Average Joes: Men’s Relationships With Media, Real Bodies, 
and Sexuality

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Although numerous studies have examined women’s body attitudes in relation to media 
and sexuality, fewer studies have explored these relations among men. Accordingly, the 
authors investigated the contributions of media to men’s body attitudes and examined 
how such attitudes relate to sexual decision making. One hundred eighty-four male 
undergraduates reported media use, body attitudes, and sexual behaviors. Regular 
media use was related to greater acceptance of the shape and performance of one’s body 
but decreased comfort with aspects of one’s real body, such as hair and sweat. Comfort 
with these aspects of one’s real body predicted greater sexual assertiveness and 
risk-reduction behaviors. Furthermore, comfort with similar aspects of female partners’ 
real bodies was related to greater intimacy in sexual relationships.

Keywords: body image, media, sexuality

People live their lives in bodies, and comfort 
with one’s body can play a central role in one’s experience and well-being. Currently, many in 
this country struggle with clinical eating disorders, more experience nonclinical body dissatisfaction, and countless others struggle with obesity. Although women and girls constitute a majority of those with eating disorders, body image concerns and disordered eating are prevalent among men and boys as well (Cohane & Pope, 2001; Sondhaus, Kurtz, & Strube, 2001). Indeed, whereas some studies find higher levels of body dissatisfaction among women than among men (Cooper & Fairburn, 1983; Franzoi & Herzog, 1987; Franzoi, Kessenich, & Sugrue, 1989; Furnham & Calnan, 1998), others find comparable levels among both sexes (Berscheid, Walster, & Bohnstedt, 1973; Drewnowski & Yee, 1987; Silberstein, Striegel-Moore, Timko, & Rodin, 1988).

The body image concerns of men have often been obscured by the field’s focus on thinness, which, although appropriate for the study of women, may inadequately capture men’s body image preferences. Whereas young women struggle with pressures to be exceedingly thin, young men are exposed to increasing pressure to be muscular (Cohane & Pope, 2001; Grogan, 1999). Indeed, with an ideal body type that has broad shoulders and large biceps, young men are as likely to desire weight gain as weight loss (Drewnowski & Yee, 1987; Silberstein et al., 1988). To this end, rates of anabolic steroid use among adolescent boys are comparable to the rates of anorexia and bulimia reported among adolescent girls (Bahrke, Yesalis, & Brower, 1998; Botta, 1999, 2003; Johnston, O’Malley, & Bachman, 1998). These findings underscore the importance of studying the body experiences of both women and men and also highlight the central role of gender in the development of body attitudes.

Media and the Male Body Ideal

In recent decades cultural pressures regarding men’s bodies have increased dramatically. Displays of male bodies in objectifying manners previously reserved for female bodies are being seen in visual media, with the presentation of bodies that are headless, unclothed, or in sexually suggestive positions (Kolbe & Albanese, 1996; Mishkind, Rodin, Silberstein, & Striegel-Moore, 1986; OASIS [Organized Against Sexism and Institutionalized Stereotypes], 1988;
Pope, Olivardia, Borowiecki, Cohane, 2001). Furthermore, images of male bodies have become increasingly muscular and V-shaped, emphasizing broad shoulders, developed arm and chest muscles, and slim waists. This particular muscular, mesomorphic body type has been over-represented in TV commercials (Lin, 1998) and magazine advertisements (Kolbe & Albanese, 1996). The trend toward increasing muscularity is exemplified by action figures and Playgirl centerfolds, who over the past several decades have become progressively more muscular (Leit, Pope, & Gray, 2001; Pope, Olivardia, Gruber, & Borowiecki, 1999). The muscularity of these action figures is currently so extreme as to be unattainable even to world class bodybuilders (Pope et al., 1999). Cultivation theory (Gerbner, Gross, Morgan, & Signorielli, 1994) posits that consistent media representations construct an alternate portrait of reality; through repeated exposure to this content, viewers, over time, come to adopt this “alternate reality” as valid. Accordingly, the surge in media portrayals of the muscular male ideal may lead men to believe that it is possible, even necessary, to achieve a V-shaped, muscular body oneself.

Researchers have only recently begun to investigate the impact muscular media ideals may have on men’s own body attitudes. Indeed, previous researchers who imposed models of women’s body image concerns failed to ask men questions about muscularity. The prior focus on thinness has made it difficult to accurately estimate the prevalence of men’s body image concerns over the past several decades. However, some have argued that the increased media focus on men’s bodies has led to increases in men’s body image disturbances (e.g., Grogan & Richards, 2002). Many speculate that frequent exposure to media portrayals of toned and muscular male bodies may contribute to men’s dissatisfaction with their own bodies (Mishkind, et al., 1986). Such connections have been demonstrated frequently among women and girls, such that frequent exposure to TV and magazines in general (Botta, 2003; Harrison, 2000, 2001; Harrison & Cantor, 1997) and to specific genres and subtypes, such as music videos and soap operas (Borzekowski, Robinson, & Killen, 2000; Tiggemann & Pickering, 1996), is associated with greater body dissatisfaction and disordered eating. Although less research has been done on media effects on the body attitudes of men and boys, existing findings, while mixed, offer support for this connection. For example, frequent readers of fitness magazines report greater body image dissatisfaction (Morry & Staska, 2001) and a drive for muscularity (Botta, 2003; Duggan & McCreary, 2004; Hatoum & Belle, 2004; Morrison, Morrison, & Hopkins, 2003). Moreover, experimental exposure to TV images of the male body ideal has led to muscle dissatisfaction (Agliata & Tantleff-Dunn, 2004) and larger self-ideal discrepancies (Lavine, Sweeney, & Wagner, 1999). Thus, despite some indications that men’s self images are more resistant to media representations of the ideal (Murnen, Smolak, Mills, & Good, 2003), other evidence suggests that men’s body satisfaction attitudes are affected by the images shown on TV and in magazines (e.g., Thornton & Moore, 1993).

