

# Gay and Lesbian Issues and Psychology Review

Guest Editor  
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The Gay and Lesbian Issues and Psychology Review ('the Review') is a peer-reviewed publication that is available online through the Australian Psychological Society. Its remit is to encourage research that challenges the stereotypes and assumptions of pathology that have often inhered to research on lesbians, gay men, bisexual, trans and queer (LGBTQ) people. The aim of the Review is thus to facilitate discussion over the direction of LGBTQ psychology both within Australia and abroad, and to provide a forum within which academics, practitioners and lay people may publish.

The Review is open to a broad range of material, and especially welcomes research, commentary and reviews that critically evaluate the status quo in regards to LGBTQ issues. The Review also seeks papers that redress the imbalance that has thus far focused on the issues facing white lesbians and gay men, to the exclusion of other sexual, gender and racial groups. The Review encourages the elaboration of an expansive approach to psychological research on people of a diverse range of sexual and non-gender normative groups, and publishes articles from across a range of disciplines including (but not limited to) psychology, social work, cultural studies, sociology, gender studies, politics, history and legal studies.

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# Gay and Lesbian Issues and Psychology Review

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## EDITORIAL

SHAUN M. FILIAULT

The academic study of body image has traditionally been associated with women's pursuit of the thinness ideal (see Bordo, 2003 and Grogan, 2007, for summaries of this research). Ostensibly, this was premised upon the assumption that men typically do not express a desire to become thinner. As a result, early academic research on the topic failed to recognise the host of dissatisfactions men may experience with regard to their physiques. As a result, men's voices in regard to their experiences of body dissatisfaction have until more recently been rendered silent. However, since the late 1990s the concerns many men experience regarding their muscularity in particular have come to be recognised, most notably in Pope et al.'s (2000) groundbreaking text *The Adonis Complex*. Since that time, academic research regarding men's body image has experienced a groundswell, with men's body image concerns now clearly documented in both the academic and popular presses.

To its credit, the male body image literature has been remarkably inclusive, in that gay men have been represented in a sizable number of articles published in the past 10 years. Indeed, sexuality has played a central role in many analyses of men's body image. Accordingly, it is now well-documented that gay men experience a greater degree of body image dissatisfaction than do heterosexual men (e.g., Yelland & Tiggemann, 2003; Levesque & Vichesky, 2006), and are at increased risk for eating pathology (e.g., Russell & Keel, 2002). A variety of hypotheses have been asserted to account for this risk differential between gay and heterosexual men, including self-objectification (e.g., Martins, Tiggemann & Kirkbride, 2007); socio-cultural influences, such as the media (Duggan & McCreary, 2004); and psycho-analytic factors such as

developmental 'immaturity' (Williamson, 1999) or internalised homophobia (Kimmel & Mahalik, 2004).

Although in one regard exemplary for its inclusion of gay men, the body image literature must also be faulted not only for the manner in which gay men have been described, but also for the manner in which the notion of a gay 'community' has been reified, often to the exclusion of many. Indeed, the question of what is 'gay' remains elusive in the literature, with few authors describing the meaning of the term within their research (Filiault & Drummond 2009). Instead, 'gay' is assumed to be a self-evident entity, the meaning of which should not only be obvious to the reader of such research, but is also presumed to be similar across all participants in any given study. Such assumptions regarding the obviousness of one singular meaning of 'gay' are clearly contradictory to queer theory, and the destabilisation of identity advocated by those who write or live in its name (Jagose, 1998).

Still other research assumes a privileged station for 'gay' with a man's identity, meaning not only is 'gay' taken as being self-evident, but it is also presumed to be the most salient feature within a person's sense of selfhood. The plethora of research comparing gay and heterosexual men's body image is particularly guilty of this trend. The un-written line of logic in such research is that 'gayness' (whatever 'gay' is) must be the explanatory factor for any dissatisfactions same-sex attracted men experience with their bodies. Thus, not only is gay reified and centralised, it is also pathologised, each of which is problematic in the development of knowledge not only regarding body image, but of gay men's lives.

Similarly the four previously listed hypotheses regarding body image aetiology are problematic due to the fact that they either eliminate individual agency (e.g. self-objectification), reify 'gay' as a homogeneous 'community' (e.g. socio-cultural theory) or are inherently hetero-normative, paternalistic and serve to pathologise homosexuality (e.g. psycho-analytic theory). Thus, while helpful in framing early research on gay men's body image, each of those theories also serve to perpetuate misconceptions about gay men's lives and continue to disempower sexual minorities by removing agency. Perhaps part of the problem with each of the above approaches is that they stem from positivist, quantitative paradigms which are simply unable to address diversity of experiences.

Finally, the previous body image literature has rendered silent numerous same-sex attracted men. The focus of much of the extant body of work has focused on young, white, gay-identified men in English speaking nations (Filiault & Drummond, 2009). Accordingly, older gay men, men of other racial backgrounds, and non-gay-identified same-sex attracted men (i.e., bisexual, polyamorous, unidentified, etc.) are each ignored in this literature by either failing to even recruit these men for research (such as non-white men), or by categorically denying their unique existence by including them in the unhelpful 'gay' umbrella (as often has been done for bisexual men). Finally, this literature has yet to meaningfully approach a discussion of the manner in which transgender men experience body image, a trend reflective of broader social silence about trans lives.

This issue of the *Gay and Lesbian Issues and Psychology Review* frames around the concept of 'body image', and the manner in which gay and bisexual men experience their bodies, embodiment, and cultural representations of gay bodies. Collectively, the articles presented in this issue serve to expand the discussion of same-sex attracted men's body image beyond the focus on young gay men's pursuit for a muscular body. Indeed, despite

the diversity evident within the methodologies and populations addressed by these articles, each of these manuscripts highlight the diversity of same-sex attracted men's body image. The articles in this issue accord space for agency amongst same-sex attracted men within the context of body image by recognising that socio-cultural representations do not equate to destiny within the context of body image. Further, each article attempts to de-pathologise same-sex attracted men's concerns with their bodies by recognising not only the agency of individuals to resist idealised body images, but also in recognising the diversity of idealised bodies that exist within contemporary Western culture. Finally, these articles extend beyond the focus on young, gay men by querying older gay men as in Drummond's article, or bisexual men in Ryan et al.'s contribution. Thus, this suite of articles goes some way to addressing the shortcomings of the past literature by recognising intra-group diversity and retaining individual agency in resisting, re-interpreting, and re-experiencing idealised bodies.

However, it must be recognised that these articles also reflect a narrow band within the spectrum of gender and sexual diversity. Although the original call for papers for this issue sought manuscripts regarding not only gay and bisexual men, but also women and transgendered people, it is notable that only papers regarding men's body image were submitted. This trend signals a major shortcoming in the body image literature, and a fruitful area for future research. Further, it reflects the privileged status of men – particularly gay men – within discussions of GLBTQI issues, and the need to actively expand our discussions to reflect the diversity that often-used acronym represents.

Additionally, this collection of papers reflects white men's experiences of body image. This absence of racial diversity is reflective not only of a similar trend in the broader body image literature (Filiault & Drummond, 2009), but also of the privileged status given to white persons in queer culture (Riggs, 2006). Al-

though the standard catch-all 'future research should be conducted' applies, this oversight reflects the need for considerable advocacy work and consciousness raising within GLBTQI circles so as to more actively include, discuss and celebrate the experiences of our non-white colleagues.

Thus, while this edition of *GLIP Review* serves to provide nuance and diversity to analyses of men's body image, it also highlights the perpetuation of the privileging of particular voices within the body image literature specifically, and queer psychology more generally. A critical lens is therefore required when moving forward in the area of GLBTQI health promotion, one that celebrates our diversity and our multiplicities of needs and strengths.

### Author Note

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### References

- Bordo, S. (2003). *Unbearable weight: Feminism, western culture, and the body* (10<sup>th</sup> anniversary Edition). London: University of California Press.
- Duggan, S.J., & McCreary, D.R. (2004). Body image, eating disorders, and the drive for muscularity in gay and heterosexual men: The influence of media images. *Journal of Homosexuality, 47*, 45-58.
- Filiault, S.M. & Drummond, M.J.N. (2009). Methods and methodologies: Investigating-gay men's body image in Westernised cultures. *Critical Public Health, 19*, 307-323.
- Grogan, S. (2007). *Body image: Understanding body dissatisfaction in men, women, and children*, 2 Edition. New York: Routledge.
- Jagose, A. (1996). *Queer theory*. Melbourne: Melbourne University Press.
- Kimmel, S.B. & Mahalik, J.R. (2004). Body image and concerns of gay men: The roles of minority stress and conformity to masculine norms. *Journal of Consulting and Clinical Psychology, 73*, 1185-1190.
- Levesque, M.J. & Vichesky, D.R. (2005). Raising the bar on the body beautiful: An analysis of the body image concerns of homosexuality men. *Body Image, 3*, 45-55.
- Martins, Y., Tiggemann, M., & Kirkbride, A. (2007). Those speedos become them: The role of self-objectification in gay and heterosexual men's body image. *Personality and Social Psychology Bulletin, 33*(5), 634-647.
- Pope, H., Phillips, K.A. & Olivardia, R.O. (2000). *The Adonis complex: The secret crisis of male body obsession*. New York: The Free Press.
- Riggs, D.W. (2006). *Priscilla: White queen of the desert: Queer rights/race privilege*. New York: Peter Berg.
- Russell, C.J. & Keel, P.K. (2002). Homosexuality as a specific risk factor for eating disorders in men. *International Journal of Eating Disorders, 31*, 300-306.
- Williamson, I. (1999). Why are gay men a high risk group for eating disturbance? *European Eating Disorders Review, 7*, 1-4
- Yelland, C. & Tiggemann, M. (2003). Muscularity and the gay ideal: Body dissatisfaction and disordered eating in homosexual men. *Body Image, 4*, 107-116.



## **BODY IMAGE INVESTMENT AMONG GAY AND BISEXUAL MEN OVER THE AGE OF 40: A TEST OF SOCIAL COMPARISON THEORY AND THREATENED MASCULINITY THEORY**

TRAVIS A. RYAN, TODD G. MORRISON & DARAGH T. MCDERMOTT

### **Abstract**

*Body image investment, as measured by muscle-oriented behaviours, motivational salience of appearance, and self-evaluative salience of appearance, was investigated using an online sample of middle-aged and older gay and bisexual men (n=162 and 73, respectively). The abilities of social comparison theory and threatened masculinity theory to account for variance in body image investment were tested. Analyses suggested that levels of body image investment, which did not differ as a function of sexual orientation, were better explained by the former theory. Potential meanings of these findings and their importance to clinical work with gay or bisexual men are explored. The limitations associated with the current research are discussed and directions for future research are articulated.*

**Keywords:** body image, social comparison, gay men, aging, masculinity.

### **Introduction**

Body image is a multidimensional construct that reflects people's degree of satisfaction or dissatisfaction with their body and appearance ('body image evaluation'; Hargreaves & Tiggemann, 2006) and the cognitive and behavioural importance that people assign to their body and appearance ('body image investment'; Cash & Pruzinsky, 2002). Historically, the research literature on body image has focused predominantly on females and body fat, with empirical efforts typically neglecting studies of males and muscularity (Cash, 2007). However, interest in the topic of male body image has grown in recent years (Cafri & Thompson, 2004), with researchers reporting

that men experience negative body image evaluation (e.g., Cash, Morrow, Hrabosky, & Perry, 2004b; Frederick et al., 2007) and intensified body image investment (e.g., Cash & Grasso, 2005; Cash et al., 2004b).

The hegemonic ideal male physique is lean and muscular, characterised by broad shoulders, a muscular stomach, chest and arms, and a narrow waist (Kimmel & Mahalik, 2004; Labre, 2005; Ridgeway & Tylka, 2005). Given these characteristics, it is not surprising that, for most men, there is large disjunction between their current and ideal physiques. For example, Olivardia, Pope, Borowiecki, and Cohan (2004) found that male American college students chose an ideal body with a mean of about 25 pounds more muscle and 8 pounds less fat than their current physique. Similarly, Pope et al. (2000a) reported that male undergraduate college students from Austria, France, and the United States selected an ideal body that was 27 to 29 pounds more muscular.

However, scant research attention has been directed at men in middle (i.e., 40 to 64 years) and/or late adulthood (i.e., 65 years and over) (Peat, Peyerl, & Muehlenkamp, 2008), resulting in a limited understanding of body image issues pertinent to these groups (McCabe & Ricciardelli, 2004; Tiggemann, 2004). Moreover, while some research suggests that men may experience body dissatisfaction as they age (Kaminski & Hayslip, 2006; Tiggemann, 2004) other studies indicate that the perceived functionality of the body rather than aesthetic considerations accounts for more variance in older men's self-esteem (Baker & Gringart, 2009) and depression (Reboussin et al., 2000).



Of particular interest to the current study is the omission of older gay men in research on body image (Drummond, 2006). The absence of empirical work focusing on sexual minorities is surprising given that studies with young adult men suggest sexual orientation may predispose gay males to body image problems. For example, and compared to heterosexual men, gay men may be at greater risk for body dissatisfaction (Morrison, Morrison, & Sager, 2004a; Tiggemann, Martins, & Kirkbride, 2007; Peplau et al., 2009) and disordered eating (Boisvert & Harrell, 2009; Hospers & Jansen, 2005; Yelland & Tiggemann, 2003). Indeed, Feldman and Meyer (2007) found that eating disorder prevalence was higher among bisexual or gay men than among their heterosexual counterparts.

