

Disordered Eating Behaviors Among Italian Men: Objectifying Media and Sexual Orientation Differences

ANTONIOS DAKANALIS

*Department of Humanistic Studies, Section of Psychology, University
of Pavia, Pavia; and Faculty of Psychology, University Vita-Salute
San Raffaele of Milan, Milan, Italy*

VALENTINA E. DI MATTEI and ELENA PAGANI BAGLIACCA
Faculty of Psychology, University Vita-Salute San Raffaele of Milan, Milan, Italy

ANTONIO PRUNAS

Faculty of Psychology, University of Milano Bicocca, Milan, Italy

LUCIO SARNO

Faculty of Psychology, University Vita-Salute San Raffaele of Milan, Milan, Italy

GIUSEPPE RIVA

*Faculty of Psychology, Catholic University of Milan; and Istituto Auxologico
Italiano, Milan, Italy*

M. ASSUNTA ZANETTI

*Department of Humanistic Studies, Section of Psychology,
University of Pavia, Pavia, Italy*

Objectification theory was tested as a suitable framework for explaining sexual orientation differences in disordered eating behaviors in college-aged Italian men. The theory's applicability to 125 homosexual and 130 heterosexual men was investigated using self-report questionnaires. Gay men scored significantly higher on exposure to sexually objectifying media, body surveillance, body shame, disordered eating behaviors, and depression than heterosexual men. Although path analyses support the theory's applicability to both groups, for gay men the path model

Address correspondence to Antonios Dakanalis, Department of Humanistic Studies, Section of Psychology, University of Pavia, P.za Botta 6, Pavia 27100, Italy. E-mail: antonios.dakanalis@unipv.it

demonstrated a better fit to the objectification theory for disordered eating and depression. Practical implications are discussed.

INTRODUCTION

In recent decades, the growing “sexual objectification” of the male body, defined as the experience of being treated as a body or a collection of body parts that exist for others’ pleasure (Fredrickson & Roberts, 1997), through—for example—the use of muscled male bodies and or bare chests in visual media (Ricciardelli, Clow, & White, 2010; Rohlinger, 2002)—has dramatically changed the way in which young men think about and look at their bodies (Aubrey, 2006; Dakanalis et al., 2012; Freeman, 2005).

A great deal of research has examined the role of media on the development of men’s body image concerns (see Bartlett, Vowels, & Saucier, 2008, for a meta-analysis). For instance, experimental studies have found that a brief exposure to images of unrealistic idealized male bodies produces body dissatisfaction and preoccupation with enhancing musculature (drive for muscularity), and increases depression (Agliata & Tantleff-Dunn, 2004). Further, in a 2-year panel study, Aubrey (2006) found that exposure to sexually objectifying media increased habitual body monitoring (body surveillance) in men. Although it is stereotypically believed that preoccupation with physical appearance is a “women’s issue,” negative body image is fairly common among young men (Andersen, Cohn, & Holbrook, 2000), and may place them at risk for disordered eating behaviors (Ricciardelli & McCabe, 2004).

The literature suggests that gay sexual orientation appears to be a unique risk factor for eating disorders in men (Freeman, 2005). Several studies found that gay men report a higher rate of internalization of media ideals, body dissatisfaction, drive for muscularity, eating pathology, and depression than their heterosexual counterparts (Carper, Negy, & Tantleff-Dunn, 2010; Feldman & Meyer, 2007; Russell & Keel, 2002). These findings have been attributed to the gay community’s greater emphasis on physical attractiveness to which gay men may feel pressured to conform (Yelland & Tiggemann, 2003). Furthermore, according to Siever (1994) gay men and heterosexual women are more prone to view their bodies as sexual objects in order to attract other men as sexual partners and therefore both are vulnerable to eating and body-related disorders. Interestingly, recent research has shown that gay men and heterosexual women objectified themselves to a greater extent than did heterosexual men (Kozak, Frankenhauser, & Roberts, 2009; Martins, Tiggemann, & Kirkbride, 2007).

The construct of self-objectification is a cornerstone of the objectification theory (Fredrickson & Roberts, 1997). According to this theory the exposure to media sexualized depictions of bodies leads viewers to self-objectify or to adopt a view of themselves as objects whose value is

based on physical appearance. Self-objectification is manifested as body surveillance (habitual body monitoring) and leads to body shame (the emotion that can result from measuring oneself against a cultural standard and perceiving oneself as failing to meet that standard), that is related to the etiology of eating disorders and depression.