Weight and shape have generally been considered to be the primary characteristics of the body that might arouse discomfort. However, multiple factors, including body sweat, body hair, and odors contribute to the overall experience of being embodied. Although cultural messages about thinness and muscularity are overt and prominent, messages about these other aspects of the body may be conveyed more subtly, notable primarily because of their absence from representations of the body ideal. For example, bare-chested men in magazine advertisements are typically depicted without any chest hair (Kolbe & Albanese, 1996). Via deodorant, cologne, and aftershave commercials men are shown as going to great lengths to mask their natural body smells. Although these aspects of the body are seldom depicted overtly and rarely discussed, it is likely that men have opinions about these characteristics of their bodies. We refer to these aspects of the body that defy the sanitized ideal, such as sweat and body hair, as real bodies. We argue specifically that men’s attitudes about these aspects of real bodies are probably influenced by exposure to media portrayals of a sanitized body ideal and, furthermore, are likely to influence decisions made about the presentation, maintenance, and use of the body.

The Sexual Body

Body attitudes are likely to be especially salient in sexual situations. Many sex acts require
closer body contact with others than typically occurs in other contexts; bodies, normally clothed and covered, are revealed, and may thus be seen, felt, smelled, and tasted. These embodied experiences are likely to evoke one’s own body attitudes, be they positive or negative. Once evoked, these body attitudes are likely to alter the experience of sexual activity and potentially influence one’s sexual decision making. If one’s attitudes are negative, sexual situations are likely to arouse a fear of negative evaluation. Fearing negative evaluation of the body may cause one to withdraw physically or emotionally from sexual situations, and this withdrawal may make it harder to assert one’s desires and enact safer sex behaviors (Schooler, Ward, Merriwether, & Caruthers, 2005).

Previous research findings support the role of body attitudes in predicting sexual well-being among women. Women with high body dissatisfaction have been found to engage in less sexual activity and are especially apprehensive about sexual situations in which their bodies can be seen (Ackard, Kearney-Cooke, & Peterson, 2000; Faith & Schare, 1993; Schooler et al., 2005; Trapnell, Meston, & Gorzalka, 1997; Wiederman, 2000, but see Wiederman & Hurst, 1998, for null results). In addition, women who report greater body shame also report higher levels of sexual risk (Schooler et al., 2005). Moreover, satisfaction with aspects of the real body, such as sweat and body hair, appears to be a stronger predictor of sexual decision making than wholly weight-based measures of body satisfaction (Merriwether & Ward, 2002; Schooler et al., 2005). Thus, research findings indicate that among women one’s level of comfort with natural body features and functions may play an important role in sexual decision making.

Might this also be the case for men? We argue that men’s body attitudes are likely to contribute to their sexual decision making, although possibly in different ways than is the case for women (Wiederman, 2001). Indeed, it is possible that, like women, men who are shameful about their bodies may be apprehensive about allowing their bodies to be seen during sexual activity. However, because masculine sexual scripts prescribe that men be sex driven (e.g., Holland, Ramazanoglu, Scott, Sharpe, & Thompson, 1990), this shame may not prevent them from engaging in sexual activity. Instead of withdrawing physically from sexual activity, men may remain engaged in activity but withdraw emotionally so that they may be distanced from any potential negative evaluations. Men who try to escape the discomfort of body shame by withdrawing emotionally may shift their focus away from their own best interest and that of their partner. For example, men who are withdrawn may be less likely to communicate with their partners or engage in safer sex practices. Indeed, avoidance coping, a specific consequence of shame (Burgraff, 1995), has been linked to adolescent risk-taking, including risky sexual behavior (Cooper, Wood, Orcutt, & Albino, 2003). By promoting emotional withdrawal and risky sexual behavior, men’s body shame may pose a specific threat to their own sexual health and to the sexual health of their partners.

Not only are men’s attitudes about their own bodies relevant in shaping sexual decision making, but men’s attitudes about women’s bodies may also play a role. As men are learning about the male body ideal, they are also receiving information about the female body ideal. Much of this information comes from the media. Media use has been related to endorsement of the thin ideal for women among both men and adolescent boys (Hargreaves & Tiggemann, 2003; Harrison & Cantor, 1997). Additionally, men have been found to rate average woman and their own romantic partners as less attractive after viewing thin-ideal images of women (Kenrick & Gutierrez, 1980).

Just as men’s attitudes about their own bodies may extend beyond opinions about weight and shape, so may their attitudes about women’s bodies reference aspects of the real body, such as body hair or body functions. In addition to promoting a thin ideal, media use may instill in men a preference for a sanitized female body, one that is free of body hair, sweat, and menstruation. Indeed, men’s attitudes about menstruation are frequently negative, and such attitudes have been linked to negative evaluations of specific women and of women generally (Roberts, Goldenberg, Power, & Pyszczynski, 2002). In some cases, men’s discomfort with women’s real body functions may be so strong as to elicit objectification of women, thereby sanitizing the body and relieving the tension brought on by contact with women’s real bodies (Roberts et al., 2002).
Sexual encounters present a critical domain in which men come into contact with women’s real bodies, and, as such, these situations may evoke the same need to sanitize and objectify the female body. Objectifying one’s sexual partner, however, may have immediate effects that are destructive to both partners. Objectification can create an unequal power dynamic, and such power inequalities may lead to coercive and risky sexual behavior (Bowleg, Belgrave, & Reisen, 2000; Soet, Dudley, & Dilorio, 1999; Wingood & DiClemente, 1998). A woman, once objectified, may be perceived, even subconsciously, as less worthy of respect and fair treatment. Conversely, men who are more comfortable with women’s real bodies and, consequently, less likely to objectify their partners may engage in sexual relationships that are more equitable, respectful, and safe. Endorsing the sanitized ideal, either for oneself or for one’s partner, may be damaging to men’s sexual health and, as a result, to the sexual health of their partners.