Compared to heterosexual men, young gay men also *invest* more in their body image (Peplau et al., 2009; Yelland & Tiggemann, 2003). For instance, using large Internet samples of heterosexual and gay men, Peplau and colleagues found that gay participants were more preoccupied with weight and body fat and twice as likely to report that body image negatively affected their sex lives. Further, the authors found that gay men were more uncomfortable wearing a swimsuit in public and were almost twice as likely to conceal a body part (typically, the stomach) during sex. In another study, Yelland and Tiggemann observed that, relative to heterosexual men, gay participants wanted a greater increase in muscle mass and a larger decrease in body fat.

Two recent qualitative investigations provide substantial insight into the meaning of body image for gay men in middle (Drummond, 2006) and late adulthood (Slevin & Linneman, 2009). Drummond conducted in-depth interviews with 3 HIV-positive gay men aged 44, 45, and 53 years which suggested that older gay men have body image concerns. Interviewees noted that most men want to achieve the ideal male body prescribed by mass media but ultimately fail to do so. Results also indicated that discussions about the body were not confined to muscularity and adiposity, illu-

minating the importance of hairstyles, clothing, tattoos, and body piercing. Aging emerged as critical to body image, with participants reporting that members of the gay community typically perceive the bodies of men over 40 years of age more negatively, especially in terms of sexual attractiveness. According to Drummond, many gay males consequently opt to fight the aging process and strive toward maintaining a youthful body while others are more concerned with physical health and functionality.

Slevin and Linneman (2009) interviewed 10 gay men aged 60 to 85 years and, similarly, found that ageism was perceived to be rife in gay communities whose members oft idealize and eroticize bodies of young men and denigrate physiques of middle-aged and older men. While some men reported comfort with the aging process, others commented that older gay men are very body-conscious and strive to have a youthful appearance.

To the authors' knowledge, no quantitative research has examined body image investment in middle-aged and older gay or bisexual men<sup>1</sup>. The authors aimed to address this research limitation by investigating three forms of body image investment in these populations: muscle-oriented behaviours (i.e., behaviours associated with the drive for muscularity, the desire to attain an idealized musculature [Morrison & Harriman, 2005]); motivational salience of appearance (i.e., self-management of one's appearance to ameliorate body image); and self-evaluative salience of appearance (i.e., the importance of a man's appearance to his sense of self and self-worth). These indices of body image investment were examined within two theoretical frameworks:

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<sup>1</sup> Body image research seldom includes bisexual men as a unique group. They have been treated as part of a non-heterosexual group (e.g., gay and bisexual men) (e.g., Boroughs, Cafri, & Thompson, 2005; Chaney, 2008) or excluded from analyses (e.g., Duggan & McCreary, 2004). As recommended by Filiault and Drummond (2009), we treat gay and bisexual men separately in the current research.

Social Comparison Theory and Threatened Masculinity Theory. Each theory will be delineated briefly.

### ***Social Comparison Theory***

This theory, routinely employed to account for differences in body dissatisfaction (Dittmar & Howard, 2004), asserts that individuals compare themselves to other people on various dimensions (e.g., physical appearance), primarily for the purposes of self-evaluation and self-improvement (Festinger, 1954). Iterations of this theory now acknowledge that comparisons may be sought or unsought (Suls, Martin, & Wheeler, 2002); made with particularistic (i.e., proximal) and/or universalistic (i.e., distal) targets; and may be downward, lateral, or upward (Gulas & McKeage, 2000; Morrison, Kalin, & Morrison, 2004b). The latter type, which refers to comparisons to those 'better off' on the dimension of interest, is particularly salient for physical appearance (Wheeler & Miyake, 1992) and, on average, this type of comparison negatively affects self-perceptions of attractiveness (Morrison et al., 2004b; Patrick, Neighbors, & Knee, 2004). Those who report more frequent upward comparisons to universalistic targets (e.g., models) have evidenced lower levels of appearance self-esteem and higher levels of dieting and steroid use (Morrison et al., 2004b). Frequency of such comparative behaviour has also correlated positively with body dissatisfaction, overweight preoccupation, and the drive for muscularity (Levesque & Vichesky, 2006). Importantly, social comparison may serve a mediational role; that is, men's engagement in social comparison has helped explain the decrement in body satisfaction that ensued from viewing media representations of the ideal physique (Cahill & Mussap, 2007).

### ***Threatened Masculinity Theory***

This perspective contends that in cultures where traditional distinctions between men and women are disappearing, the male physique serves as the primary symbol of masculinity (Choi, 2003). Thus, in attaining a more

muscular body, men serve to differentiate themselves from women thereby reaffirming their masculinity (Mills & D'Alfonso, 2007). In support of this theory, correlations have been reported between indicants of male body image and masculinity. McCreary, Saucier and Courtenay (2005) found that the drive for muscularity was positively associated with endorsement of male-typed gender-role dimensions such as unmitigated agency, which denotes being self-focused at the expense of others. Conformity to traditional masculine norms has correlated positively with the drive for muscularity (Mahalik et al., 2003), and with the distress level associated with not having a muscular body (Kimmel & Mahalik, 2005). In addition, gender role conflict (i.e., "the intrapersonal or interpersonal conflict/tension created by adopting rigid traditional masculine roles" – Schwartz & Tylka, 2008, p. 68) has been positively associated with body dissatisfaction (Blashill & Vander Wal, 2009) and the drive for muscularity (McCreary et al., 2005; Mussap, 2008), and negatively associated with body esteem (Schwartz & Tylka, 2008). Further, qualitative research has suggested that participants may strive to achieve "masculine" bodies in an effort to distinguish themselves from women (Beagan & Saunders, 2005) and gay men may feel pressure to gain muscle mass to appear more masculine (Sánchez, Greenberg, Ming Liu, & Vilain, 2009). Finally, experimental evidence attests to the relationship between threatened masculinity and male body image. Specifically, male participants who believed that a female confederate evidenced superior performance on a test of intellectual capacity saw themselves as less muscular and evidenced lower state self-esteem; a similar effect was not observed for those led to believe that a male confederate had performed better (Mills & D'Alfonso, 2007).

### ***Covariates***

Given Kaminski and Hayslip's (2006) finding that age was negatively related to body esteem, we examined the need to control for participants' age. Unimportance of male body image to men and social desirability bias were

similarly investigated. These variables were chosen as some men may perceive body image as taboo; as a feminine preoccupation irrelevant to their gender and, thus, report minimal cognitive and/or behavioural investment in their appearance (Pope, Phillips, & Olivardia, 2000b; Ryan & Morrison, 2009).

### **Exploratory Analyses**

Given the absence of quantitative research focusing on body image investment among older gay and bisexual men, hypotheses were of an exploratory nature. Specifically, it was predicted that: 1) self-reported social comparison would be positively associated with body image investment; and 2) level of hypermasculinity would correlate positively with body image investment. Possible differences between gay and bisexual men were tested; however, no specific predictions were formulated.

## **Method**

### **Participants**

Two hundred and thirty-five (162 gay, 73 bisexual) men completed all three measures of body image investment<sup>2</sup>. Participants ranged in age from 40 to 83 ( $M$  age = 54.18,  $SD$  = 9.11), with the majority self-identifying as American (71.1%) and employed (64.4%)<sup>3</sup>.

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<sup>2</sup> Two hundred and eighty-eight men who answered all MB items were compared to 91 participants who omitted various items. Little's (1988) missing completely at random (MCAR) test was statistically non-significant,  $\chi^2(1) = 0.90$ ,  $p = .34$ . Similar non-significant results emerged when participants filling the MS and SES subscales were compared to those skipping items (i.e., 282 versus 97, and 272 versus 107, respectively):  $\chi^2(1) = 0.56$ ,  $p = .45$  and  $\chi^2(1) = 0.97$ ,  $p = .32$ , respectively. Thus, listwise deletion of cases with missing values was appropriate (i.e., data imputation was not required).

<sup>3</sup> The ethnicity of participants was not assessed. This omission constitutes a limitation of the current research (for more on the relationship between ethnicity and gay men's body image see Filiault & Drummond, 2009).

## **Measures**

*Sexual Orientation.* Participants were asked "What is your sexual orientation?" and provided with 4 response options: heterosexual, gay, bisexual, and other.

*Drive for Muscularity Scale (DMS; McCreary & Sasse, 2000).* The DMS is a 15-item self-report measure of people's motivation to become more muscular (i.e., drive for muscularity). It contains two subscales: DMS attitudinal (7 items) and DMS behavioural (8 items). However, with regards to the latter subscale, one item ("I think about taking anabolic steroids") shows little variability and may be omitted (McCreary, 2007). In the current study, only the 7-item DMS behavioural subscale (MB) was employed. Higher scores indicate more behavioural investment in muscularity (total scores can range from 7 to 35). A 5-point response format (i.e., Never, Rarely, Sometimes, Often, Always) was employed and, to guard against acquiescence and response set behaviours, the direction of response options was switched periodically (e.g., Never → Always for some items and Always → Never for other items – see Barnette [2000]). A sample item is "I lift weights to build up muscle". Evidence supporting the subscale's reliability and validity is provided by several researchers (e.g., McCreary, 2007; Tylka, Bergeron, & Schwartz, 2005). For the current study, alpha coefficients for gay and bisexual men were: .77 (95% CI = .71-.82) and .77 (95% CI = .69-.85), respectively.

*Appearance Schemas Inventory-Revised (ASI-R; Cash, Melnyk, & Hrabosky, 2004a).* This 20-item scale is a measure of beliefs and assumptions regarding one's personal investment in his or her appearance. The ASI-R consists of two subscales measuring body image investment: self-evaluative salience (SES; 12 items) and motivational salience (MS; 8 items). The former assesses the importance of appearance to sense of self and self-worth and the latter measures self-management of appearance to ameliorate body image. Sam-

ple SES and MS items are, in order, "What I look like is an important part of who I am" and "Before going out, I make sure that I look as good as I possibly can." Higher scores reflect greater self-evaluative or motivational body image investment (total subscale scores can range from 12 to 60, and 8 to 40, respectively) and, in the current study, a 5-point Likert-type response format was used (i.e., Strongly Disagree, Disagree, Neither Disagree nor Agree, Agree, Strongly Agree). The direction of response options was switched periodically. Studies attest to the scale score reliability of the SES and MS subscales, with alpha values typically exceeding .80 (e.g., Cash & Grasso, 2005; Cash et al., 2004a). In terms of validity, Cash et al. (2004a), for example, found that both subscales were positively related to perfectionist self-presentation. In the current research, alpha coefficients for the MS and SES subscales were .85 (95% CI = .81-.88) and .86 (95% CI = .82-.89) (gay men) and .84 (95% CI = .77-.89) and .90 (95% CI = .85-.93) (bisexual men), respectively.

*Male Body Comparison Motives Scale (MBC-M;* Ryan & Morrison, in press). The MBC-M employs a 5-point response format (Never, Rarely, Sometimes, Often, Always) and consists of two subscales: body comparison for self-evaluative motives (6 items; SEV) and body comparison for altruistic motives (6 items; ALT). In the current study, only the SEV was used, with higher scores indicating more body comparisons for self-evaluative reasons (e.g., "To help me determine how lean I am, I compare my body to the bodies of other men"). Total scores can range from 6 to 30. Ryan and Morrison provided evidence suggesting that this measure has good psychometric properties (e.g.,  $\alpha = .92$ ). In this study, alpha coefficients for gay and bisexual men were: .92 (95% CI = .89-.94) and .93 (95% CI = .90-.95), respectively.

*Auburn Differential Masculinity Inventory (ADMI-60;* Burk, Burkhart, & Sikorski, 2004). This 60-item inventory consists of five subscales that measure: hypermasculinity (10 items); sexual identity (11 items); dominance

and aggression (11 items); conservative masculinity (11 items); and devaluation of emotion (4 items). Eight of the original 10 hypermasculinity subscale (HYP) items were employed in this study. (Two items specific to sexual relations with women were excluded.) Higher scores denote stronger endorsement of hypermasculinity (possible range is 8 to 40) and, in the current study, a 5-point Likert-type response format was used (i.e., Strongly Disagree, Disagree, Neither Disagree nor Agree, Agree, Strongly Agree). With respect to the subscale's psychometric properties, Burk et al. reported findings in support of the HYP's reliability ( $\alpha = .81$ ) and validity (e.g., as predicted, a positive correlation was noted between scores on this subscale and scores on another indicant of hypermasculinity). In the current investigation, alpha coefficients for gay and bisexual men were .83 (95% CI = .78-.87) and .88 (95% CI = .83-.92), respectively.

