of residuals, homoscedasticity, autocorrelation, and multicollinearity were within acceptable ranges, consistent with the recommendations by Field (2009). Histograms were examined to check for normality of the variables and the distributions of GCIS, BSQ, SOE and PSOC were within reasonable bounds for normality. Finally, no model estimation concerns were noted.

We were also interested in seeing whether BMI was related to the variables of interest. Results suggested that BMI was positively correlated with body dissatisfaction,  $r = .25$ ,  $p < .001$ , and therefore we controlled for the effects of this variable the path analysis. See Table 1 for information on means, *SD*s, ranges, and correlations. Results demonstrated that gay community involvement was positively correlated with psychological sense of community, sexual objectification experiences, and body dissatisfaction. Psychological sense of community was positively correlated with sexual objectification experiences, and sexual objectification experiences were positively correlated with body dissatisfaction.

### Path Analysis

To conduct the path analysis and estimate parameters, we utilized Amos v.22.0.0. Kline (2005) recommended utilizing four fit indices when determining model fit: a comparative fit index (CFI) greater than .95, root mean square error of approximation (RMSEA) less than .08, standardized root-mean-square residual (SRMR) less than .05,

Table 1  
Means, Standard Deviations, Correlations, and Cronbach's Alpha Coefficients ( $N = 233$ )

| Scale   | <i>M</i> | <i>SD</i> | Possible range | 1     | 2    | 3     | 4     |
|---------|----------|-----------|----------------|-------|------|-------|-------|
| 1. GCPS | 23.96    | 6.91      | 9–45           |       |      |       |       |
| 2. PSOC | 3.02     | .66       | 1–5            | .58** |      |       |       |
| 3. SOE  | 2.12     | .70       | 1–6            | .42** | .21* |       |       |
| 4. BSQ  | 35.88    | 14.80     | 14–84          | .18*  | .05  | .28** |       |
| 5. BMI  | 24.91    | 5.37      | —              | .12   | -.01 | -.10  | .25** |

Note. Coefficients below diagonal represent correlations. GCPS = Gay Community Participation Scale; PSOC = The Component Measures of Psychological Sense of Community Scale; SOE = Sexual Objectification Experiences Questionnaire; BSQ = Body Shape Questionnaire; BMI = body mass index.

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

and nonsignificant chi-square values. Results suggested that the proposed model, while controlling for BMI, demonstrated excellent fit:  $\chi^2(1) = 0.67$ ,  $p = .41$ ; CFI = 1.00; RMSEA = .00 (90% CI = .00 to .16); SRMR = .01. All paths were significant and in the expected directions, except for the path from gay community involvement to body dissatisfaction, and the path from psychological sense of community to body dissatisfaction; also, the correlations between BMI and psychological sense of community, and between BMI and gay community involvement, were nonsignificant. An examination of modification indices demonstrated that no additional paths would significantly improve model fit.

The model accounted for 19% of the variance in sexual objectification experiences and 14% of the variance in body dissatisfaction, a moderate effect size (Cohen, 1988). In interpreting effect sizes, we relied on Cohen's (1988) guidelines to interpret small (.10), medium (.30), and large (.50) effect sizes. Results suggested a large standardized effect for the relationship between psychological sense of community and gay community involvement ( $\beta = .58$ ), a moderately large effect for the relationship between gay community involvement and sexual objectification experiences ( $\beta = .42$ ), and a small to moderate relationship between sexual objectification experiences and body dissatisfaction ( $\beta = .24$ ). See Figure 1 for standardized and unstandardized path coefficients, as well as standard errors.

We also hypothesized that sexual objectification experiences would partially mediate the relationship between gay community involvement and body dissatisfaction. To more formally estimate this indirect effect, we conducted 1,000 bias-corrected and accelerated bootstrapped samples to produce a 95% confidence interval; if the confidence interval includes zero then the indirect effect is nonsignificant (Kline, 2005). Results suggested that sexual objectification experiences significantly and positively mediated the relationship between gay community involvement and body dissatisfaction:  $\beta = .10$ ,  $b = .22$ , 95% CI = .08 to .17,  $p = .002$ . Given the nonsignificant path between gay community involvement and body dissatisfaction, this indirect effect represents full mediation.

## Discussion

Results from this study revealed the nature of the relationships among gay community involvement, psychological sense of community, sexual objectification experiences, and body dissatisfaction in a sample of gay men. Specifically, results from this study

revealed that sexual objectification experiences fully mediated the relationship between gay community involvement and body dissatisfaction. Of note, the relationship between gay community involvement and body dissatisfaction was significant and positive at the bivariate level; however, the effect size was small,  $r = .18$ ,  $p < .05$ . This suggests that the relationship between gay community involvement and body dissatisfaction becomes nonsignificant when accounting for sexual objectification experiences (i.e., full mediation). These findings lend credence to the notion that involvement in the gay community affords greater opportunities for sexual objectification (Siever, 1994; Kousari-Rad & McLaren, 2013; Yelland & Tiggemann, 2003), which is related to higher levels of body image concerns among gay men (Martins et al., 2007; Watson & Dispenza, 2015; Wiseman & Moradi, 2010).