The Current Study

Although a great deal of research has been done to explore the importance of women’s body attitudes and the complex of variables related to such attitudes, less research has been done to examine these relations among men. Consequently, men’s body attitudes have been narrowly construed in the literature. Accordingly, the current study investigates men’s body attitudes from multiple perspectives. We specifically consider both the attitudes men hold about their own bodies and the attitudes men hold about a female partner’s body. Furthermore, we consider body attitudes related to weight and shape (specifically muscular body esteem) alongside attitudes related to other aspects of real bodies, such as sweat, body hair, and odors.

Our first research question addresses socialization forces that may contribute to the development of men’s body attitudes; two specific hypotheses guide our investigation.

Hypothesis 1a: More frequent media use will be associated with less body esteem and less body comfort. As discussed above, the media present stereotyped images of men’s and women’s bodies that are restrictive with respect to body type (excessively thin or muscular) and body characteristics (sanitized and hairless). Accordingly, we expect that regular media consumption will lead to stronger endorsement of these unattainable ideals, resulting in greater dissatisfaction and discomfort with the shape and functional characteristics (e.g., sweat and body hair) of real bodies, both their own and women’s.

Hypothesis 1b: Certain media genres will differ in the association with the various body image outcomes. Because of the extensive variation among media sources, we expect that media effects will not be unidimensional. Previous research has supported the importance of certain media genres in promoting the thin body ideal for women (Borzekowski, Robinson, & Killen, 2000; Tiggemann & Pickering, 1996). Some media genres may be more critical for conveying the muscular body ideal for men or the sanitized body ideal for men and women. We therefore expect that individual media sources may contribute differentially to men’s body attitudes. That is, whereas attitudes about male muscularity may be influenced by one media source, attitudes about women’s body characteristics may be influenced by another.

Our second research question focuses on the impact such body attitudes may have on men’s sexual decision making, and, again, our exploration is based on two specific hypotheses.

Hypothesis 2a: Higher levels of body comfort will be associated with higher levels of sexual assertiveness, experience, and safer sex practices. Previous findings indicated that women who reported less comfort with aspects of their real bodies (e.g., sweat, menstruation, and body hair) also reported decreased sexual assertiveness, decreased sexual experience, and increased sexual risk (Schooler et al., 2005). Accordingly, it was expected that men’s discomfort with their bodies could lead to similar sexual outcomes. When engaging in sexual activity, men who are less comfortable with their bodies might be less comfortable
asserting themselves regarding choice of activity or use of safer sex practices.

Hypothesis 2b: Men’s attitudes about women’s real bodies will contribute to their sexual decision making. A man who finds his partner’s real body unpleasant may be less likely to engage in certain sexual behaviors (e.g., oral sex). Furthermore, adherence to a sanitized body ideal and the consequent tendency to objectify one’s partner may lead to increased risky sexual behavior.

Method

Participants

One hundred eighty-four male students were recruited from two undergraduate psychology classes at a large midwestern university. Participants ranged in age from 17 to 26 years ($M = 20$). Five men were identified as being gay. Because of the study’s focus on sexual relations with women, these participants were excluded from all analyses. In our sample, 118 men identified themselves as White (69%), 26 as Asian (15%), 9 as Black (5%), 8 as Latino (5%), 6 as biracial or multiracial (4%), and 4 as belonging to another ethnic group (2%). Among the men of color, only the sample of Asian men was sufficient to include as a demographic variable in future analyses. With parental education serving as an index of socioeconomic status, participants reported that their mothers and fathers had received an average of 16 and 17 years of education, respectively. Fifty-one percent of fathers and 36% of mothers had completed some graduate work.

Procedure

Participants completed several survey measures as part of a larger study on sexual socialization. Written consent was obtained from all participants, and, to ensure privacy, participants completed the survey on their own and returned their completed questionnaire to class in a closed envelope. Participants were given 1 week to complete the questionnaire and received extra credit in their introductory or developmental psychology class. Seventy-nine percent of enrolled students opted to participate in the study.

Measures

Body Esteem. The Body Esteem Scale (Franzoi & Shields, 1984) was included to assess traditional aspects of body image satisfaction. The measure contains 35 items, each asking the participant to indicate how positively he feels about a particular aspect of his body on a Likert scale ranging from 1 (strongly negative) to 5 (strongly positive). We chose to include the two subscales that assess satisfaction with one’s physical build. The Upper Body Strength subscale includes 9 items concerning the participant’s muscular strength, biceps, width of shoulders, and other areas typically viewed as central to the V-shaped muscular body type ($\alpha = .87$). The Physical Condition subscale includes 13 items related to agility, coordination, and other health-related characteristics ($\alpha = .85$).