*Unimportance of Male Body Image Scale (UMBI;* Ryan, 2009). The UMBI is a 5-item instrument measuring perceived unimportance of male body image to men (e.g., "Most men don't care how muscular their chest is"). Ryan's (2009) findings suggested that it possessed a unidimensional factor structure and good reliability as measured by Cronbach's alpha ( $\alpha = .85$ ). Evidence supportive of its validity also was furnished (e.g., a predicted negative correlation emerged between perceived unimportance of male body image and symptoms of muscle dysmorphia) (Ryan, 2009). Higher scores denote greater endorsement of the belief that body image is unimportant to most men, with total scores ranging from 5 to 25. The UMBI uses a 5-point Likert-type response format (i.e., Strongly Disagree, Disagree, Neither Disagree nor Agree, Agree, Strongly Agree). For the current study, alpha coefficients for gay and bisexual men were: .87 (95% CI = .83-.90) and .90 (95% CI = .90-.95), respectively.

*Social Desirability Scale (SDS-17;* Stöber, 2001). This 17-item self-report questionnaire was used to assess socially desirable respond-

ing; however, Stöber recommended the deletion of one item (“I have tried illegal drugs [for example, marijuana, cocaine, etc.]”). Scale items, seven of which are reverse-coded, provide a statement which individuals likely want to (dis)agree with, but are unlikely to be able to do so (e.g., “I sometimes litter”). Higher scores indicate more socially desirable responding, with total scores ranging from 16 to 80. A 5-point Likert-type response format (i.e., Strongly Disagree, Disagree, Neither Disagree nor Agree, Agree, and Strongly Agree) was employed, with its direction switched periodically. Research by Stöber (2001) and Blake, Valdiserri, Neuendorf, and Nemeth (2006) suggested the SDS-17 possesses adequate psychometric properties. Alpha coefficients for gay and bisexual men were .70 (95% CI = .63-.78) and .70 (95% CI = .58-.79), respectively, in the current investigation.

**Procedure**

Ethical approval was obtained from the institutional review board affiliated with the first author’s university. Potential participants were invited to complete an online questionnaire through sampling methods of convenience

(i.e., personal contacts were emailed and invitations to take part in a body image study were posted online in numerous locations such as Google groups and discussion fora) and chain-referral (i.e., persons who took part in the study were asked to invite other men, potentially interested in the research, to participate). This invitation informed prospective respondents that the research concerned male body image, but did not disclose the objectives of the study. All men completed the scale items in the same order, with measures employing identical response formats being interspersed.

**Data analysis**

A multivariate analysis of variance (MANOVA) was conducted to examine whether gay men differed from their bisexual counterparts on the three indices of body image investment. For the MB, SES, and MS, 11 univariate outliers were deleted after inspection of scatterplots. Mahalanobis distances revealed that there were no multivariate outliers for these variables and scatterplots did not show evidence of non-linearity. As can be seen from Table 1, which details associations between

Table 1. *Correlations between Scales for Gay and Bisexual Men*

Measure	MB	MS	SES	SEV	HYP	UMBI	SDS-17	Age
MB		.37***	.33***	.52***	.05	-.16	.12	-.12
MS	.45***		.61***	.39***	.12	-.16	.19*	.10
SES	.45***	.70***		.61***	.27***	-.28***	-.17	-.13
SEV	.69***	.58***	.68***		.05	-.41***	.02	-.17
HYP	.13	.08	.17	.00		-.19*	-.13	.11
UMBI	-.25*	-.19	-.28*	-.38**	-.34**		.07	.21*
SDS-17	.03	.02	-.19	-.06	.35**	.25		.14
Age	-.06	.14	-.18	.15	.08	.25*	-.05	

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

Correlations for gay men are above the diagonal and correlations for bisexual men are below the diagonal. MB = Muscle-Oriented Behaviours subscale of the Drive for Muscularity Scale; MS = Motivational Saliency subscale of the Appearance Schemas Inventory-Revised; SES = Self-Evaluative subscale of the Appearance Schemas Inventory-Revised; SEV = Self-Evaluative subscale of the Male Body Comparison Motives Scale; HYP = Hypermasculinity subscale of the Auburn Differential Masculinity Inventory; UMBI = Unimportance of Male Body Image Scale; SDS-17 = Social Desirability Questionnaire; Age = Age of participants.

variables for gay and bisexual participants, indices of body image investment were modestly correlated (i.e., multicollinearity was not problematic). Also, there was equality of observed covariance matrices of the dependent variables across groups.

Independent samples t-tests were carried out to examine whether gay men differed from their bisexual counterparts on: 1) body comparison for self-evaluative reasons; 2) hypermasculinity; 3) perceived unimportance of male body image to men; 4) socially desirable responding; and 5) age. Correlation coefficients also were computed to investigate associations among the variables separately for gay and bisexual participants.

Finally, multiple regressions were conducted to examine the proportion of variance in body image investment accounted for by social comparison and hypermasculinity, after controlling for age, unimportance of body image, and social desirability bias. Diagnostics revealed that the data were suitable for multiple regression analysis (e.g., singularity was not problematic).

## Results

The results of the MANOVA revealed no significant multivariate effects for sexual orientation, Wilks'  $\Lambda = .99$ ,  $F(3, 220) = 1.06$ ,  $p = ns$ , with gay and bisexual men reporting similar scores on the MB ( $M = 12.37$  [4.54] and  $M = 11.93$  [4.22], respectively), SES ( $M = 37.63$  [7.48] and  $M = 38.94$  [7.81], respectively), and MS ( $M = 27.55$  [5.33] and  $M = 28.28$  [4.77], respectively).

An independent-samples t-test revealed that scores on self-evaluative body comparisons did not differ as a function of sexual orientation,  $t(206) = 0.10$ ,  $p = ns$ , with gay and bisexual reporting comparable levels of social comparison ( $M = 15.38$  [5.54] and  $M = 15.30$  [5.65], respectively). In contrast, gay and bisexual men differed in hypermasculinity,  $t(213) = -2.36$ ,  $p < .05$ ,  $d = -0.34$ , with gay men ( $M = 14.89$  [5.16]) self-reporting as less

hypermasculine than bisexual participants ( $M = 16.76$  [5.73]). No differences emerged between gay and bisexual men on the remaining variables: UMBI,  $t(198) = -0.36$ ,  $p = ns$ :  $M_s = 14.75$  (3.67) and 14.95 (4.16), respectively; SDS-17,  $t(196) = -0.72$ ,  $p = ns$ :  $M_s = 52.96$  (6.46) and 53.66 (5.98), respectively; and age,  $t(217) = -0.60$ ,  $p = ns$ :  $M_s = 53.73$  (9.14) and 54.49 (8.17), respectively.

Correlations among the variables were stratified by sexual orientation (see Table 1), with similar patterns of relations emerging for both groups. Indices of body image investment, which were positively interrelated, typically evidenced positive associations with social comparison and non-significant relations with hypermasculinity. In general, age and social desirability bias did not correlate significantly with body image investment or the predictor variables. However, scores on the measure assessing unimportance of male body image correlated negatively with body image investment and the predictors and correlated positively with age.

### ***Prediction of Body Image Investment***

Six multiple regression analyses were conducted to examine the abilities of hypermasculinity and social comparison to predict the three indices of body image investment in gay and bisexual participants. Age, unimportance of male body image, and socially desirable responding were entered as covariates at Step 1 and self-evaluative body comparison and hypermasculinity were entered at Steps 2 and 3, respectively.

Tables 2 and 3 (over page) give summaries of the regression analyses (e.g., beta coefficients for each predictor in the final models). After controlling for the covariates, body comparison for self-evaluation emerged as a significant predictor of body image investment in each multiple regression ( $s^2$  ranged from .13 to .44), such that higher frequencies of social comparison were associated with greater levels of investment. The explanatory value of

Table 2. Gay men: Hierarchical regression analyses examining the impact of self-evaluative body comparison and hypermasculinity on body image investment

Criterion Variable	Step and Variable	$\beta$	$\beta$	$t$	$sr^2$	$R^2$	$AdjR^2$	$\Delta R^2$	$df$	$\Delta F$
MB										
	<b>Step 1</b>					.05	.03	.05	3, 116	2.20
	Age	-.04	-.07	-.85	.00					
	UMBI	.09	.07	.78	.00					
	SDS-17	.08	.12	1.43	.01					
	<b>Step 2</b>					.28	.26	.23	1, 115	36.63***
	SEV	.44	.53	6.04***	.23					
	<b>Step 3</b>					.29	.25	.00	1, 114	.48
	HYP	.05	.06	.69	.00					
Criterion Variable	Step and Variable	$\beta$	$\beta$	$t$	$sr^2$	$R^2$	$AdjR^2$	$\Delta R^2$	$df$	$\Delta F$
MS										
	<b>Step 1</b>					.08	.05	.08	3, 116	3.27*
	Age	.08	.13	1.51	.02					
	UMBI	-.02	-.01	-.15	.00					
	SDS-17	.15	.18	2.14*	.03					
	<b>Step 2</b>					.21	.18	.13	1, 115	18.50***
	SEV	.38	.40	4.31***	.13					
	<b>Step 3</b>					.22	.18	.01	1, 114	1.45
	HYP	.11	.10	1.21	.01					
Criterion Variable	Step and Variable	$\beta$	$\beta$	$t$	$sr^2$	$R^2$	$AdjR^2$	$\Delta R^2$	$df$	$\Delta F$
SES										
	<b>Step 1</b>					.10	.08	.10	3, 116	4.43**
	Age	-.03	-.04	-.49	.00					
	UMBI	.06	.03	.36	.00					
	SDS-17	-.17	-.15	-2.07*	.02					
	<b>Step 2</b>					.40	.38	.30	1, 115	58.24***
	SEV	.82	.61	7.92***	.30					
	<b>Step 3</b>					.45	.43	.05	1, 114	9.54**
	HYP	.32	.22	3.09**	.05					

\*\*\* $p < .001$  \*\* $p < .01$  \* $p < .05$   
 Reported  $\beta$ ,  $\beta$ ,  $t$ ,  $sr^2$  are from the final model.

Table 3. *Bisexual men: Hierarchical regression analyses examining the impact of self-evaluative body comparison and hypermasculinity on body image investment*

Criterion Variable	Step and Variable	B	$\beta$	T	$sr^2$	$R^2$	$AdjR^2$	$\Delta R^2$	df	$\Delta F$
MB										
	<b>Step 1</b>					.07	.02	.07	3, 55	1.35
	Age	.02	.03	.30	.00					
	UMBI	.06	.06	.51	.00					
	SDS-17	.09	.13	1.22	.01					
	<b>Step 2</b>					.49	.45	.42	1, 54	44.08***
	SEV	.54	.73	6.94***	.44					
	<b>Step 3</b>					.52	.47	.03	1, 53	3.05
	HYP	.14	.19	1.75	.03					
Criterion Variable	Step and Variable	B	$\beta$	T	$sr^2$	$R^2$	$AdjR^2$	$\Delta R^2$	df	$\Delta F$
MS										
	<b>Step 1</b>					.08	.03	.08	3, 55	1.60
	Age	.13	.23	2.05*	.05					
	UMBI	.01	.00	.03	.00					
	SDS-17	.08	.10	.90	.00					
	<b>Step 2</b>					.39	.35	.31	1, 54	27.83***
	SEV	.52	.62	5.33***	.32					
	<b>Step 3</b>					.40	.35	.01	1, 53	.72
	HYP	.09	.10	.85	.00					
Criterion Variable	Step and Variable	$\beta$	$\beta$	t	$sr^2$	$R^2$	$AdjR^2$	$\Delta R^2$	df	$\Delta F$
SES										
	<b>Step 1</b>					.11	.06	.11	3, 55	2.23
	Age	-	-	-1.22	.01					
		.12	.12							
	UMBI	.20	.11	.93	.00					
	SDS-17	-	-	-1.10	.01					
		.15	.11							
	<b>Step 2</b>					.49	.45	.38	1, 54	40.36***
	SEV	.96	.69	6.62***	.40					
	<b>Step 3</b>					.52	.47	.03	1, 53	2.74
	HYP	.25	.18	1.66	.02					

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

Reported  $\beta$ ,  $\beta$ ,  $t$ ,  $sr^2$  are from the final model.



self-evaluative social comparison was particularly strong for bisexual participants. Scores on hypermasculinity accounted for significant variance in self-evaluative salience of appearance for gay men only ( $sr^2 = .05$ ) (i.e., hypermasculinity positively related to the importance of appearance to gay participants' sense of self). For the most part, the covariates did not account for statistically significant amounts of variance in the indices of body image investment for either gay or bisexual participants.

### Discussion

The aims of the current research were to assess body image investment among gay and bisexual men over the age of 40. In addition to investigating whether investment differed according to sexual orientation, the abilities of social comparison theory and threatened masculinity theory to predict body image investment were tested. Findings suggested that body image investment varied little as a function of participants' sexual orientation. Gay and bisexual participants did not differ on the frequency with which they engage in behaviours designed to build muscle mass; the degree to which appearance is important to their sense of self; or the amount of effort they report expending to improve their appearance. While the men in this study typically reported that they did not engage in behaviours associated with the drive for muscularity, their moderate scores on motivational and self-evaluative salience of appearance suggest that, on average, gay and bisexual men over 40 years managed their appearance to look their best and regarded body image as somewhat important to their sense of self and self-worth.

Gay and bisexual men, who were equivalent in age, engaged in socially desirable responding to a similar degree and obtained similar scores on the measure assessing perceived unimportance of body image to men. With regards to the predictor variables, while bisexual men obtained significantly higher scores on the subscale assessing hypermasculinity, it is im-

portant to note that both gay and bisexual respondents' mean scores were below the midpoint. Similarly, gay and bisexual participants obtained low scores on the measure assessing body comparison for self-evaluative purposes.