Despite these findings, we caution readers against pathologizing the gay community and assuming that involvement in and connection to it is rife with harm. This is especially important given the noted psychological benefits of feeling connected to the gay community (Feldman & Meyer, 2007; Frost & Meyer, 2012). Furthermore, it is important to not attribute responsibility only to gay men for acts of sexual objectification that occur in society, as many heterosexual men routinely objectify women as well (Siever, 1994; Yelland & Tiggemann, 2003). Rather, one must consider how oppressive social experiences may give rise to sexual objectification in sexual minority communities (Engeln-Maddox et al., 2011). For example, Watson and Dispenza (2014) noted that the expression of same-sex attraction was/is stigmatized in society. Thus, sexual objectification, although having harmful consequences, may be a way that sexual minority men feel empowered to reclaim their freedom of expression. For mental health providers working with gay men, it may be beneficial to help them locate these experiences within a heterosexist sociocultural context, to better distinguish between sexual liberation and sexual objectification (Gill, 2012; Watson & Dispenza, 2014).

In addition, although gay men have been found to have higher levels of body dissatisfaction than heterosexual men (Engeln-Maddox et al., 2011; Martins et al., 2007; Michaels, Parent, & Moradi, 2013; Morrison, Morrison, & Sager, 2004; Tiggemann et al., 2007), it is important not to assume that all gay men are excessively focused on their appearance. Kane (2010) argued that many studies revealing body image and eating disturbances among gay men are flawed by methodological concerns (e.g., combining gay and bisexual populations, recruiting from clinical samples), perhaps artificially inflating the high prevalence rates ascribed to gay men. Moreover, it is important to keep in mind that there is not a unilateral gay community that endorses a particular body type. For example, gay men who identify as “bears” reject the mesomorphic ideal in favor of a larger body type (Gough & Flanders, 2009; Moskowitz et al., 2013). Furthermore, gay men are not uncritical consumers of popular culture (Duggan & McCreary, 2004; Leit et al., 2001). In fact, qualitative studies reveal how gay men dismantle and resist popular stereotypes and imperatives regarding body image (Duncan, 2007, 2010).

It is also important to consider the various meanings that the body may have in the gay community (Drummond, 2005). For example, Halkitis, Green, and Wilton (2004) explained that possessing a muscular appearance became increasingly important for many gay men after the sudden rise of the HIV epidemic. Possessing a lean and muscular body type may be a way that gay men

avoid stigma, appear healthy, and express their masculinity in a heterosexist context (Duncan, 2007; Halkitis et al., 2004; Kimmel & Mahalik, 2005; Watson & Dispenza, 2014). Hence, although sexual objectification experiences mediated the relationship between gay community involvement and body dissatisfaction in our study, it is important to keep in mind how oppressive experiences may have shaped these results.

Although gay community involvement and psychological sense of community were positively and significantly correlated, psychological sense of community was not related to body dissatisfaction among gay men in this sample. This finding lends support to prior research, which has found that a sense of connection and belonging to the gay community may protect against harmful psychosocial outcomes (Feldman & Meyer, 2007; Frost & Meyer, 2012; Herek & Glunt, 1995; Kertzner et al., 2009; Ramirez-Valles et al., 2005). In fact, our nonsignificant findings contrast other research that has found that psychological sense of belonging (a construct similar to psychological sense of community) is related to higher levels of body dissatisfaction (Kousari-Rad & McLaren, 2013). Given the conflicting nature of these findings, there is a need to further understand the role of psychological sense of community in gay men’s body image and eating concerns; we encourage further research in this area.

Furthermore, in examining psychological sense of community in conjunction with gay community involvement, we were better able to differentiate between these two constructs as they relate to gay men’s body dissatisfaction. Indeed, scholars have cautioned against combining gay community involvement with the psychological sense of community (Ashmore et al., 2004; Frost & Meyer, 2012). Our findings suggest that involvement in the gay community is distinct from psychological sense of community, and that psychological sense of community was unrelated to body dissatisfaction.