Body Comfort. To broaden our conception of body attitudes, we included two new scales that assess participants’ comfort with their own real bodies and with the real bodies of their partners. The Body Comfort/Body Modesty Measure (Merriwether & Ward, 2002) has 24 items that focus on men’s comfort with the appearance and function of their own bodies and with the appearance and function of female partners’ bodies. The first 18 items address respondents’ comfort with their own body. Participants indicate on a 9-point Likert scale how comfortable they are with their body in different situations, with response options anchored by totally uncomfortable and totally comfortable. Conceptually different from existing measures that assess satisfaction with size, shape, or weight, items from this new measure include “How comfortable are you with quantity/thickness of your facial hair?” and “How comfortable are you with the smell of your own sweat?” A mean score was created across these 18 items ($\alpha = .90$), such that higher scores indicate more comfort with one’s own body. The final 6 items focus on men’s comfort with the appearance and function of women’s bodies in intimate situations. Similar to the previous subscale, this subscale is conceptually different from prior measures that address men’s preference for women’s body size, in that it focuses on body functions, smells, and hair. Participants indicate on a 9-point Likert scale, anchored by totally uncomfortable and totally comfortable, how
comfortable they are with a female partner’s body in several different situations. Items include “How comfortable are you having intimate relations with a partner who has not shaved her legs?” and “How comfortable are you with the smell of your partner’s sweat?” A mean score was created across the items (α = .84), such that higher scores indicate greater comfort.

Media Use. Items that asked about regular TV viewing and magazine reading were included. To assess participants’ prime-time TV viewing habits, we provided a listing of 35 top-rated prime-time sitcoms and dramas and asked respondents to indicate how often they had watched each program. Responses were made on a 5-point scale anchored by every week and never/not this season and were scaled into hours per month based on the length of each program and the frequency with which it was viewed. Sum scores were created indicating total monthly prime-time viewing hours. Participants were also asked how many hours they spent watching music videos on a typical weekday afternoon (from 2 to 5 p.m.), on a typical weekday evening (from 5 to 11 p.m.), on a typical weekday night (after 11 p.m.), on a typical Saturday, and on a typical Sunday. Responses were computed across the five questions to produce a score reflecting total weekly viewing of music videos. To assess regular magazine reading, participants were asked to indicate how many issues (0–12) they read per year of 12 popular monthly magazines: six contemporary men’s magazines (e.g., FHM, Maxim, and Stuff), two pornographic magazines (Penthouse and Playboy), two sports magazines (Sports Illustrated and ESPN), and two men’s fitness magazines (Men’s Health and Muscle and Fitness). For each of these four categories, a subscale was created reflecting total yearly issues read.

Sexual Assertiveness. To determine participants’ ability to assert themselves in sexual situations, the 25-item Hurlbert Index of Sexual Assertiveness (Hurlbert, 1991) was included. Using a 5-point Likert scale anchored by all of the time at 5 and none of the time at 1, participants indicated how accurately each statement described them and their experiences. Items included, “I communicate my sexual desires to my partner,” and “I find myself doing sexual things I do not like.” After reverse scoring the necessary items, a mean score was created (α = .92) to reflect overall sexual assertiveness.

Relationship and Sexual Experience. Sexual behavior and experience were assessed through four independent constructs: current involvement in a committed relationship, kissing and petting experience, oral sex experience, and vaginal sex experience. To assess participants’ current relationship status, participants were asked to select the choice that best represented their current relationship. Response options varied regarding the commitment level of the relationship (casual, commitment-free vs. committed, boyfriend/girlfriend). To capture whether participants were in committed relationships, responses were rescored such that participants received a score of 1 if they indicated a relationship that was committed and a score of 0 if they indicated no current relationship or involvement in a casual relationship.

To obtain information about participants’ accumulated level of experience with sexual relationships, several questions were asked about their experience with kissing and petting, oral sex, and vaginal intercourse. Participants were asked to indicate whether they had engaged in each of eight sexual behaviors and with how many partners. Behaviors included light kissing, prolonged kissing, breast touching, touching of genitals over clothing, touching of genitals under clothing, performing oral sex, receiving oral sex, and vaginal intercourse. Three subscales of sexual behavior, with three levels each, were created to capture Kissing and Petting Experience, Oral Sex Experience, and Vaginal Intercourse Experience. Participants who received a 1 for Kissing and Petting Experience (N = 23, 14%) reported engaging in light or prolonged kissing with two or fewer partners and reported no breast or genital touching. Participants who reported engaging in some amount of breast touching and genital touching of any form with no more than two partners received a score of 2. Thirty-four participants (20%) met these criteria. The remaining 110 participants (66%) reported engaging in genital touching with three or more partners and received a score of 3.

A similar subscale was created to measure Oral Sex Experience. Thirty-six participants (22%) reported that they had neither performed nor received oral sex. These participants received a 0 for Oral Sex Experience.
who reported that they had either performed or received oral sex with one or two partners received a score of 1 for Oral Sex Experience; 52 participants (31%) met these criteria. The remaining 79 participants (47%), scored as level 3, reported both performing and receiving oral sex and with three or more oral sex partners. Finally, a subscale was created to measure Vaginal Intercourse Experience. Fifty-eight participants (34%) reported that they had not engaged in vaginal intercourse and received a 0 for Vaginal Intercourse Experience. Forty-four participants (26%) reported engaging in vaginal intercourse with one partner, and these participants received a score of 1. The remaining 67 participants (40%) reported that they had engaged in vaginal intercourse with two or more partners and received a score of 2 for Vaginal Intercourse Experience.

Sexual Risk Taking. Because of the central role of condom and contraceptive use in protecting oneself from sexually transmitted infections and unwanted pregnancy, we chose as risk indicators condom and contraceptive use, including measures of self-efficacy regarding safer sex practices and actual condom and contraceptive use. The Precautions subscale of the Sexual Self-Efficacy Scale (Rosenthal, Moore, & Flynn, 1991) contains five items that focus on one’s ability to enact certain safer sex behaviors related to condom and contraceptive use. Participants indicated on a 5-point Likert scale, anchored by very uncertain and absolutely certain, how confident they were in their ability to perform tasks such as “discuss using condoms and/or other contraceptives with a potential partner” and “buy condoms/contraceptives.” A mean score was created across the items ($\alpha = .78$), such that higher scores indicate stronger safer sex self-efficacy.