In accord with the study's hypotheses and in support of social comparison theory, body comparison for self-evaluation accounted for significant variance in drive for muscularity behaviours and motivational and self-evaluative salience of appearance. Little support was obtained for the theory of threatened masculinity; specifically, hypermasculinity accounted for a small amount of unique variance on self-evaluative salience of appearance for gay men only.

An important question is why was self-evaluative body comparison able to predict participants' body image investment? The emphasis placed on body image by the gay community may help explain this finding. That is, relative to other types of social comparative behaviours, social comparisons on the dimension of physical appearance may be particularly salient to gay and bisexual men. Given the idealisation of physical attractiveness with the gay community, it is possible that levels of body image investment may be greater among gay and bisexual men resulting in a larger proportion of these groups attaining the body type that constitutes the ideal and, thus, serving as upward comparative targets. The actual or perceived ubiquity of such targets may augment gay and bisexual men's feelings of body dissatisfaction and subsequent investment in efforts to improve their appearance.

Given that homosexuality constitutes a risk factor for eating disorders in men (Boisvert & Harrell, 2009; Hospers & Jansen, 2005), there is a need to better understand the prevention and treatment of gay men's disordered eating (Boisvert & Harrell, 2009; Russell & Keel, 2002). To date, numerous factors have been highlighted as potentially important to the aetiology and maintenance of eating disorder

symptoms, such as negative body image evaluation and intensified body image investment (Boisvert & Harrell, 2009; Williamson, 1999). Given that self-evaluative body comparison emerged as an important predictor of body image investment in the current study, future research on eating disorder symptoms among sexual minority men may benefit from a focus on social comparison (e.g., does body comparison mediate the relationship between body image and eating disorder symptomatology?). Such research may inform clinical work with men with eating disorders. For example, if body comparison is problematic, a client may benefit from cognitive behavioural therapy aimed at adoption of more realistic comparative targets and reduction of harmful comparisons.

The finding that hypermasculinity did not account for significant variance in participants' body image investment may be attributable to a lack of perceived competition between women and gay or bisexual men. It is possible that participants in the current research did not want to gain muscle mass to differentiate themselves from women and reaffirm their masculinity. Indeed, recent research suggests that gay men's drive for muscularity is motivated by a pursuit of social status (e.g., attaining a physique that meets the standards of physical attraction in mainstream gay culture) rather than a perception that one's masculinity is under threat (Duncan, 2007).

The measurement of social comparison theory and threatened masculinity theory warrants discussion. As the foci of the self-evaluative body comparison subscale and the hypermasculinity subscale are narrow, the predictive value of other forms of body comparison and masculinity are unknown. For example, it is possible that gay and bisexual men aged 40 years or older engage in body comparisons for reasons other than self-evaluation (e.g., self-improvement). In addition, body comparison direction should be addressed. To this end, measures developed recently by Ryan and Morrison (in press) assessing upward, downward, and lateral comparisons may be useful.

The hypermasculinity measure employed in the current study was comprised of 8 of the original 10 items from one subscale of the Auburn Differential Masculinity Inventory (ADMI-60; Burk et al., 2004). Given the need to ensure the survey was of a manageable length, the authors opted against including the other ADMI-60 subscales. As these measure different facets of hypermasculinity (i.e., sexual identity, dominance and aggression, conservative masculinity, and devaluation of emotion), researchers wishing to examine further the theory of threatened masculinity and male body image, may benefit from inclusion of the total ADMI-60. It also is critical to note that masculinity is a multidimensional construct (Chesebro & Fuse, 2001). Therefore, researchers should examine how other dimensions of masculinity potentially relate to body image investment.

Another noteworthy finding is that, in general, participants' age was not significantly associated with indices of body image investment, suggesting that, as sexual minority men age, investment in their appearance does not diminish. Although this finding is in accord with Lewis and Cachelin's (2001) finding that body image did not differ between women in middle and late adulthood, most participants in the current investigation were in their 50s. Thus, additional research with more heterogeneous samples is recommended.

There are several limitations to this study that warrant mention. First, the assessment of sexual orientation focused on self-identification as heterosexual, gay, bisexual, or other. According to Worthington and Reynolds (2009), such categories may be too basic. For example, they identified two categories of gay men, with one category being characterised as having a very low orientation to females, very high orientation to males, very low heterosexual identity, and very high lesbian, gay, or bisexual (LGB) identity. The other category had a slightly higher heterosexual identity and slightly lower LGB identity. Similarly, Savin-Williams (2006) emphasises the multifaceted nature of sexual orientation

and the need to measure individuals' sexual/romantic attraction, sexual behaviour, and sexual identity. Future research on the body image of sexual minority men should employ more complex measures of sexual orientation identification such as The Sexual Orientation Identity Scale (SOIS; Worthington & Moreno, 2005). The use of such measures may permit a more nuanced understanding of body image among unique sexual orientation groups.

Second, this study focused on what might be characterised as hegemonic representations of appearance within gay culture. Although mainstream gay culture idealises young, muscular bodies, there are subcultures in which other somatypes are preferred such as the bear subculture (Gough & Flanders, 2009), whose members possess and idealise large and hirsute bodies, accept physical aging, and reject conventional gay male body ideals (Manley, Levitt, & Mosher, 2007). It is possible that 'bears' may differ from other gay men in terms of body image evaluation and investment (Gough & Flanders, 2009). Future research should address this limitation.

Third, as populations of older sexual minority men are difficult to recruit for research participation (Warner, Wright, Blanchard, & King, 2003), Internet research may be a particularly useful resource because it eases the difficulty of recruiting specialised groups (Kraut et al., 2004) and allows individuals to anonymously take part in research in a location of their own choice (Eysenbach & Wyatt, 2002). However, the generalisability of online research findings is questionable given self-selection and dropout biases and the tendency for Internet users to be young (Eysenbach & Wyatt, 2002; Kraut et al., 2004; Poynton, 2005). Thus, in the current study, the views of gay and bisexual men that did not have access to a computer or were not proficient users of computers were excluded. This limitation could be addressed by future research employing heterogeneous methodologies.

Also, have Filiault and Drummond (2009) noted that, depending on their Internet be-

haviour (e.g., whether they are or are not members of online chat room[s]), gay men may differ in terms of their demographic characteristics and body image. When recruiting participants for the current study, adverts inviting men to take part were posted in various online locations and those who accepted these invitations were asked to invite other men, potentially interested in the research, to take part. However, participants were not asked how they were recruited, precluding an analysis of gay men's body image as a function of recruitment means. Future research should address this limitation by including items on recruitment.

In conclusion, the results of this study revealed that gay and bisexual respondents over the age of 40 evidenced few differences on indices of body image investment. Further, compared to the theory of threatened masculinity, social comparison theory possessed greater explanatory value. Despite suggestions that gay men may be at risk for the development of body image problems, to date, body image evaluation and investment among middle-aged and older sexual minorities has received scant empirical attention. It is hoped that this study and the research suggestions it articulates will motivate additional work on this important, yet neglected, topic.

### Author Notes

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### References

- Baker, L., & Gringart, E. (2009). Body image and self-esteem in older adulthood. *Ageing & Society, 29*, 977-995.

- Barnette, J.J. (2000). Effects of stem and Likert response option reversals on survey internal consistency: If you feel the need, there is a better alternative to using those negatively worded stems. *Educational and Psychological Measurement, 60*, 361-370.
- Beagan, B., & Saunders, S. (2005). Occupations of masculinity: Producing gender through what men do and don't do. *Journal of Occupational Science, 12*, 161-169.
- Blake, B.F., Valdiserri, J., Neuendorf, K.A., & Nemeth, J. (2006). Validity of the SDS-17 measure of social desirability in the American context. *Personality and Individual Differences, 40*, 1625-1636.
- Blashill, A.J., & Vander Wal, J.S. (2009). Mediation of gender role conflict and eating pathology in gay men. *Psychology of Men & Masculinity, 10*, 204-217.
- Boisvert, J.A., & Harrell, W.A. (2009). Homosexuality as a risk factor for eating disorder symptomatology in men. *The Journal of Men's Studies, 17*, 210-225.
- Boroughs, M., Cafri, G., & Thompson, J. (2005). Male body depilation: Prevalence and associated features of body hair removal. *Sex Roles, 52*, 637-644.
- Burk, L.R., Burkhart, B.R., & Sikorski, J.F. (2004). Construction and preliminary validation of the Auburn Differential Masculinity Inventory. *Psychology of Men & Masculinity, 5*, 4-17.
- Cafri, G., & Thompson, J.K. (2004). Measuring male body image: A review of the current methodology. *Psychology of Men & Masculinity, 5*, 18-29.
- Cahill, S., & Mussap, A.J. (2007). Emotional reactions following exposure to idealized bodies predict unhealthy body change attitudes and behaviours in women and men. *Journal of Psychosomatic Research, 62*, 631-639.
- Cash, T.F. (2007). Foreword. In J.K. Thompson & G. Cafri (Eds.), *The muscular ideal: Psychological, social, and medical perspectives* (pp. ix-x). NE: American Psychological Association.
- Cash, T.F., & Grasso, K. (2005). The norms and stability of new measures of the multi-dimensional body image construct. *Body Image, 2*, 199-203.
- Cash, T.F., Melnyk, S., & Hrabosky, J.I., (2004a). The assessment of body image investment: An extensive revision of the Appearance Schemas Inventory. *International Journal of Eating Disorder, 35*, 305-316.
- Cash, T.F., Morrow, J.A., Hrabosky, J.I., & Perry, A.A. (2004b). How has body image changed? A cross-sectional investigation of college women and men from 1983 to 2001. *Journal of Consulting and Clinical Psychology, 72*, 1081-1089.
- Cash, T.F., & Pruzinsky, T. (2002). Future challenges for body image theory, research, and clinical practice. In T.F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 509-516). NY: Guilford Press.
- Chaney, M.P. (2008). Muscle dysmorphia, self-esteem, and loneliness among gay and bisexual men. *International Journal of Men's Health, 7*, 157-170.
- Chesebro, J.W., & Fuse, K. (2001). The development of a perceived masculinity scale. *Communication Quarterly, 49*, 203-278.
- Choi, P.Y.L. (2003). Muscle matters: Maintaining visible differences between women and men. *Sexualities, Evolution & Gender, 5*, 71-81.
- Dittmar, H., & Howard, S. (2004). Thin-ideal internalization and social comparison tendency as moderators of media models' impact on women's body-focused anxiety. *Journal of Social and Clinical Psychology, 23*, 768-791.
- Drummond, M.J.N. (2006). Ageing gay men's bodies. *Gay & Lesbian Issues and Psychology Review, 2*, 60-66.
- Duggan, S.J., & McCreary, D.R. (2004). Body image, eating disorders, and the drive for muscularity in gay and heterosexual men: The influence of media images. *Journal of Homosexuality, 47*, 45-58.
- Duncan, D. (2007). Out of the closet and into the gym: Gay men and body image in Melbourne, Australia. *The Journal of Men's Studies, 15*, 331-346.

- Eysenbach, G. & Wyatt, J. (2002). Using the Internet for surveys and health research. *Journal of Medical Internet Research*, 4, e13. Retrieved December 19, 2009, from <http://www.jmir.org/2002/2/e13/>
- Feldman, M.B., & Meyer, I.H. (2007). Eating disorders in diverse lesbian, gay, and bisexual populations. *International Journal of Eating Disorders*, 40, 218-226.
- Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, 7, 117-140.
- Filiault, S.M., & Drummond, M.J.N. (2009). Methods and methodologies: Investigating gay men's body image in Westernised cultures. *Critical Public Health*, 19, 307-323.
- Frederick, D.A., Buchanan, G.M., Sadehgi-Azar, L., Peplau, L.A., Haselton, M.G., Bere-zovskaya, A., et al. (2007). Desiring the muscular ideal: Men's body satisfaction in the United States, Ukraine, and Ghana. *Psychology of Men & Masculinity*, 8, 103-117.
- Gough, B., & Flanders, G. (2009). Celebrating "obese" bodies: Gay "bears" talk about weight, body image and health. *International Journal of Men's Health*, 8, 235-253.
- Gulas, C.S., & McKeage, K. (2000). Extending social comparison: An examination of the unintended consequences of idealized advertising imagery. *Journal of Advertising*, 29, 17-28.
- Hargreaves, D.A., & Tiggemann, M. (2006). 'Body image is for girls': A qualitative study of boys' body image. *Journal of Health Psychology*, 11, 567-576.
- Hospers, H.J., & Jansen, A. (2005). Why homosexuality is a risk factor for eating disorders in males. *Journal of Social and Clinical Psychology*, 24, 1188-1201.
- Kaminski, P.L., & Hayslip, B. (2006). Gender differences in body esteem among older adults. *Journal of Women & Ageing*, 18, 19-35.
- Kimmel, S.B., & Mahalik, J.R. (2004). Measuring masculine body ideal distress: Development of a measure. *International Journal of Men's Health*, 3, 1-10.
- Kimmel, S.B., & Mahalik, J.R. (2005). Body image concerns of gay men: The roles of minority stress and conformity to masculine norms. *Journal of Consulting and Clinical Psychology*, 73, 1185-1190.
- Kraut, R., Olson, J., Banaji, M., Bruckman, A., Cohen, J., & Couper, M. (2004). Psychological research online: Report of Board of Scientific Affairs' Advisory Group on the conduct of research on the Internet. *American Psychologist*, 59, 105-117.
- Labre, M.P. (2005). The male body ideal: Perspectives of readers and non-readers of fitness magazines. *Journal of Men's Health and Gender*, 2, 223-229.
- Levesque, M.J., & Vichesky, D.R. (2006). Raising the bar on the body beautiful: An analysis of the body image concerns of homosexual men. *Body Image*, 3, 45-55.
- Lewis, D.M., & Cachelin, F.M. (2001). Body image, body dissatisfaction, and eating disorders in midlife and elderly women. *Eating Disorders*, 9, 29-39.
- Little, R.J.A. (1988). A test of missing completely at random for multivariate data with missing values. *Journal of the American Statistical Association*, 83, 1198-1202.
- Mahalik, J.R., Locke, B.D., Ludlow, L.H., Diemer, L.H., Scott, M.A., Ryan, P.J., et al. (2003). Development of the Conformity to Masculine Norms Inventory. *Psychology of Men & Masculinity*, 4, 3-25.
- Manley, E., Levitt, H., & Mosher, C. (2007). Understanding the bear movement in gay male culture: Redefining masculinity. *Journal of Homosexuality*, 53, 89-112.
- McCabe, M.P., & Ricciardelli, L.A. (2004). Body image dissatisfaction among males across the lifespan: A review of past literature. *Journal of Psychosomatic Research*, 56, 675-685.
- McCreary, D.R. (2007). The Drive for Muscularity Scale: Description, psychometrics, and research findings. In J.K. Thompson and G. Cafri (Eds.), *The muscular ideal: Psychological, social, and medical perspectives* (pp. 87-106). NE: American Psychological Association.
- McCreary, D.R., & Sasse, D.K. (2000). An exploration of the drive for muscularity in adolescent boys and girls. *Journal of American Health*, 48, 297-304.