Although originally formulated to “understand the processes involved in women’s emotional and behavioral responses to meet Western cultural ideals of physical appearance” (Hallsworth, Wade, & Tiggemann, 2005, p. 454), the theory received empirical support also in men of unknown sexual orientation (typically presumed heterosexual). For example, it has been found that body shame mediated the relationship between body surveillance and disordered eating (Calogero 2009; Dakanalis et al., 2012; Tiggemann & Kuring, 2004) and it was also related to drive for muscularity and depression (Hallsworth et al., 2005). However, only a few studies have examined the proposed model in gay males. Recently, Martins et al. (2007) experimentally manipulated self-objectification (i.e., wearing a swimsuit or sweater) and found that gay men in the heightened self-objectification condition reported greater body shame and consumed less food than did those in the control condition, while heterosexual men in the two conditions did not differ on these criterion variables. Thus, there is preliminary evidence that the objectification process may be salient for gay men.

Taken together, the findings are coherent with the objectification theory in that they link men’s body surveillance and shame with pursuit of muscularity, depression, and disordered eating, yet virtually no study to our knowledge has incorporated media effects into the objectification model despite the fact that the relationship is implied and particularly relevant for gay men (Carper et al., 2010; Rohlinger, 2002). Furthermore the increasing objectification of the male body in the visual media may reinforce cultural expectations of attractiveness in gay men (Freeman, 2005), becoming more hyperaware of how their body looks and therefore, compared to heterosexual men, they may be at greater risk for experiencing the negative consequences of objectification process (Martins et al., 2007). Hence, this study aims at filling this gap (through the incorporation of media effects) and to examine the objectification theory as a suitable framework for explaining sexual orientation differences in disordered eating behaviors and depression. Based on the empirical findings discussed earlier, it is predicted that gay men (similarly to heterosexual women) would report higher rates in all variables of interest compared to their heterosexual counterparts.

METHOD

Participants and Procedure

One hundred twenty five gay Italian and one hundred thirty heterosexual Italian men, aged 19–25 years, took part in the study. Participants were

recruited via advertisements posted at three large universities in Northern Italy asking for Italian heterosexual and homosexual volunteers for an online survey on sexual orientation, eating behaviors and mood. This method of data collection is appropriate for persons who are less “out” about their sexual orientation and it also has been demonstrated that the presentation format of self-report questionnaires (i.e., online versus paper-and-pencil) does not change the quality of results (Epstein, Klinkenberg, Wiley, & McKinley, 2001). After reading online an introductory information page about the study’s purpose and indicating their consent, participants provided demographic information at the end of the study and completed the self-report survey instruments described below, which were counterbalanced in order to reduce order effects. Only data from those participants who described themselves as exclusively/predominantly gay or heterosexual on a 5-point Kinsey-type scale (Kinsey, Pomeroy, & Martin, 1948) were included in the study. Independent samples *t*-tests revealed no significant differences in reported age ($M_{\text{gay}} = 20.89 \pm 1.01$; $M_{\text{heterosexual}} = 20.70 \pm 1.30$) and BMI ($M_{\text{gay}} = 23.91 \pm 4.40$; $M_{\text{heterosexual}} = 24.49 \pm 3.66$).

Measures

BODY SURVEILLANCE AND BODY SHAME

The Italian Version of the Objectified Body Consciousness Scale (OBCS; Dakanalis et al., 2012) is a 24-item measure of three constructs related to body experiences (8 items each, rated on a 7-point scale, ranging from *strongly disagree* to *strongly agree*). In the present study, the Body Surveillance and the Body Shame subscale of the OBCS were used to measure the frequency with which participants monitor their body, think of it in terms of how it looks, and finally the degree to which an individual feels like a failure for not achieving the cultural appearance standards.

DEPRESSION

The Italian Version of Beck Depression Inventory-II (Ghisi, Flebus, Montano, Sanavio, & Sica, 2006) is a 21-item (each of which presents four response statements scored 0 to 3) self-report measure of cognitive and affective aspects of depression.