We also included six items about participant’s actual condom and contraceptive use during vaginal intercourse. Participants were asked how frequently they had sexual intercourse with a casual acquaintance without using condoms, how frequently they had sexual intercourse with a casual acquaintance without any form of contraception, how frequently they had sexual intercourse within a relationship without using condoms, and how frequently they had sexual intercourse within a relationship without any form of contraception. Response options for these questions ranged along a 5-point scale from never to frequently. To control for skewed data and to correspond to previous risk indices (e.g., Ward & Wyatt, 1994), these variables were converted to dichotomous variables along a median split. Two additional dichotomous questions were included: “Did you use contraception/protection the first time you had sexual intercourse?” and “Did you use contraception/protection the most recent time you had sexual intercourse?” Each higher risk response was assigned 10 points toward a composite risk index. Scores for this index ranged from 0 to 60, with higher scores indicating higher levels of risk of pregnancy and of disease transmission.

Demographic Variables. Because religiosity is a consistent predictor of sexual behavior, associated with both delayed sexual onset among teens (e.g., Herold & Goodwin, 1981) and infrequent condom use among nonvirgins (e.g., Zaleski & Schiaffino, 2000), we sought to control for possible effects of one’s spiritual beliefs. A religiosity score was created based on responses to three questions: “How religious are you?” “How often do you attend religious services?” and “How often do you pray?” Response options for each question ranged from not at all/never at 1 to very/very regularly at 5. Responses were averaged across the three items ($\alpha = .89$), yielding a total religiosity score ranging from 1 to 5 ($M = 2.8$). Higher scores indicated higher levels of religiosity. We further sought to control for participants’ actual body size. Accordingly we asked participants to indicate their height and weight and used these reports to calculate body mass index scores ($\text{BMI} = \text{weight (kilograms)/height (meters squared)}$). BMI scores ranged from 16 to 41 kg/m$^2$ ($M = 23.5$). It must be mentioned that BMI scores are notoriously problematic for assessing the body size of men. Although quick and easy to assess, they confound the contributions of muscle and fat and therefore cannot be used to differentiate between multiple body types. For this reason, we do not attempt to interpret BMI as a primary predictor of body attitudes, and included it, instead, as a control to reduce noise.

Results

Preliminary Analyses

Descriptive statistics for the body comfort and sexual outcome variables are provided in
Table 1. Participants generally reported moderate to high levels of body esteem on both subscales and comfort with their own real bodies but lower levels of comfort with women’s real bodies. Sixty-six percent of participants had engaged in sexual intercourse, and 37% were currently in committed relationships. In terms of their media use, participants reported reading an average of 19 magazine issues per year. Forty percent of participants reported reading fitness magazines ($M = 2$ issues per year), $53\%$ reported reading pornographic magazines ($M = 3$ issues per year), $62\%$ reported reading sports magazines ($M = 6$ issues per year), and $74\%$ reported reading contemporary men’s magazines ($M = 8$ issues per year).

To determine whether demographic variables related to the body comfort variables, we ran a series of zero-order correlations between the five continuous demographic variables (BMI, age, religiosity, mother’s education, and father’s education) and the four body comfort measures. We also ran a series of $t$ tests between Asian and non-Asian participants on the four body comfort measures. Several significant findings emerged. Men who reported stronger religiosity and those who identified as Asian were significantly less comfortable with their own bodies $r(167) = -.20$, $p < .01$ and $t(168) = 2.46$, $p < .05$, $d = .51$, respectively. Men who reported higher BMIs were significantly less comfortable with their own bodies, $r(167) = -.26$, $p < .001$, and had significantly lower physical condition body esteem, $r(172) = -.23$, $p < .01$.

To determine whether demographic variables related to the sexual outcome variables, we ran another series of zero-order correlations between the five demographic variables and the six sexual outcome measures, and a series of $t$ tests between Asian and non-Asian participants on these same outcomes. Several significant findings emerged. As shown in Table 2, older participants reported significantly more Kissing and Petting Experience, Oral Sex Experience, and Vaginal Sex Experience. Participants who identified as being more religious reported lower levels of Safer Sex Self-Efficacy, Sexual Assertiveness, Kissing and Petting Experience, Oral Sex Experience, and Vaginal Sex Experience. Participants who reported a higher level of paternal education reported significantly greater Oral Sex Experience. No significant associations emerged between the sexual outcomes and BMI or maternal education. As shown in Table 3, Asian participants reported lower levels of Sexual Assertiveness, Safer Sex Self-Efficacy, Kissing and Petting Experience, Oral Sex Experience, and Vaginal Sex Experience, and higher levels of Risky Sexual Behavior. Addi-

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<tr>
<td>Risky Sexual Behavior</td>
<td>26.7</td>
<td>18.0</td>
<td>0.00</td>
<td>60.0</td>
<td></td>
</tr>
<tr>
<td>Safer Sex Self-Efficacy</td>
<td>4.00</td>
<td>0.81</td>
<td>1.40</td>
<td>5.00</td>
<td></td>
</tr>
</tbody>
</table>
tionally, we ran t tests to determine whether participants in committed relationships differed from those participants not in relationships. Older participants were significantly more likely to be currently involved in a committed relationship, \(t(157) = 2.15, p < .05, d = .37\). No other relations were significant. Chi-square analysis revealed that Asian participants were no more or less likely than non-Asian participants to be involved in a committed relationship.