- McCreary, D.R., Saucier, D.M., & Courtenay, W.H. (2005). The drive for muscularity and masculinity: Testing the associations among gender-role traits, behaviours, attitudes, and conflict. *Psychology of Men & Masculinity, 6*, 83-94.
- Mills, J.S., & D'Alfonso, S.R. (2007). Competition and male body image: Increased drive for muscularity following failure to a female. *Journal of Social and Clinical Psychology, 26*, 505-518.
- Morrison, M.A., Morrison, T.G., & Sager, C-L. (2004a). Does body satisfaction differ between gay men and lesbian women and heterosexual men and women? A meta-analytic review. *Body Image, 1*, 127-138.
- Morrison, T.G., & Harriman, R.L. (2005). Additional evidence for the psychometric soundness of the Drive for Muscularity Attitudes Questionnaire (DMAQ). *The Journal of Social Psychology, 145*, 618-620.
- Morrison, T.G., Kalin, R., & Morrison, M.A. (2004b). Body-image evaluation and body-image investment among adolescents: A test of sociocultural and social comparison theories. *Adolescence, 39*, 571-592.
- Mussap, A.J. (2008). Masculine gender role stress and the pursuit of muscularity. *International Journal of Men's Health, 7*, 72-89.
- Olivardia, R., Pope, H.G., Jr., Borowiecki, J.J., & Cohane, G.H. (2004). Biceps and body image: The relationship between muscularity and self-esteem, depression, and eating disorder symptoms. *Psychology of Men & Masculinity, 5*, 112-120.
- Patrick, H., Neighbors, C., & Knee, C.R. (2004). Appearance-related social comparisons: The role of contingent self-esteem and self-perceptions of attractiveness. *Personality and Social Bulletin, 30*, 501-514.
- Peat, C.M., Peyerl, N.L., & Muehlenkamp, J.J. (2008). Body image and eating disorders in older adults: A review. *The Journal of General Psychology, 135*, 343-358.
- Peplau, L.A., Frederick, D.A., Yee, C., Maisel, N., Lever, J., & Ghavami, N. (2009). Body image satisfaction in heterosexual, gay, and lesbian adults. *Archives of Sexual Behavior, 38*, 713-725.
- Pope, H.G. Jr., Gruber, A.J., Mangweth, B., Bureau, B., deCol, C., Jouvent, R., et al. (2000a). Body image perception among men in three countries. *American Journal of Psychiatry, 157*, 1297-1301.
- Pope, H.G., Jr., Phillips, K.A., & Olivardia, R. (2000b). *The Adonis complex*. NY: Free Press.
- Poynton, T.A. (2005). Computer literacy across the lifespan: A review with implications for educators. *Computers in Human Behaviour, 21*, 861-872.
- Reboussin, B.A., Rejeski, W.J., Martin, K.A., Callaghan, K., Dunn, A.L., King, A.C., et al. (2000). Correlates of satisfaction with body function and body appearance in middle- and older aged adults: The Activity Counseling Trial (ACT). *Psychology and Health, 15*, 239-254.
- Ridgeway, R.T., & Tylka, T.L. (2005). College men's perceptions of ideal body composition and shape. *Psychology of Men & Masculinity, 6*, 209-220.
- Russell, C.J., & Keel, P.K. (2002). Homosexuality as a specific risk factor for eating disorders in men. *International Journal of Eating Disorders, 31*, 300-306.
- Ryan, T.A. (2009). *Men's body image: Scale development and theoretical extensions*. Unpublished doctoral thesis, National University of Ireland, Galway, Ireland.
- Ryan, T.A., & Morrison, T.G. (in press). Men's body image evaluation and investment: A review of key theoretical frameworks. In C. Blazina & D.S. Miller (Eds.), *An international psychology of men: Theoretical advances, case studies, and clinical innovations*. New York: Routledge.
- Ryan, T.A., & Morrison, T.G. (2009). Factors perceived to influence young Irish men's body image investment: A qualitative investigation. *International Journal of Men's Health, 8*, 213-234.
- Sánchez, F.J., Greenberg, S.T., Ming Liu, W., & Vilain, E. (2009). Reported effects of masculine ideals on gay men. *Psychology of Men & Masculinity, 10*, 73-87.
- Savin-Williams, R.C. (2006). Who's gay? Does it matter? *Current Directions in Psychological Science, 15*, 40-44.

- Schwartz, J.P., & Tylka, T.L. (2008). Exploring entitlement as a moderator and mediator of the relationship between masculine gender role conflict and men's body esteem. *Psychology of Men & Masculinity, 9*, 67-81.
- Slevin, K.F., & Linneman, T.J. (2009). Old gay men's bodies and masculinities. *Men and Masculinities, 000*, 1-25.
- Stöber, J. (2001). The Social Desirability Scale -17 (SDS-17): Convergent validity, discriminant validity, and relationship with age. *European Journal of Psychological Assessment, 17*, 222-232.
- Suls, J., Martin, R., & Wheeler, L. (2002). Social comparison: Why, with whom, and with what effect? *Current Directions in Psychological Science, 11*, 159-163.
- Tiggemann, M. (2004). Body image across the adult life span: Stability and change. *Body Image, 1*, 29-41.
- Tiggemann, M., Martins, Y., & Kirkbride, A. (2007). Oh to be lean and muscular: Body image ideals in gay and heterosexual men. *Psychology of Men & Masculinity, 8*, 15-24.
- Tylka, T.L., Bergeron, D., & Schwartz, J.P. (2005). Development and psychometric evaluation of the Male Body Attitudes Scale (MBAS). *Body Image, 2*, 161-175.
- Warner, J.P., Wright, L., Blanchard, M., & King, M. (2003). The psychological health and quality of life of older lesbians and gay men: A snowball sampling pilot survey. *International Journal of Geriatric Psychiatry, 18*, 754-755.
- Wheeler, L., & Miyake, K. (1992). Social comparison in everyday life. *Journal of Personality and Social Psychology, 62*, 760-773.
- Williamson, N. (1999). Why are gay men a high risk group for eating disturbance? *European Eating Disorder Review, 7*, 1-4.
- Worthington, R.L., & Moreno, M.V. (2005, August). Beyond Kinsey and Klein: Measuring sexual orientation and identity. Paper presented at the Division 44 symposium of the 113<sup>th</sup> Annual Convention of the American Psychological Association, Washington, DC.
- Worthington, R.L., & Reynolds, A.L. (2009). Within-group differences in sexual orientation and identity. *Journal of Counseling Psychology, 56*, 44-55.
- Yelland, C. & Tiggemann, M. (2003). Muscularity and the gay ideal: Body dissatisfaction and disordered eating in homosexual men. *Eating Behaviours, 4*, 107-116.



## GAY MEN, BODY IDENTITY AND THE POLITICS OF VISIBILITY

DUANE DUNCAN

### Abstract

*In much psychological literature, gay men are reported as experiencing body image dissatisfaction as a result of participating in an appearance-focused subculture. Based on interviews with gay men, this paper uses discourse analysis to explore the wider media and consumer images informing gay identity in relation to contemporary political discourses underpinning gay and lesbian movements. Personal and political questions around masculinity, visibility, and the status of gay men in society more broadly informed these men's body-identity relationships, with implications for how gay men might embody their identities and be understood by the dominant psychological research on body image.*

**Keywords:** body image, embodiment, gay men, media imagery, political visibility

### Introduction

According to a large volume of positivist psychological and health research, a perceived emphasis upon a difficult-to-achieve standard of physical conditioning in gay culture and community has led many gay men to develop a profound anxiety with appearance, principally around achieving a lean and muscular, athletic body ideal (Boisvert & Harrell, 2009; Chaney, 2008; Conner, Johnson & Grogan, 2004; Duggan & McCreary, 2004; Gil, 2007; Levesque & Vichesky, 2006; Martins, Tigge-mann, & Kirkbride, 2007; Morrison, Morrison & Sager, 2004; Thompson & Cafri, 2007; Yelland & Tiggman, 2003). Many of these studies rely on an unexplored notion of 'the gay subculture' and the emphasis it places on sex and appearance as an explanatory 'social force' for understanding the incidence of greater body dissatisfaction among gay men. Sexual gaze

theory (Siever, 1994) has been particularly influential in framing the body image experiences of gay men in gay social settings, explaining the vulnerability of gay men to body image dissatisfaction as a function of sexual objectification. Some authors have also suggested a parallel between individual anxiety with appearance, and a communal anxiety or preoccupation with appearing masculine in gay subculture more generally (Signorile, 1997; Wood, 2004; Higgins, 2006).

However, there is debate about the significance of gay men's body image dissatisfaction across diverse samples and methodologies (Hausman et al., 2004; Kane, 2009), and questions about whether such a phenomenon is simply more announced than pronounced among gay men (Pope, Phillips & Olivardia, 2000). Another critique is that psychological studies of gay men and body image also draw on a model of the subject in which individuals are understood to be vulnerable to social forces unless they demonstrate rational self-control and exercise autonomous resistance to them (Elliot, 2001; Burr, 2003; Vaninni & Was-kul, 2006). In this case, gay men's body image dissatisfaction is frequently compared to levels of body dissatisfaction found among samples of heterosexual men, and women. Thus, hegemonic masculine standards of bodily concern, sexual behaviours and values constitute the social norms against which gay men's embodied dissatisfaction is frequently understood.

The relatively few qualitative research studies that have been conducted on gay men's body image have drawn attention to the normative aspects of gay male communities and cultures; in particular, the experiences of men subject to exclusive and hard to achieve body ideals (Drummond, 2005a, 2005b; Bergling,



2007; Duncan, 2007, 2008). Drummond (2005a) has argued that body image among gay men is an inadequate tool for understanding gay men's embodied experiences, and has suggested that this notion should be widened to be understood as body identity. In understanding gay men's psychological health, we might do more than reinforce familiar stereotypes regarding gay men's greater self-interest in appearance, but rather, develop critical ways for thinking about the broader social, cultural and political contextual forces that condition and shape the embodied subjectivities gay men inhabit.

To this end, I want to examine the contemporary media and political forces shaping the visibility of gay identity, and the possible implications this has for how gay men come to experience their embodied identities. Closely tied to gay men's visibility as a minority identity is the relationship of capital to a discourse of rights underpinning contemporary gay and lesbian movements. Consumption has been central to the citizenship claims of gay men and lesbians, and a notion of individual autonomy, tied to liberal notions of a true self, underlies claims to citizenship in contemporary gay and lesbian political discourse (Chasin, 2000; Bell & Binnie, 2002; Richardson, 2004). Gay men's rights as individuals in this sense are intimately tied to democratic appeals to representation, visibility and authenticity, which take their shape in the context of consumer capitalism (Chasin, 2003).

A number of critics have identified how appeals to inclusive citizenship rest on the exclusion of sexual subjects and practices that transgress hegemonic gender and sexual norms producing a binary between 'good' and 'bad' gay citizens (Bell & Binnie, 2002; Duggan, 2002; Richardson, 2004, 2005; Seidman, 2005; Weeks, 1999). Thus, in the gay marriage debate, for example, focus has shifted from the political rights of sexual actors to the rights of 'good' gay couples (Casey, McLaughlin, & Richardson, 2004). This has implications for the appearances and bodies of gay men, both in terms of what gay men do

with their bodies sexually, and the embodiment of a visible sexual identity.