EATING DISORDER SYMPTOMATOLOGY

Three behavioural subscales of the Italian Version of the Eating Disorder Inventory-2 (EDI-2; Garner, 1995) were combined to create a composite measure of disordered eating (23 items, rated on a 6-point scale). The Bulimia subscale assesses the tendency to engage in and/or think

about engaging in uncontrollable episodes of overeating. Two further EDI-2 subscales were adapted to reflect the male population being tested. For the Drive for Muscularity subscale, we used the procedure reported by Yelland and Tiggemann (2003): items in the Drive for Thinness subscale were matched with corresponding questions asking about increasing muscularity (e.g., “I think about building up my muscles”). Following Hallsworth et al. (2005), the items of Body Dissatisfaction subscale were changed to read “too small” rather than “too big,” and references to body parts were adapted to incorporate the upper body (e.g., “I think my chest is too small”).

SEXUALLY OBJECTIFYING MEDIA EXPOSURE

A procedure similar to the one described by Aubrey (2006) was used to create a measure that reflects both the frequency of viewing and intensity of sexual objectification in Italian TV programs and magazines. Participants reported their habitual exposure to 32 popular Italian TV shows and 32 magazines (Dakanalis et al., 2012) on a 3-point scale (0 = *never*, 1 = *sometimes*, 2 = *almost every time it comes out/it's on*, for magazines and TV programs, respectively). A separate sample of 5 independent male raters ($M_{\text{age}} = 20.7 \pm 1.15$), instructed on how to conceptualize and operationalize sexual objectification, rated each program and magazine on a 3-point scale according to how sexually objectifying they perceived them to be. If the raters were unfamiliar with a particular magazine or program, they were provided with a sample copy of it or a recording as appropriate. After eliminating the programs and magazines with low mean ratings (e.g., *The Mentalist* = 0), 16 programs and 16 magazines (e.g., *Men's Health* = 2) were included in the final measure. Then, the mean ratings supplied by the raters were multiplied by participants' frequency-of-viewing scores for each magazine or TV program, and summed across all programs and magazines. Inter-rater reliability (intraclass correlation coefficient) was .90 and 3-week test-retest reliability was .88.

RESULTS

Measure means, standard deviations, and alpha levels for heterosexual and homosexual men, as well as indications of significant differences and corresponding effect sizes are presented in Table 1. *t*-tests reveal, as expected, that gay men compared to heterosexual counterparts, had significantly higher levels in sexually objectifying media exposure, body surveillance, body shame, depression, and disordered eating. It should be noted that the mean of body shame for gay men ($M = 32.7$) was similar to the mean reported in a sample of Italian heterosexual women ($M = 32.8$; Dakanalis et al., 2012), and the mean of body surveillance ($M = 36.4$) was similar to that previously

TABLE 1 Sample Means, Standard Deviations, Alphas and Group Differences

Variable	Homosexual men (<i>n</i> = 125)		Heterosexual men (<i>n</i> = 130)		<i>t</i>	Effect size (<i>d</i>)
	<i>M</i> (<i>DS</i>)	α	<i>M</i> (<i>DS</i>)	α		
SOME**	25.79 (10.33)		16.75 (9.52)		7.25	.91
BSV**	36.41 (11.23)	.90	30.41 (10.80)	.87	4.34	.54
BSH**	32.74 (14.54)	.91	26.26 (13.83)	.88	3.64	.46
DE**	25.29 (21.48)	.92	16.20 (14.11)	.91	3.97	.50
D**	16.08 (14.01)	.85	9.59 (7.01)	.81	3.65	.58

Note. SOME = Sexually Objectifying Media Exposure; BSV = Body Surveillance; BSH = Body Shame; DE = Disordered Eating; D = Depression.

***p* < .001.

reported in samples of Australian gay men ($M = 36.0$; Martins et al., 2007), and Italian women ($M = 35.6$; Dakanalis et al., 2012).

The correlations among all variables of interest for gay and heterosexual men are displayed in Table 2. For gay men, exposure to sexually objectifying media correlated positively with body surveillance and body shame; and body shame was positively correlated with body surveillance and with both disordered eating and depression. It can be seen that for heterosexual men the same pattern holds, however, there was no relationship between body surveillance and disordered eating in this group. This pattern of correlations replicates the findings by Noll and Fredrickson (1998) in a sample of college women and suggests slightly different relations among the objectification processes and disordered eating for gay men compared to heterosexual men.