**Media Use and Body Attitudes**

Our first research question examines how socialization forces contribute to body comfort. Might frequent exposure to the body ideals presented on TV and magazines contribute to men’s satisfaction regarding their own bodies and women’s real bodies? To address this question, we conducted regression analyses with the six media use variables (music videos, prime-time TV, contemporary men’s magazines, sports magazines, fitness magazines, and pornographic magazines) predicting each of the four body comfort variables, controlling for relevant demographic correlates. Results are shown in Table 4. As expected, frequent media use was related to men’s body attitudes; however, both positive and negative relationships emerged. Specifically, frequent viewers of music videos and prime-time TV reported significantly less comfort with their own real bodies. Moreover, frequent viewers of prime-time TV also reported significantly less satisfaction with their physical condition and marginally less satisfaction with their upper body strength. Frequent readers of fitness magazines reported somewhat greater Upper Body Strength body esteem, but notably less comfort with their own real bodies. Similarly, frequent readers of pornographic magazines reported greater body esteem on both the Physical Condition subscale and the Upper Body Strength subscale. None of the media use variables significantly predicted men’s comfort with women’s real bodies.

**Body Attitudes and Sexual Decision Making**

Our second research question examines how body comfort contributes to sexual decision making. Preliminary zero-order correlations indicated that neither subscale of the body esteem scale was significantly related to any of the sexual outcome measures; accordingly, these

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**Table 2**

*Zero-Order Correlations Between Demographics and Sexual Outcomes*

<table>
<thead>
<tr>
<th></th>
<th>Body mass index</th>
<th>Age</th>
<th>Religiosity</th>
<th>Mother’s education</th>
<th>Father’s education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Assertiveness</td>
<td>.02</td>
<td>.15</td>
<td>-.24**</td>
<td>-.03</td>
<td>.04</td>
</tr>
<tr>
<td>Kissing and Petting Experience</td>
<td>-.01</td>
<td>.16*</td>
<td>-.17*</td>
<td>.03</td>
<td>.13</td>
</tr>
<tr>
<td>Oral Sex Experience</td>
<td>.11</td>
<td>.20*</td>
<td>-.18*</td>
<td>-.06</td>
<td>.16*</td>
</tr>
<tr>
<td>Vaginal Sex Experience</td>
<td>.07</td>
<td>.23**</td>
<td>-.27**</td>
<td>-.05</td>
<td>.11</td>
</tr>
<tr>
<td>Risky Sexual Behavior</td>
<td>-.03</td>
<td>-.03</td>
<td>.14</td>
<td>-.01</td>
<td>-.04</td>
</tr>
<tr>
<td>Safer Sex Self-Efficacy</td>
<td>.11</td>
<td>.07</td>
<td>-.32***</td>
<td>-.00</td>
<td>.05</td>
</tr>
</tbody>
</table>

* p ≤ .05. ** p ≤ .01. *** p ≤ .001.

---

**Table 3**

*MMeans for Asian and Non-Asian Participants on Sexual Outcomes*

<table>
<thead>
<tr>
<th></th>
<th>Asian</th>
<th>Non-Asian</th>
<th>t value</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Assertiveness</td>
<td>1.6</td>
<td>2.2</td>
<td>-2.52*</td>
<td>.55</td>
</tr>
<tr>
<td>Kissing and Petting Experience</td>
<td>2.2</td>
<td>2.6</td>
<td>-2.86**</td>
<td>.62</td>
</tr>
<tr>
<td>Oral Sex Experience</td>
<td>0.8</td>
<td>1.3</td>
<td>-3.54***</td>
<td>.76</td>
</tr>
<tr>
<td>Vaginal Sex Experience</td>
<td>0.4</td>
<td>1.2</td>
<td>-4.26***</td>
<td>.94</td>
</tr>
<tr>
<td>Risky Sexual Behavior</td>
<td>36.2</td>
<td>25.1</td>
<td>2.95***</td>
<td>.73</td>
</tr>
<tr>
<td>Safer Sex Self-Efficacy</td>
<td>3.5</td>
<td>4.1</td>
<td>-3.32***</td>
<td>.78</td>
</tr>
</tbody>
</table>

* p ≤ .05. ** p ≤ .01. *** p ≤ .001.
subscales were excluded from further analysis. We then conducted a series of regression analyses predicting each of the six continuous sexual outcomes (Sexual Assertiveness, Kissing and Petting Experience, Oral Sex Experience, Vaginal Sex Experience, Risky Sexual Behavior, and Safer Sex Self-Efficacy). We included as predictors the two body comfort subscales (Own Body Comfort and Comfort With Women’s Real Bodies) and four relevant demographic correlates (age, religiosity, father’s education, and being Asian). Results supported our expectations and are shown in Table 5. Participants who reported greater comfort with their own real bodies also reported significantly more Sexual Assertiveness and Safer Sex Self-Efficacy. Participants who reported greater comfort with women’s real bodies reported significantly more Sexual Assertiveness, significantly higher levels of Kissing and Petting Experience and marginally more Vaginal Sex Experience. Additionally, we conducted logistic regressions to predict the single dichotomous outcome variable, involvement in a committed relationship. We again included as predictors the two body comfort subscales (Own Body