Importantly, the body image ideal identified by a number of researchers and scholars is primarily found in mediated images of gay men in advertising, newspapers, magazines, safe-sex campaigns and on-line in queer cultural settings, and newspapers and television in mainstream society. How gay men negotiate images of gay identity that appeal to them as particular kinds of beings, for instance, as liberated, sexy and free, in the context of consumer capitalism and broader rights discourses, opens up the discussion of body image to consider wider cultural and economic processes shaping gay identity and subjectivity than 'the gay community' or 'subculture'. Given the importance of visibility as a strategy inherent to gay identity politics (Chasin, 2000; Danuta-Walters, 2001; Mowlabocus, 2007), and the interrelationship between gay politics, commerce, and the media, an account of the ways gay men negotiate such imagery and do their bodies/identities in relation to it seems productive to understanding gay men's embodiment and body identity practices.

In analysing this material, my aim is to highlight the ways gay men 'do' their identities by reflexively engaging with discourses, images, and meanings about the nature and visibility of homosexuality that necessitate reflection upon the body, and an intensification of questions of self, identity and belonging. My emphasis upon reflection positions gay men as knowledgeable agents in the management of their bodies and negotiation of discourses and images defining a visible gay identity. Drawing on a concept of 'reflexive embodiment' (Crossley, 2001; 2006a; 2006b; Waskul & Vaninni, 2006) which is based on the sociological principles of symbolic interactionism (Plummer, 2003; Brickell, 2006), this capacity for reflection does not derive from an autonomous consciousness in opposition to the social world. Rather, the capacity for reflection upon the self and the body is derived from social interaction with networks of similar others, discourses, and schemas of representation

which make embodiment meaningful. Self-knowledge and self-management in this sense are therefore not indicative of transcendent consciousness, but of a fully grounded, partial sense of self in relation to similar and different others, and discourses that enable and constrain social practice and interaction.

### **Methodology**

The data for this article come from qualitative, in-depth interviews with 16 self-identifying gay men in Melbourne, Australia. Participants were recruited from social and support groups, and peer networks. The study was approved by the Monash University Standing Committee on Ethical Research and standard informed consent procedures were followed. All names and identifying information have been changed to ensure anonymity.

Measures to ascertain body image satisfaction were not used in this research. Rather, the aim was to analyse the discourses and social practices that shape the embodiment of a gay identity through interviews with gay men with varying relationships to the commercial gay scene. Interviews explored the relationship between *being* and *looking* gay and questions covered experiences of coming out, understandings and perceptions of masculinity, experiences of the scene, and participants' thoughts on the perceived emphasis on appearance among gay men in general. Body image concern was likely to be a factor in a number of men contacting me, and this was borne out in several interviews where men revealed their anxieties about appearance. These men cannot be said to constitute an objective or representative sample of gay men. This is not the aim of qualitative research, which seeks to provide an account of social processes rather than broad generalisations regarding a sampled population (Dowsett, 2007).

Interview transcripts were analysed using a Foucauldian discourse analysis approach (Gubrium and Holstein, 2000). In this approach, social practices are understood to be

embedded in discourses that shape, enable and limit the possibilities for action. Transcripts were manually coded drawing on themes from the literature in relation to those that emerged in interviews. Attention was paid to the ways participants positioned themselves, and the ways they constructed gay identity and other gay men. Attention was also paid to oppositions, discursive silences, and resistance to established discourses or practices regulating gay identity. One of the advantages of this approach is that it allows researchers to analyse how subjects are constituted through discourses that precede and condition their self-perceptions and practices. In the context of body image and gay men, this allows for an analysis of the ways in which the body is implicated in securing modern discourses of sexuality, and how body image itself may function as a discourse in the lives of gay men. Importantly, this analytic approach is compatible with an emphasis on reflexive embodiment in that both focus on the 'conditions of possibility' with regard to subjectivity.

### **Analysis**

#### ***Visibility, Authenticity, and the Body: Mainstream Media***

Participants had a keen sense of how gay men were represented in mainstream media, and such imaginings were often contested for their inauthenticity and stereotypical nature. For example, Ethan (consultant, 38) said:

They basically always try to portray it as a very flamboyant, very sexual, a very promiscuous kind of image. ... It's always these loud, flamboyant in-your-face gay males ... they don't ever really show you a report on a gay man who's just living a totally normal life, like his day-in, day-out lifestyle.

Similarly, Carl (healthcare worker, 41) said:

There are so many gay men that live out there in the suburbs with a dog and a partner and a cat, who wants to read about them in the pa-

per? Nobody! They want to read about the ones you see at Mardi Gras... dressed up like nuns and the ones that do really outrageous things because they're newsworthy, or the ones that are just beautifully buffed and like Marky Mark, Calvin Klein model type arrangements because they sell things.

These men identified an investment among heterosexual audiences with familiar stereotypes of gay men as effeminate, flamboyant or attractive and well-built. Luke (IT professional, 42) perceived that gay men represented in mainstream media were:

...very much the beautiful type people, the good bodies, the good-looking people. I think the image portrayed of gay men especially, not a lot of gay women which is interesting, but more of gay men, is usually the high income, no responsibility, as in no financial responsibility, high-disposable income sort of gay male.

Luke saw this image as having much more in common with the conventional rules of advertising whereby only the most socially 'aspirational images' are presented. As such, gay men's social status and acceptance is predicated on images that show gay men living an appealing, escapist image congruent with the ethos of consumer capitalism. Within this model of visibility, gay men have some cachet of social power by virtue of being late modern consumer citizens at the vanguard of desirable new lifestyle options. Lesbians, poor gay men, and those less capable of embodying such an ideal are excluded. Yet this image of gay men was fraught with tensions. John (author, 50s) commented: "Sex-maniacs is probably the wrong words to use, but we are portrayed as people who have nothing but predominantly sex on our minds. Sex and money, that's what it amounts to – sex, money and status". John drew a parallel between the sexual excess that gay men have been associated with since Gay Liberation and a more contemporary capitalist or consumer excess, in keeping with the myth of the pink economy and gay men as model consumer citizens.

Likewise, Nick (student, 22), discussing *Queer Eye for the Straight Guy*, commented: "it's very stereotypical. It's ridiculously stereotypical!". Robert (health worker, 25) stated: "Gay people aren't taken seriously. They're only accepted for fluff, like fashion and to be bitchy or whatever". For these men, such representations invalidated the authority of gay men to be taken seriously. Participants had a strong sense of the significance of representation to their own lives and identities. According to Robert (health worker, 25):

Gay people can't be accepted in the community without having representation on the television and in the media, but when that representation is always the one thing, it's almost worse than not having nothing at all, because people just get this idea of what it's like, and they get the idea that being gay equals being like this, when you can't be gay and be normal.

Authenticity was a central concern for these participants, and many positioned themselves as normal, everyday men for whom sexual identity was a small part of their daily lives. These men worked to diminish the extent of any social difference on the basis of sexuality, a strategy that paradoxically required an ongoing self-consciousness at being marked as sexual subjects. For these men, the social significance of identifying as a gay man results in a heightened sense of visibility, and a sense of being judged *as a gay man*. This predicament reflects a central paradox for sexual subjects in liberal politics. According to Michael Bronski:

Visibility for gay people immediately reinforces their stigmatisation by identifying them *as* gay people. By remaining in the closet, gay people can more fully participate as citizens. The irony is that gay people can be *public* – treated as full citizens – as long as they are not *visible* as gay people (1998, p. 184).

The body, as the basis to the lived experience of identity, is therefore a source of personal and political tension for many gay men. For example, John (author, early 50s) described a

gay man from an early season of Australian *Big Brother* who "did us a lot of good":

He was a good guy who had a very good head on his shoulders, he didn't flaunt that he was gay, he wasn't sort of seen under the showers sort of flaunting himself around as much as some of the straight guys were, and he could talk intelligently, he could hold an intelligent conversation, and win arguments.

Illustrating the workings of the mind-body dualism (see Grosz, 1994), John identifies the risks associated with being considered overly-sexual or body-focused, particularly for gay men, and the need to eschew those aspects of self that might signify *any* kind of sexuality.

These comments can be seen to reflect the personal anxieties and pressures these men face identifying as gay men in contemporary Australia, particularly in terms of appearance and visibility. Yet, this position relies implicitly on a notion of normative 'everyday' masculinity, and the refutation of any performance of homosexuality that might adhere to or confirm social and stereotypical ideas about effeminate or camp gay men (Brickell & Taylor, 2004).

As such, the men appeared to uncritically accept the logic of the associations between rationality and masculinity, and homosexuality and 'fluff'. Their responses often drew on a gay liberationist argument for authenticity and visibility that in effect closed down spaces for men (gay or straight) to embody non-normative, non-masculine, camp, effeminate or queer identities, with clear implications for how they might think about their own bodies. Importantly, this strategy was not universally shared by all men. Several described using their bodies to convey a sexual pride and upset the normative boundaries regulating male conventions of bodily display. For these men, the muscular body, while difficult to achieve and maintain, offered up political and social meaning in the context of heteronormativity, and could provide status in gay and straight social situations (Duncan, 2007; 2008).

### ***Visibility, Authenticity, and the Body: Gay Media***

In gay media, such as newspapers and magazines aimed at gay men, participants saw 'the myth of gay wealth' played out with direct reference to an overtly sexualised male body image. Perhaps reflecting the influence of feminist critiques of media and advertising on women's body image (Wolf, 1990; Bordo, 1993), many took issue with the focus on sex and in particular, the physically generic bodies of the models in gay media (i.e., slim, muscular, hairless, young and tan). For example, Steve (IT contractor, 33) said:

Because there is probably a lot of pressure on looking good and, again, that's from media, magazines, everything else, and the porn industry, but everything a gay man's exposed to, it's all about looking good, it's all about the body image and that's what's promoted.

Similarly, Frank described:

Every magazine that you pick up to buy, any magazine that you look at is going to have guys with excellent bodies, excellent physiques, toned, ripped, or muscular or whatever combination that you like, because that is the ideal.

Frank (student, 22) gave an example demonstrating the absurdity of this situation:

Every second ad had people like half-naked, and it got to the point where there was one [advertisement] that was selling gay life-insurance, and stuff like that, and it was two men in Speedos walking down a beach, and I thought 'what's that got to do with life insurance?'

Similarly, John (journalist, 50s) commented:

I was looking through a copy of *DNA* the other day and there were about 10-15 pages that were young guys in there allegedly modelling gear, and credits for gear that were underneath, that in half the bloody photos you couldn't even see the gear that they were wearing anyway, it was concentrating on the

bloody torso or down below, or something. ... all you could see staring at you was bulging bloody dicks in Speedos!

Unlike advertising aimed at gay consumers in mainstream media, which tends to subtly code images using sexual ambiguity or androgyny (Bordo, 1999; Danuta-Walters, 2001; Miller, 2005), subtlety is apparently cast aside in gay media.

Participants had a sophisticated critique of the ways in which sex and gay identity come together around such consumer body ideals. Yet frequently this resulted in the stigmatisation of men seen to pursue the image ideals proffered in the magazines, or the construction of all gay men as sexually and socially excessive. For example, Chad summed up the contemporary concerns of gay men: "you know the peak of what's wrong with society seems to be rolled up into the gay community as far as appearance and buying into the values of the year 2000s". Those values included an over-concern with appearance, materiality, and the individual self, and often rested on claims that gay men were self-consciously compensating for a lack of social privilege in the context of homophobia, or an inherent narcissism.

But perhaps these men's frustrations reflect a contradiction at the heart of gay identity politics. Mark Simpson (1996, p. 4) argues that gay culture is defined by a rejection of the sexual repression and consequent self-denial fostered by 'the closet' prior to Gay Liberation. Because sexuality and selfhood are collapsed in the identity politics model of sexuality, a rejection of sexuality or pleasure is a negation of selfhood. In contrast, gay culture is a celebration of that sexuality and associated pleasures. Thus, the body imagery identified by these participants is designed to sell products not only off the muscled backs of the models themselves, but also off the liberationist ethos which emphasises the sexuality and pleasure of being gay. These images sell an ideal of gay life and gay identity, embodied in the muscular, sexual bodies of the models themselves – which, in their coding of dominant,

replicable attributes – muscles, hairlessness, tan – come to represent the gay (social) body. As Luke pointed out (in the previous section), the most palatable (i.e. non-sexual) aspects of this image of gay identity transcend gay media with a familiar stereotype of gay men as stylish and good-looking being seen as a positive political representation of gay men in mainstream media.

Whereas some men were critical of the perceived superficial concerns of gay men, others were critical of the exclusions a body image hierarchy produced. Frank's (student, 22) description is emblematic of the position taken by several participants:

When I flip through the pages and these are supposed to be representations of the community and everyone is muscular and toned and no hair and just, it's almost this image of gay perfection! It's this strong desire to be that because you want to fit into that community, you want to be that. You don't want to be stuck between two different communities, you know, the straight mass media, that side of the world, and the gay community. If you're not part of the muscle toned, gorgeous, great smile set, or stereotype, then you're kind of on the outskirts... you look through the images and you like what you see, and so if you're not that, then people are not going to like you, because they want that same image, so there is that pressure I guess to conform to that.