To investigate the objectification model (media effects included) as it applies to men's disordered eating and depression, path analyses were conducted separately for gay and heterosexual men. A weak causal ordering of variables was formed consistent with objectification theory, such that exposure to sexually objectifying media was theorized to lead to body surveillance, which was theorized to lead to body shame, which in turn

TABLE 2 Correlations Among All Variables of Interest for Homosexual and Heterosexual Men

	SOME	BSV	BSH	DE	D
SOME	–	.440**	.190*	.120	.100
BSV	.578**	–	.488**	.180	.108
BSH	.217*	.595**	–	.604**	.533**
DE	.134	.700**	.670**	–	.200*
D	.111	.175	.369**	.301*	–

Note. Correlations for homosexual men (*n* = 125) are below the diagonal; correlations for heterosexual men (*n* = 130) above the diagonal. SOME = Sexually Objectifying Media Exposure; BSV = Body Surveillance; BSH = Body Shame; DE = Disordered Eating; D = Depression.

***p* < .001. **p* < .05.

would lead to disordered eating and depression. Following the procedure of Hallsworth et al. (2005), based on recommendations by Pedhazur (1997), path coefficients are estimated from regression equations using a least-squares approach; for each equation, a variable is regressed on all variables that are assumed to be causally prior. A full model was estimated with all possible direct and indirect pathways to test the proposed mediating effects.

Path coefficients (standardized partial regression coefficients) for all pathways in the causal model are presented separately for gay and heterosexual men in Table 3. For gay men, exposure to Italian sexually objectifying magazines and TV programs does lead to body surveillance, which in turn leads to body shame, which in turn predicts both disordered eating behaviors and depression. It should be noted that for gay men there is no significant direct pathway from body surveillance to depression, indicating complete mediation. In contrast, body surveillance had a positive direct effect on body shame and a positive direct effect on disordered eating. Thus, the link between body surveillance and disordered eating was partially mediated by body shame. The full model explained 56% of the variance in disordered eating, $R^2 = .560$, $F(3, 121) = 47.17$, $p < .001$ and 38% of the variance in depression, $R^2 = .382$, $F(3, 121) = 23.83$, $p < .001$.

For heterosexual men, similarly to the model for gay men, sexually objectifying media exposure leads to body surveillance, which in turn leads to body shame, which in turn predicts both disordered eating and depression. Thus, for heterosexual men, the link between body surveillance and disordered eating, as well as the link between body surveillance and depression was fully mediated by body shame. The full model described 41% of the variance in disordered eating, $R^2 = .410$, $F(3, 126) = 26.25$, $p < .001$ and

TABLE 3 Beta Values (Standardized Partial Regression Coefficients) for Pathways in Casual Model

Pathway	Homosexual men ($n = 125$)	Heterosexual men ($n = 130$)
SOME-BSV	.58**	.44**
SOME-BSH	.06	.01
SOME-DE	-.02	-.05
SOME-D	-.03	-.04
BSV-BSH	.53**	.47**
BSV-DE	.50**	.03
BSV-D	.02	.02
BSH-DE	.44**	.54**
BSH-D	.32**	.49**

Note. SOME = Sexually Objectifying Media Exposure; BSV = Body Surveillance; BSH = Body Shame; DE = Disordered Eating; D = Depression.

** $p < .001$.

the 30% of the variance in depression, $R^2 = .303$, $F(3, 126) = 13.99$, $p < .001$. It should be noted that for gay men, the path model demonstrated a better fit to the objectification theory than to heterosexual men.

DISCUSSION

The aim of the present study was to examine objectification theory as a suitable framework for exploring potential underlying mechanisms that lead gay men to have high levels of disordered eating behaviors. The present research extends previous work by incorporating media effects to objectification model and by examining the applicability of the proposed model in Italian men, who report high levels of body concerns and disordered eating in response to sociocultural pressure (e.g., Dakanalis et al., 2012). Further, in contrast to all previous research, both disordered eating and depression were examined as outcome variables for both heterosexual and homosexual men.

Consistent with previous research and our own hypothesis (Feldman & Meyer, 2007; Russell & Keel, 2002; Siever, 1994; Yelland & Tiggemann, 2003), gay men scored significantly higher on disordered eating behaviours and depression. One explanation of these findings is that the gay male subculture contains a high level of sexual objectification with its extreme emphasis on physical appearance (Martins et al., 2007; Yelland & Tiggemann, 2003). As expected and in accordance with previous studies, gay men scored significantly higher on body surveillance than heterosexual men (Martins et al., 2007). Furthermore, the similar rates on body surveillance between Italian gay men and Italian heterosexual women (Dakanalis et al., 2012), support the notion that gay men, like heterosexual women, are more prone to view their bodies as objects and to evaluate themselves in terms of physical appearance (Siever, 1994); they are under pressure to achieve a desirable body (Yelland & Tiggemann, 2003) in order to attract other men as sexual partners (Siever, 1994).