### Table 4

**Four Regressions Predicting Body Comfort and Body Esteem**

<table>
<thead>
<tr>
<th>Predictors</th>
<th>BCBM—Own Body Comfort</th>
<th>BCBM—Comfort With Women’s Bodies</th>
<th>BES—Upper Body Strength</th>
<th>BES—Physical Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>−.18**</td>
<td>−.15</td>
<td>.00</td>
<td>−.07</td>
</tr>
<tr>
<td>Religiosity</td>
<td>−.10</td>
<td>.02</td>
<td>−.03</td>
<td>−.01</td>
</tr>
<tr>
<td>BMI</td>
<td>−.23**</td>
<td>−.06</td>
<td>−.02</td>
<td>−.16*</td>
</tr>
<tr>
<td>Videos</td>
<td>−.17*</td>
<td>−.03</td>
<td>−.08</td>
<td>−.07</td>
</tr>
<tr>
<td>Prime-time TV</td>
<td>−.19*</td>
<td>.05</td>
<td>−.15†</td>
<td>−.16*</td>
</tr>
<tr>
<td>Men’s magazines</td>
<td>.06</td>
<td>−.07</td>
<td>−.01</td>
<td>.03</td>
</tr>
<tr>
<td>Sports magazines</td>
<td>.00</td>
<td>−.13</td>
<td>.02</td>
<td>.00</td>
</tr>
<tr>
<td>Fitness magazines</td>
<td>−.16†</td>
<td>.13</td>
<td>.17†</td>
<td>−.00</td>
</tr>
<tr>
<td>Pornography magazines</td>
<td>.08</td>
<td>.03</td>
<td>.18*</td>
<td>.25**</td>
</tr>
<tr>
<td>Adjusted $R^2$</td>
<td>4.64</td>
<td>.71</td>
<td>1.60</td>
<td>1.90</td>
</tr>
<tr>
<td>$p$</td>
<td>.000</td>
<td>.696</td>
<td>.12</td>
<td>.05</td>
</tr>
</tbody>
</table>

*Note.* BCBM = Body Comfort/Body Modesty Measure; BES = Body Esteem Scale; BMI = body mass index. † $p \leq .09$. * $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

### Table 5

**Six Regressions Predicting Sexual Outcomes**

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Sexual Assertiveness</th>
<th>Kissing and Petting Experience</th>
<th>Oral Sex Experience</th>
<th>Vaginal Sex Experience</th>
<th>Sexual Self-Efficacy</th>
<th>Risky Sexual Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.08</td>
<td>.13</td>
<td>.19*</td>
<td>.22***</td>
<td>−.01</td>
<td>−.05</td>
</tr>
<tr>
<td>Religiosity</td>
<td>−.16†</td>
<td>−.04</td>
<td>−.04</td>
<td>−.10</td>
<td>−.24**</td>
<td>.01</td>
</tr>
<tr>
<td>Father’s education</td>
<td>.08</td>
<td>.14†</td>
<td>.15†</td>
<td>.12</td>
<td>−.03</td>
<td>−.03</td>
</tr>
<tr>
<td>Being Asian</td>
<td>−.17*</td>
<td>−.18*</td>
<td>−.24**</td>
<td>−.35***</td>
<td>−.20*</td>
<td>.22*</td>
</tr>
<tr>
<td>Own body comfort</td>
<td>.16*</td>
<td>.02</td>
<td>−.04</td>
<td>−.03</td>
<td>.26***</td>
<td>.00</td>
</tr>
<tr>
<td>Comfort with women’s bodies</td>
<td>.22***</td>
<td>.18*</td>
<td>.08</td>
<td>.15†</td>
<td>.03</td>
<td>−.09</td>
</tr>
<tr>
<td>Adjusted $R^2$</td>
<td>5.46</td>
<td>2.92</td>
<td>3.20</td>
<td>6.89</td>
<td>6.44</td>
<td>1.43</td>
</tr>
<tr>
<td>$p$</td>
<td>.000</td>
<td>.010</td>
<td>.006</td>
<td>.000</td>
<td>.000</td>
<td>.207</td>
</tr>
</tbody>
</table>

† $p \leq .09$. * $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$. 
Comfort and Comfort with Women’s Real Bodies) and the four relevant demographic correlates (age, religiosity, father’s education, and being Asian). Participants who reported greater comfort with women’s real bodies were significantly more likely to be involved in a committed relationship (odds ratio = 1.61, 95% confidence interval = 1.24–2.08, p < .001). Own body comfort was unrelated to current involvement in a committed relationship.

Discussion

These findings begin to shed light on a complex network of relations among media use, men’s body attitudes, and sexual decision making. Media portrayals of men’s and women’s bodies are becoming increasingly restrictive. Therefore, we expected that frequent media use would be related to decreased body comfort and body esteem. Although findings suggest a relation between media use and men’s body attitudes, in some cases that relation was positive and in other cases negative. Frequent readers of pornographic magazines reported more positive body esteem, and a similar trend emerged among frequent readers of fitness magazines. Conversely, participants who frequently watched music videos and prime-time TV felt significantly less comfortable about aspects of their real bodies, such as sweat and body hair. Of note, when significant findings emerged, media use generally predicted both increased and decreased body esteem regarding the V-shaped muscular body ideal but consistently predicted decreased comfort with aspects of the real body such as sweat and body hair.

Despite indications that media portrayals of men’s bodies are becoming more restrictive and unattainable, they may still offer more flexibility regarding body shape and size than the images shown of women. Indeed, many current TV programs feature heavy-set male lead characters partnered with slender women (Macleod, 2004). The prevalence of larger male lead characters may provide men with the opportunity for positive comparisons and may further make body shape a less salient dimension for comparison. Previous research has focused primarily on specific genres, such as fitness magazines, that specifically feature the muscular body ideal or have used experimental images that showcase this same ideal. It may be that the media content to which men are regularly exposed is more varied in the presentation of body ideals. There is also likely to be some variability within certain genres, such as music videos (e.g., country vs. rap) or prime-time TV. Accordingly, frequent media use may not unilaterally predispose men to body image dissatisfaction to the same degree as it does women.