Frank highlights how such a body ideal functions as an identity-building enterprise – it consolidates the visibility of gay men as distinct from the 'straight world', and structures relations between gay men in terms of appearance. Frank's comments also demonstrate how desire for the bodies on display is understood to be the bedrock or truth upon which the power of that image of gay perfection rests. Because sexual desire is perceived to be a natural feature of selfhood in liberal-political sexual discourse, it is beyond critique. Consequently, a failure to embody that image will result in sexual *and* social exclusion. The body ideal functions as more than just a marker of a desirable, sexy physique. It also communi-

cates social status, social acceptance, and belonging to a group identity.

Countering the notion of there being only one ideal, Kieran (IT professional, 30) described the images of gay men he saw in media as falling into four distinct types:

I don't see there being one single unifying image of gay men...I mean [there is] the muscle bound man, the Bear, the twink, and the late 20s combed, waxed guy on *Men's Health* [magazine]. I don't think they challenge, I think they adhere almost to stereotypes that people have in the gay and straight community.

Significantly, the four types in this taxonomy are delineated more on the basis of body shape, muscularity, hirsuteness, and age, than any other social or cultural difference. Visibility on the basis of embodiment is the feature of each of these respective images and social groupings. As images, types or imaginings of gay men present in both gay and/or straight social settings, each embodies particular political, social and sexual meanings. The muscle men would seem to embody an ostensibly hyper-masculine body shape, while the Bears celebrate a hirsute, husky notion of authentic maleness. One is self-consciously achieved by lifting weights and dieting, while the other involves a self-conscious rejection of body stylisation (Hennen, 2005). The twink is a younger, athletic body image identity with a relationship to fashion, and a clearer association to 'metrosexuality' (Drummond & Filiault, 2007). The *Men's Health* model reflects a contemporary moment in which heterosexual and homosexual come together under the auspices of consumer capitalism, indicating broader shifts in contemporary expectations of masculine self-presentation with implications for heterosexual men's body image.

Thus, while there may not be one unifying gay body image, Kieran points out the centrality of the body to four distinct forms of gay identity, in which different sexual practices and gendered presentational styles define the boundaries of inclusion and exclusion. He also high-

lights how these images are simultaneously identity categories and public stereotypes. Recent research on 'bears' highlights the way sub-cultural identity practices emerge in relation to mainstream gay and wider cultural expectations around gay men's appearance and body weight (Gough & Flanders, 2009). Such body-identities undermine the dominance of the athletic, muscular body purported to constitute the ideal in gay subculture, and raise important questions about identity, belonging and sexuality. Dissatisfaction with appearance in the context of the commercial gay scene may facilitate the emergence of alternative cultural formations with their own internal logics, and which take the body as their starting point.

Following Kieran's taxonomy, the body is central to gay life, but also offers up opportunities and identity positions to resist the sexualised imagery that dominates. For example, John (author, 50s) remarked: "if you're a reasonably mature gay man you don't even look at it any more, it bores you silly, you know, it's not a good reflection of your lifestyle". Kieran (IT professional, 30) was dismissive about the dominance of such imagery, and questioned the suggestion that all gay men were victims of it:

You know what's wrong with me if I don't go down and spend, according to the advertisements, my whole day getting depilated, waxed, lasered, working out in the gym? I don't know where people find the time to hold down full-time jobs in the gay community – they're so busy going to the gym and getting waxed, and going to get their eyes done, and their faces peeled, and their cosmetic surgery!

Kieran suggests it is easy to conclude that there is a negative body culture among gay men based on the images and advertising for body-related improvement services in community newspapers and magazines. Thus, for a number of the men interviewed, these images were attractive and sexy, and offered up the promise of status, group membership and identity. However, for others, these images were unreasonable, easily ignored, or repre-

mented the excesses of gay cultural life more generally.

### Conclusion

The bodies gay men pursue, idealise, embody, or reject are likely to be multiple, and diverse. However, it is also the case that broader social, economic and political forces shape those bodies and body-practices considered desirable, and that these are also closely related to the expression of identity and selfhood in the context of late modern consumer society, where the body takes on moral and social significance across a range of fields.

It should be clear from these findings that embodiment for gay men involves a number of complexities that generate a state of self-consciousness with regard to appearance. Personal and political questions around masculinity, visibility, and the status of gay men in society more broadly informed these men's relations with a gay body image ideal, other gay men and an imagined heterosexual public. These men were conscious of the status and privilege that adheres to a stylish, well-toned male body, observing a link between the representation of gay men in mainstream and queer media forms wherein gay men are socially desirable due to a highly aesthetic and aspirational image of late modern masculinity. Yet these men were also conscious of the stigma associated with caring too much about one's appearance, particularly for gay men. A number of participants were conscious of the need to avoid association with an excessive sexuality, and regulated their own embodiment, and that of other gay men, according to standards of comportment more familiar to a conventional 'everyday' masculinity.

Importantly, these findings complicate the 'sexual objectification' hypothesis that underpins a large number of the psychological studies on gay men's body image, situating the body image pressures gay men experience in a wider social context than 'gay community' or 'subculture'. In the objectification hypothesis we are presented with a simplistic loop be-

tween the bodies gay men admire and those that they wish to themselves embody in order to be attractive to other men. Gay men do not exist solely within gay community or gay subculture, and the discourses and institutions that shape and condition the possible expression of a gay subjectivity are found across multiple social and cultural fields. It is also the case that gay community and culture offer specific opportunities for self-imagining and self-fashioning that emerge in relation to the limitations placed on gay men in heteronormative society.

A model of subjectivity in which gay men are vulnerable to body image dissatisfaction as a result of participation in gay community or subculture finds parallels with familiar stereotypes of gay men as narcissistic, superficial and excessive and, as these men reveal, invites gay men to assess themselves and each other in similar terms. This is particularly true when the body reflexive practices used by gay men are compared with the relative body image-concern and practices of heterosexual men. Such an approach reproduces normative ideas about heterosexual masculinity, constructs gay community or subculture as the foundation for dissatisfaction (which is really only one step removed from the previous focus on individual pathology), and is incapable of considering the discourses and social structures that both enable and constrain the possibilities for living as a gay man in contemporary society. Of course gay men's lives are different to heterosexual men's lives – but this is an aspect of the hierarchical organisation of masculinities and sexuality in modern social life, not an implicit limitation of gay social life or the narcissistic concerns of gay men themselves.

This is not to deny that men might experience 'dissatisfaction' with appearance in the context of gay social and cultural life. There is ample evidence identifying a hierarchy of social and sexual privilege on the basis of appearance among gay men (Bergling, 2007; Drummond & Filiault, 2007; Kong, 2004; Westhaver, 2006). However, this is coherent with hetero-

sexual social relations. The body image dissatisfaction women experience cannot be understood outside the social context in which femininity and masculinity are organised in terms of heterosexuality. It seems disingenuous to claim to understand gay men's dissatisfaction without the same acknowledgement of the ways gender and sexuality are conditioned in social life.

A better understanding of the issues facing gay men in regard to body image requires a more complex methodological and theoretical engagement with bodies, body practices, and the complexities of social life. Researchers could ask men how they feel about muscles, body weight and hair, their motivations for and experiences of weight-training, and the body-improvement practices offered to them in advertising, health and lifestyle advice. These questions, and others, open up ways for thinking about embodiment and gay identity that resist a reductive, totalising, and demeaning interpretation of gay life, while identifying the norms, tensions and strategies gay men experience in the process of embodying and living a gay identity.

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### References

- Bell, D. & Binnie, J. (2002). Sexual citizenship: Marriage, the market and the military. In S. Seidman & D. Richardson (Eds.), *Handbook of Lesbian and Gay Studies*. (pp. 443-457). London: Sage.
- Bergling, T. (2007). *Chasing Adonis: gay men and the pursuit of perfection*. New York: Harrington Park Press.
- Boisvert, J.A. & Harrell, W.A. (2009). Homosexuality as a risk factor for eating disorder symptomatology in men. *Journal of Men's Studies*, 17(3), 210-225.
- Bordo, S. (1993). *Unbearable weight: Feminism, Western culture, and the body*. Berkeley: University of California Press.
- Bordo, S. (1999). *The male body: A look at the male body in public and private*. New York: Farrar, Strauss and Giroux.
- Brickell, C. (2006). A symbolic interactionist history of sexuality? *Rethinking History*, 10(3) 415-432.
- Brickell, C. & Taylor, B. (2004). What it means to be a gay man. In L. Alice & L. Star (Eds.), *Queer in Aotearoa New Zealand*. Wellington: Dunmore Press.
- Bronski, M. (1998). *The pleasure principle: Sex, backlash, and the struggle for gay freedom*. New York: St. Martin's Press.
- Casey, M., McLaughlin, J. & Richardson, D. (2004). Locating sexualities: Politics, identities and space. *Sexualities*, 7(4), 387-390.
- Chaney, M.P. (2008). Muscle dysmorphia, self-esteem, and loneliness among gay and bisexual men. *International Journal of Men's Health*, 7(2), 157-170.
- Chasin, A. (2000). *Selling out: The lesbian and gay movement goes to market*. New York: Palgrave.
- Conner, M., Johnson, C., & Grogan, S. (2004). Gender, sexuality, body image and eating disorders. *Journal of Health Psychology*, 9(4), 505-515.
- Crossley, N. (2001). *The social body: Habit, identity and desire*. London: Sage.
- Crossley, N. (2006a). *Reflexive embodiment in Contemporary Society*. Berkshire: Open University Press.
- Crossley, N. (2006b). The networked body and the question of reflexivity. In D. Waskul, & P. Vannini, (Eds.) *Body/Embodiment: Symbolic interaction and the sociology of the body*. Aldershot, Hampshire: Ashgate Publishing, Ltd.
- Danuta-Walters, S. (2001) *All the rage: The story of gay visibility in America*. Chicago and London: The University of Chicago Press.
- Dowsett, G.W. (2007). Researching gay men's health: The promise of qualitative method-



- ology. In I.H. Meyer & M.E. Northbridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations*. New York: Kluwer Academic/Plenum.
- Drummond, M.J.N. (2005a). Men's bodies: Listening to the voices of young gay men. *Men and Masculinities*, 7(3), 270-290.
- Drummond, M.J.N. (2005b). Asian gay men's bodies. *The Journal of Men's Studies*, 13(3), 291-298.
- Drummond, M.J.N. & Filiault, S.M. (2007). The hegemonic aesthetic. *Gay & Lesbian Issues and Psychology Review*, 3(3), 175-184.
- Duggan, L. (2002). The new homonormativity: The sexual politics of neoliberalism. In R. Castronovo and D.D. Nelson (Eds.), *Materializing democracy: Toward a revitalized cultural politics*. Durham, NC: Duke University Press.
- Duggan, S. & McCreary, D. (2004). Body image, eating disorders, and the drive for muscularity in gay and heterosexual men: The influence of media images. *Journal of Homosexuality*, 47(3/4), 45-58.
- Duncan, D. (2007). Out of the closet and into the gym: Gay men and body image in Melbourne, Australia. *The Journal of Men's Studies*, 15(3), 331-346.
- Duncan, D. (2008). *The gay male body: Body image dissatisfaction, identity and reflexive embodiment amongst gay men*. Unpublished PhD thesis, Monash University.
- Gil, S. (2007). Body image, well-being and sexual satisfaction: a comparison between heterosexual and gay men. *Sexual and Relationship Therapy*, 22(2), 237-244.
- Gough, B. and Flanders, G. (2009). Celebrating 'obese' bodies: Gay 'bears' talk about weight, body image and health. *International Journal of Men's Health*, 8(3), 235-253.
- Grosz, E. (1994). *Volatile bodies: Toward a corporeal feminism*. Bloomington: Indiana University Press.
- Gubrium, J.F. & Holstein, J.A. (2000). Analysing interpretative practice. In N.K. Denzin and Y.S. Lincoln (Eds.), *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage.
- Hausmann, A., Mangweth B., Walch, T., Rupp, C., & Pope, H. (2004). Body-image dissatisfaction in gay versus heterosexual men: Is there really a difference? *Journal of Clinical Psychiatry*, 65(11), 1555-1558.
- Hennen, P. (2005). Bear bodies, bear masculinity: Recuperation, resistance, or retreat? *Gender & Society*, 19(1), 25-43.
- Higgins, D. (2005). Narcissism, the Adonis complex, and the pursuit of the ideal. In C. Kendall & W. Martino (Eds.), *Gendered Outcasts and Sexual Outlaws*. Haworth Press.
- Kane, G. (2009). Unmasking the gay male body ideal: A critical analysis of the dominant research on gay men's body image issues. *Gay & Lesbian Issues and Psychology Review*, 5(1), 20-33.
- Kong, T. S-K. (2004). Queer at your own risk: Marginality, community and Hong Kong gay male bodies. *Sexualities*, 7(1), 5-30.
- Levesque, M., & Vichesky, D. (2006). Raising the bar on the body beautiful: An analysis of the body image concerns of homosexual men. *Body Image*, 3, 45-55.
- Martins, Y., Tiggemann, M., & Kirkbride, A. (2007). Those speedos become them: the role of self-objectification in gay and heterosexual men's body image. *Personality and Social Psychology Bulletin*, 33(5), 634-647.
- Miller, T. (2005) A metrosexual eye on queer guy. *GLQ: A Journal of Lesbian and Gay Studies*, 11(1), 112-117.
- Morrison, M., Morrison, T., & Sager, C. (2004). Does body satisfaction differ between gay men and lesbian women and heterosexual men and women? A meta-analytic review. *Body Image*, 7, 127-138.
- Mowlabocus, S. (2007). Gay men and the pornification of everyday life. In S. Paasonen, K. Nikunen & L. Saarenmaa (Eds.), *Pornification: Sex and sexuality in media culture*. New York: Berg.
- Pope, H. G., Phillips, K. A., & Olivardia, R. (2000). *The Adonis complex: The secret crisis of male body obsession*. New York: Free Press.
- Plummer, K. (2003b). Queers, bodies and postmodern sexualities: A note on revisiting