### Strengths, Limitations, and Future Research

Findings revealed the important mediating role of sexual objectification experiences in the relationship between gay community involvement and body dissatisfaction. The lack of consistent findings between gay community involvement and body dissatisfaction may be attributable to important mediating or moderating variables, and sexual objectification is only one potential mediating variable. For example, understanding the ways in which coping mechanisms may mediate or moderate the aforementioned relationships may be especially important in helping gay men resist body image ideals that are difficult to achieve (Hatzenbuehler, 2009; Szymanski & Owens, 2008). Moreover, future research may wish to explore specific aspects of body dissatisfaction (e.g., body fat, height, muscle) that may be more salient for gay men (Blashill, 2010; Blashill & Vander Wal, 2009), as well as reasons why gay men may objectify one another. According to Kozak and colleagues (2009), “the way we view others is an extension of how we view ourselves” (p. 229). Thus, self-objectification (and perhaps the desire to have a particular appearance) may relate to the objectification of others. Also, it would be interesting to consider the relationship between the number of years in which someone has been “out” and their level of gay community participation, as a greater amount of time in which someone is exposed to socio-cultural messages of appearance may also be predictive of greater engagement in the objectification of self and others.

This study developed a new measure to assess gay community involvement. Prior studies neglected to include ways that gay men may participate in their communities, such as advocacy and attending pride-related events (Davids & Green, 2011; Doyle & Engeln, 2014; Tiggemann et al., 2007). Thus, this study utilized a more comprehensive measure of gay community involvement, and provided preliminary evidence of its psychometric properties.

Despite this study's strengths, there were also limitations. Participants in this study were primarily White. It is important to keep in mind the ways in which race, age, nationality, ability status, and other demographic variables may shape gay men's experiences. Specific to race, Han (2007) suggested that racial minorities experience exclusion in the gay community which has harmful effects and several studies demonstrate this. For example, Black, gay men may experience marginalization from both their ethnic and gay communities (Meyer & Ouellette, 2009). A study of Southeast Asian men in Australia also found that the participants experienced marginalization and invisibility from the gay community that is predominantly White and middle-class (Ridge, Hee, & Minichiello, 1999). Future research that purposively samples diverse populations is warranted to better understand how intersections in identity relate to body image disturbances. In a similar vein, this study considers gay community involvement without measuring the extent at which internalized homophobia affects one's connection to the gay community. In this way, future research examining the relationship between gay community involvement and body dissatisfaction of gay men could be enriched by examining minority stress.

Consistent with prior body image-focused studies of gay men, this study conceptualized the gay community as a broad social system. However, there are researchers who have also demonstrated the importance of understanding the unique experiences of certain groups within the gay community (e.g., "bears"; Moskowitz et al., 2013). Future studies that explore body dissatisfaction or satisfaction among certain groups within the gay community are needed.

As an additional consideration, data collection involved contacting participants through naturally occurring communities (e.g., LGBT online communities), which may have resulted in a ceiling effect for the present study (meaning that there were likely very few participants who were completely uninvolved with the gay community). Thus, future research is needed that actively seeks out members of the gay community who may feel less connected and integrated. However, it is also important to keep in mind that Internet recruitment may be especially useful to reach populations that tend to be less visible in society (Riggle, Rostosky, & Reedy, 2005). Finally, although we believe the GCPS was an improved scale to measure frequency of gay community participation, additional validation of the scale is needed to yield greater credence to its use.

### Clinical Implications

The findings suggest that clinicians should assess level of gay community involvement and experiences of objectification when working with gay male clients who present with body image disturbances. However, we encourage clinicians to take a balanced approach when working with gay clients; helping them to understand both the benefits of community involvement as well as the potential negative effects of sexual objectification may be helpful. Given the nonsignificant relationship between psychological sense

of community and body dissatisfaction, clinicians may wish to encourage their clients to develop a greater sense of belonging with and connection to the gay community (as opposed to merely participating in behavioral events). Activities such as attending pride-related events and engaging in advocacy pursuits may foster a sense of psychological connectedness and interdependence with members of the gay community (LeBeau & Jellison, 2009). However, it is also important for mental health providers to attend to factors that may make connection with the gay community difficult for some clients (e.g., internalized homophobia, feelings of marginalization) when working with gay clients.

Psychoeducation related to how heterosexism may have fostered sexual objectification and appearance ideals in the gay community may also be useful. Doing so can aid clients in challenging sociocultural messages that equate appearance with self-worth, by using interventions that challenge and restructure the interpretation of these messages. For clients with a high level of gay community participation, clinicians may want to explore the degree to which these clients receive and engage in sexual objectification. Clinicians should process the meaning behind objectifying others, as well as how the client internalizes these objectification experiences into his sense of self.

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## Appendix

### Items From Gay Community Participation Scale

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1. I hang out with gay/bi male friends.
  2. I go out to a gay bar or club.
  3. I spend time in gay friendly spaces.
  4. I spend time at activities focused on gay political advocacy or activism.
  5. I participate in organizations and groups meant specifically for the LGBT community.
  6. I spend time at an LGBT community or college resource center.
  7. I attend pride events when they occur.
  8. I read publications meant for gay/bi men (e.g., a magazine, book, or newspaper).
  9. I watch television and/or movies that are intended for gay men (not including pornography).
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