This in combination with the increasing objectification of male's body in the visual media (Aubrey, 2006; Rohlinger, 2002), may reinforce cultural expectations of physical attractiveness to which gay men may feel pressured to conform (Carper et al., 2010; Freeman, 2005), becoming hyper-aware of how their bodies look (Martins et al., 2007) and therefore gay men, compared to heterosexual men, may be at higher risk for experiencing the negative consequences of the objectification process (Martins et al., 2007; Siever, 1994; Yelland & Tiggemann, 2003). Our results support this notion: specifically, it was found that gay men demonstrated higher levels of exposure to media idealized and sexualized depictions of male bodies, and of body shame than did heterosexual men. Additionally, the exposure to objectifying media leads to body surveillance, which in turn increases body

shame, which in turn predicts both disordered eating behaviors and depression. Consistent with previous findings in American samples of heterosexual women (Noll & Fredrickson, 1998), the link between body surveillance and disordered eating was partially mediated by body shame, but this is the first study that considers the media influences and the applicability of objectification theory to both disordered eating and depression in gay men. Furthermore, consistent with previous research in a sample of Australian heterosexual women (Tiggemann & Kuring, 2004), body shame fully mediated the relationship between body surveillance and depression. Thus, body shame is an underlying causal component of disordered eating and depression (Tiggemann & Kuring, 2004), among gay men, probably because it highlights their failure to attain the unrealistic ideal (muscular) body despite their best efforts to do so (Agliata & Tantleff-Dunn, 2004; Fredrickson & Roberts, 1997).

Although Italian heterosexual men scored significantly lower in all the variables examined compared to Italian gay men, they still demonstrated the proposed causal pathways. That is, high levels of exposure to objectifying media led to body surveillance, which in turn led to increased body shame, which resulted in more disordered eating and depression, in line with previous work (Aubrey, 2006; Calogero, 2009; Hallsworth et al., 2005; Tiggemann & Kuring, 2004). However, there are obvious differences between the path models that should be noted. First, for gay men, the path model demonstrated a better fit to the objectification theory for both disordered eating and depression. Second, consistent with previous research in a sample of Australian heterosexual men (Tiggemann & Kuring, 2004), body surveillance exerted its effects on disordered eating indirectly via body shame, with no significant direct pathway observed. According to Noll and Fredrickson (1998) the direct path observed in this study suggests that in gay men, like in heterosexual women, the anticipated body shame motivates subjects who self-objectify to engage in disordered eating in an effort to avoid the dreaded experience of body shame.

Despite the contribution of the present study, there are limitations that should be acknowledged. First, the correlational nature of the study cannot determine causality. Although the present findings were consistent with objectification theory that exposure to sexually objectifying media foster body surveillance, which in turn leads to body shame and then to depressive and eating disorder symptomatology, it is possible that the reverse is true; that those individuals with eating and body-related disorders select more sexually objectifying media (Thomsen, McCoy, & Williams, 2001). Thus, experimental and prospective studies are needed to provide stronger empirical test of the causal order. Second, the sample consisted of college-aged, Italian, heterosexual and homosexual men, which limits the generalizability of the results.

In terms of practical implications, the results confirm the Western society's focus on physical appearance and that the exposure to media sexualized depictions of male bodies has negative behavioral, emotional, and mental health consequences for men and in particular for gay men. Media literacy represents a promising prevention approach designed to adopt a critical evaluation of media ideals and to reduce risk factors for disordered eating through using learning activities that build skills to resist media persuasion (e.g., Wilksch, Tiggemann, & Wade, 2006). Similarly, the use of cognitive-behavioral and other integrated treatments (e.g., virtual reality) which aim at decreasing the central importance of appearance (Riva, 2011), are essential in order to reduce negative body image which, according to our results, contributes to both depression and disordered eating behaviors.

In conclusion this study has shown that gay men are at great risk for depression and eating and body-related disorders compared to their heterosexual counterparts. In addition, objectification theory provides a useful framework for examining and rationalizing sexual orientation differences in depression and disordered eating behaviors.

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