Fantasy effects and selection effects may both be involved in the elevated body esteem reported by frequent readers of fitness and pornographic magazines. Previous research with women showed that viewing thin-ideal media images produces elevated self-esteem and appearance esteem specifically among restrained (i.e., dieting) eaters (Joshi, Herman, & Polivy, 2004; Mills, Polivy, Herman, & Tiggemann, 2002). In what has been termed a “fantasy effect” (Myers & Biocca, 1992), these thin-ideal images are specifically inspiring to women already attempting to meet this ideal. Subsequent to viewing such images, these restrained eaters imagine themselves in their ideal body and are motivated in their active pursuit of the ideal. The men in this sample who are frequent readers of fitness magazines may be the male equivalent of restrained eaters. If they are actively involved in muscle- and strength-building activities and already aspire to the muscular body ideal, exposure to the ideal may motivate readers, not depress them, and consequently may increase body esteem.

Furthermore, media selection effects may also explain the increased body esteem reported by frequent readers of pornographic and fitness magazines. Because the pornographic magazines assessed in this study, targeted at heterosexual men, rarely even display men’s bodies, it seems unlikely that men’s attitudes about their own bodies are being shaped via social comparison with images in these magazines. It seems more probable that the reading of pornographic magazines is linked to identification with a specific type of masculinity, which may also relate to body attitudes. Indeed, masculinity has been specifically linked both to pornography consumption (Burns, 2001) and to body attitudes (Edwards & Launder, 2000; McCready, Saucier, & Courtenay, 2005; Swain, 2003). In this study, frequent reading of pornography may be acting as a proxy for a specific type of masculinity, which may itself be related to certain body image attitudes. Existing attitudes are also
likely to affect men’s choice to read fitness magazines. As discussed above, the stereotyped portrayal of the muscular body in media is readily evident to consumers, perhaps even more so in magazines focusing on male fitness. As such, men who are more dissimilar from this body ideal may actively avoid such magazines. In contrast, men who regularly read such magazines may have been closer to the muscular ideal at the outset or may have become more muscular through the use of techniques acquired from these magazines. Because of our use of correlational data, with the current study we cannot disentangle the causes of magazine selection and the effects of its consumption. Future longitudinal and experimental work is necessary to adequately address these issues.

Although frequent readers of fitness magazines reported somewhat higher levels of body esteem, they did not report increased comfort with characteristics of their real bodies, such as sweat and body hair. Indeed, there was a non-significant trend for them to report decreased comfort with these aspects of the body. Furthermore, frequent viewers of music videos and prime-time TV reported significantly less comfort with these aspects of their bodies. The direction of the association between media use and body comfort may differ from the association between media use and body esteem due to the different ways in which messages about the body are conveyed by the media. The depiction of body shape and size is often overt and consequently may specifically motivate certain individuals to consume or avoid particular forms of media. The depiction of bodies as sanitized, however, may be conveyed more subtly and therefore may be more difficult to purposely avoid. Furthermore, unlike muscular development, characteristics of the real body, such as hair and sweat, may be inescapable and beyond the reach of effort. Consequently, consumption of these sanitized images may not inspire positive feelings but instead produces discomfort and shame when one cannot live up to the ideal.

The surreptitious influence of media on men’s comfort with the real aspects of the body seems especially important because it is these body attitudes and not those related to muscularity that seem most related to sexual well-being. The current study replicates in a sample of men a relation between body comfort and sexual decision making previously found among women. Specifically, men who reported greater comfort with their own real bodies reported greater comfort asserting themselves and engaging in safe sex behaviors. Men who are uncomfortable with the real aspects of their bodies may experience shame in sexual situations when these parts of their bodies are revealed. Fearing negative evaluation, these men may withdraw emotionally from the situation, finding it especially difficult to communicate their needs and interests to their partner. These findings suggest that, as with women, internalizing sanitized and objectified views of the body may impair the sexual health of men.

Contrary to our expectations, men’s attitudes about women’s real bodies were unaffected by the indices of media use included in this study. Although more complete measures of media usage (e.g., Internet or videos) may reveal effects on attitudes about women’s real bodies, it may also be that media contributes only to men’s attitudes about women’s shape and size. Further investigation should be directed to where and how men develop their attitudes about women’s real bodies. The importance of this developmental process is signaled by the contribution of men’s attitudes about women’s real bodies to men’s sexual decision making. Men who were more comfortable with women’s real bodies reported greater sexual assertiveness and were more often involved in committed relationships. Furthermore, although men who were more comfortable with women’s real bodies reported no more oral sex or vaginal sex experience, they reported significantly more kissing and petting experience. This constellation of sexual behaviors may indicate a higher degree of intimacy with women. Indeed, men who scored higher on sexual assertiveness indicated greater comfort communicating with a partner regarding sexual techniques, fantasies, and feelings. As the current study relies on correlational data, it is impossible to determine whether increased intimacy with women is a consequence or an antecedent of comfort with women’s real bodies. Indeed, it is quite likely that close emotional and physical contact with women in the form of committed relationships may expose men to women’s real bodies such that men may learn to associate women’s real bodies not with disgust but with warmth and intimacy.
Conclusions from these data should be drawn carefully, as the associations described here accounted for only a small portion of the variance in body attitudes and sexual behaviors. Indeed, men’s body attitudes are only just beginning to receive adequate attention, and additional work is necessary to more fully explain the processes involved in the development and operation of such attitudes. Findings from the current study advance this objective by heralding the importance of a broad conceptualization of body attitudes, extending beyond those attitudes pertaining to one’s own weight or shape. However, conclusions from the current study are limited by our use of new measures of body comfort, for which broad evidence of validity has yet to be found. Additionally, future researchers should include other potential media sources (such as Internet pornography) as well as specific measures of motives for consuming these media. Although causal conclusions are limited by the use of correlational data, these findings suggest that men’s body attitudes may be shaped by messages from the dominant discourse dictating both a specific body type and also a sanitized, objectified body. The resultant body attitudes that men hold about themselves and about the bodies of women may play an important role in the sexual health of both men and women.

References