- the 'sexual' in Symbolic Interactionism. *Qualitative Sociology*, 26(4), 515-530.
- Richardson, D. (2004). Locating sexualities: From here to normality. *Sexualities*, 7(4), 391-411.
- Richardson, D. (2005). Desiring sameness? The rise of a neoliberal politics of normalisation. *Antipode*, 37(3), 515-535.
- Seidman, S. (2005) From the polluted homosexual to the normal gay: changing patterns of sexual regulation in America. In C. Ingram (Ed.), *Thinking straight: The power, the promise, and the paradox of heterosexuality*. New York: Routledge.
- Siever, M. (1994). Sexual orientation and gender as factors in socioculturally acquired vulnerability to body dissatisfaction and eating disorders. *Journal of Consulting and Clinical Psychology*, 62, 252-260.
- Signorile, M. (1997). *Life outside: The Signorile report on gay men – sex, drugs, muscles, and the passages of life*. New York: Harper Collins Publishers.
- Simpson, M. (Ed) (1996). *Anti-gay*. London: Freedom Editions.
- Thompson, J.K. & Cafri, G. (Eds.) (2007). *The muscular ideal: Psychological, social, and medical perspectives*. Washington D.C.: American Psychological Association.
- Waskul, D. & Vannini, P. (Eds.) (2006). *Body/embodiment: Symbolic interaction and the sociology of the body*. Aldershot, Hampshire: Ashgate Publishing, Ltd.
- Weeks, J. (1999). The sexual citizen. In M. Featherstone (Ed.), *Love and eroticism*. London: Sage.
- Westhaver, R. (2006). Flaunting and empowerment: Thinking about circuit parties, the body, and power. *Journal of Contemporary Ethnography*, 35(6), 611-644.
- Wolf, N. (1991). *The beauty myth: How images of beauty are used against women*. New York: W. Morrow.
- Wood, M.J. (2004). The gay male gaze: Body image disturbance and gender oppression among gay men. *Journal of Gay and Lesbian Social Services*, 17(2), 43-62.
- Yelland, C., & Tiggemann, M. (2003). Muscularity and the gay ideal: Body dissatisfaction and disordered eating in homosexual men. *Eating Behaviors*, 4, 107-116.



## YOUNGER AND OLDER GAY MEN'S BODIES

MURRAY J.N. DRUMMOND

### Abstract

*Men's bodies and men's body image have increasingly been gathering attention from both research academics and popular press journalists over the past 10 years. Arguably Western culture has tended to identify these body image issues in men as heterosexual notions. Research on gay men's body image has been increasing and there is now evidence to suggest that gay males have been identified as presenting a greater risk of body image disturbance than heterosexual males as a consequence of an aesthetically driven gay culture. Recent debate has focussed more on younger gay males as it has been argued that such a demographic are more likely to be impacted by the 'look', which is centred around body physique, fashion and personal grooming. Older gay males have tended to be overlooked in this discussion. Therefore their perspectives on bodies have been included in this paper to highlight the issues that both young and ageing gay men identify as being significant within the context of their lives.*

**Keywords:** body image, younger gay men, older gay men, life histories

### Introduction

This paper is based on the life histories of gay men and the issues that confront them with respect to body image and masculine identity. The men who offer to tell their 'stories' come from two distinct groups: younger gay men (18-25 years) and older gay men (within the baby boomer generation). Rich descriptive data from each of the groups of gay males were attained through extensive individual in-depth interviews. The interviews were transcribed verbatim and then analysed to identify

themes. While each of the men offered their own individual life histories, their stories have been collectively thematically analysed and compared and contrasted to one another. Indeed, one might call it a 'meta-thematic' analysis. The paper will highlight the aesthetically driven culture in which gay men exist and how each of these groups of men come to terms with the issues that confront them with respect to their bodies. While many people view gay men as a culturally marginalised and stigmatised group, this paper will highlight that age plays a role in the internal marginalisation and stigmatisation within gay cultures, particularly where bodies are concerned. The archetypal gay male body is muscular, athletic, devoid of fat and hairless. There is also an inherent perception in Western cultures that he is young. The men in this paper reflect upon having to live up to or challenge these expectations or simply come to terms with the fact that they will never attain this archetype.

Men's bodies and body image have been gaining attention in terms of academic scrutiny as well as curiosity from popular and tabloid press over the past 10-12 years (Drummond, 2002). It is now argued that contemporary men are susceptible to body image concerns and are not immune to conditions such as eating disorders, exercise obsession and muscle dysmorphia which has resulted in this increased level of inspection (Drummond, 1999; 2002; Pope, Phillips & Olivardia, 2000). The increased level of inspection has also been termed 'the gaze' and it is arguable that, particularly in contemporary Western culture, the gaze associated with men's bodies has never been stronger. An increase in the level of media attention, advertising and popular culture television programs has been identified as

heightening this gaze (Drummond, 2005a). It is arguable that men's bodies are being portrayed in ways that commercialise and objectify the male body similar to ways in which the female body has been, and continues to be, commodified. According to researchers, this has played a significant role in the construction of male body image concern (Pope et al., 2000).

Discussion on men's body image has primarily focussed on heterosexual male bodies. I have argued in the past that this is largely due to the fact that men's body image concerns and eating disorders, which have taken some time to be acknowledged as masculinised conditions, have been positioned under the rubric of heterosexual men's health (Drummond, 2005a). Moreover, Western culture has constructed a taken-for-granted notion of men's health to mean 'heterosexual men's health' (see Adams, Braun & McCreanor, this issue). Therefore, and upon the identification of men's body image issues, these issues are taken as solely being a heterosexual male health phenomena. A further heterosexualised assumption around men's bodies has been created through the use of the male body in advertising. Often the semi naked-male body is situated in close proximity to a female body, thus heightening the assumption of heterosexuality. Alternatively the male is visually linked to the masculinised domain of sport (Drummond, 1996; 2001). Furthermore, and as a consequence of the low proportion of mainstream gay television programs being aired, the majority of semi-naked male bodies on display are nominally heterosexual. However, "a gay man's body is never far from the gaze" (Drummond, 2005a).

### **Gay Men's Bodies**

Despite the fact that discussions on men and body image in popular culture and in the press often focus on heterosexual males, research literature is increasingly identifying gay men as more susceptible to body image concerns than are heterosexual men, including eating

disorders (Boroughs & Thompson, 2002; Lakkis, Ricciardelli & Williams, 1999; Siever, 1994; Silberstein et al., 1989, Williamson & Hartley, 1998). Dillon, Copeland and Peters (1999) further emphasise this claim in citing studies by Herzog et al. (1991), Beren et al. (1996) and French et al. (1996) as evidence of such a phenomena reporting gay men as displaying more body dissatisfaction than heterosexual men. Tate and George (2001) explain this phenomenon as "the toxic effects of the commercial gay scene" (p. 163). That is, according to Siever (1994), the mainstream gay male subculture exerts strong pressures on gay men to appear physically attractive and just as women have historically endured, contemporary gay males experience a degree of pressure to be slim and youthful looking. Giles (1997) further claims the normative preoccupation with looks and youthfulness within gay culture often excludes individuals who cannot conform. The consequence of this is the construction of a negative self-image based on an inability to live up to social and cultural body ideals.

As maintained by Dillon et al. (1999), gay men are also more susceptible to eating disorders due largely to the emphasis placed on physical attractiveness within mainstream gay cultures. Herzog et al. (1991) add to this notion by claiming that gay men tend to be more dissatisfied with their bodies and have a greater desire to be thin in comparison to heterosexual men. The same researchers argues that this could provide a link between sexuality and prevalence of eating disorders in men. Similarly, Williamson and Hartley (1998) claim their research findings strongly confirm that gay men are particularly at risk where serious eating disturbances are concerned. Noteworthy are findings by Strong, Williamson, Netermeyer and Geer (cited in Strong, Singh and Randall, 2000) that gay and heterosexual males have different correlates of eating disorders. Additionally, Kassel and Franko (2000) maintain that gay males appear to be more vulnerable to psychosocial factors, particularly concern for appearance and sociocultural pressure to be thin. I have argued in the past

that this pressure to be thin has evolved over time and in contemporary Western culture it has come to mean a pressure to be devoid of fat (Drummond, 2002; 2005). We are certainly seeing the changing nature of the gay male bodies that are on display in high profile media events around the world particularly within the gay and lesbian 'circuit' such as the Sydney gay and lesbian Mardi Gras here in Australia. Increasingly these bodies are taking on the appearance of highly athletic muscular physiques that are devoid of both body fat and body hair, which is consistent with the psychosocial factors relating to appearance by Strong et al. (2000). The salient difference is that the physique to which these men aspire is muscular rather than thin.

### **Life Histories**

The trend towards narratives as a legitimate research method is palpable. Many scholars are embracing the move towards individual experiences as legitimate forms of research. Significantly, Denzin (2003, p. xi) claims that:

We live in narrative's moment. The narrative turn in the social sciences has been taken... Everything we study is contained within a storied, or narrative representation. Indeed, as scholars we are storytellers, telling stories about other people's stories. We call our stories theories.

Chamberlayne, Bornat, and Wengraf (2000) talk about the 'biographical turn' in social sciences while Bochner (2001) refers to the narrative turn in qualitative inquiry. Sparkes (2005) claims that as a part of the narrative turn we have the capacity to understand people's experiences through stories and that people are essentially storytelling animals. Just as narratives in general had been overlooked as a legitimate research methodology, so too have life histories according to Connell (1990). However, "during the past 15 years the concepts of narrative and life story have become increasingly visible in the social sciences" (Lieblich, Tuval-Mashiach & Zilber, 1998, p. 1). Life history narratives offer the

potential for research participants to tell their stories, thereby providing the opportunity to assemble information to develop a complete picture that can clarify the issue under investigation. Narratives are deeply rooted in life histories. At the core of life history research is narrative analysis, which has focused specifically on how to interpret stories (Patton, 2002; Lieblich et al., 1998). As Denzin (1989a; 1989b; 1997) has identified, it is the nature of interpretation that is the basis of analytical focus in narrative studies.

The life stories of gay men in relation to their bodies, sexualities and masculinities offer important insights into their historical 'moments'. This is consistent with Sparkes' summation (2005) where he claims that life histories have the ability to "focus upon central moments, critical incidents or fateful moments that revolve around a greater sense of process of life and gives a more ambiguous, complex and chaotic view of reality" (p. 116). It is these moments in a gay male's life that this paper will focus on in order to illuminate issues that confront each of two relatively distinct groups of gay men with respect to body image, sexualities and masculinity.

### **The Research**

The men involved in this research were each a part of the same methodological process, despite engaging in two separate research projects. The first project focused on younger gay men's constructions of body image and masculine identity, while the second investigated the same issues but with older gay men. The cohort of young gay men was aged between 18-25. It was not ethically possible to attain male's under the age of 18 given that parental or guardian consent would be required. Since most young gay males do not come out to parents during their adolescent years, it would be difficult in attaining access to these males. Regarding the older gay men, the participants came from 'babyboomer' era at the time of interviewing. That is, between 45 and 60 years. It is this generation of indi-

viduals in general who are perceived as 'ageing' and therefore provide a different and unique perspective.

Fourteen young gay men and 3 older gay men were interviewed. The ease at which I was able to attain the young gay men to be interviewed was contrasted with the difficulty in attaining the older gay men. Difficulties in attracting particular cohorts of gay men are not uncommon, as has been identified in other research on gay men (see Filiault et al., 2008). However, while only 3 men were interviewed they each provided descriptive qualitative data that are extremely rich in context. All of the men lived in metropolitan Adelaide, South Australia, which is where both research projects took place.

Life histories were used in both research projects to develop a sense of understanding of the way in which their lives as gay men has impacted the way in which they view themselves, their bodies and their masculine identity. The men were each individually interviewed at a convenient and non-intrusive location of their choice. These interviews were then transcribed verbatim and coded and thematically analysed. The interviews were phenomenological in nature allowing the participant to guide the interview process and 'tell their story'.

The following analysis presents extracts from individuals within the two cohorts of gay men that reflect the main themes to emerge from each of these groups. Younger gay men and older gay men each have their own set of issues and concerns around body image and masculine identity. They each provide a unique lens through which to view these concerns.

### **Analysis**

I originally conceived this paper to be based around common themes that ran through all of the research data with these distinct cohorts of men. However, given that they are

distinct groups each with their own specific set of circumstances, there were no dominant overlapping themes. Therefore, this says much about the mainstream gay community and issues around body image and body identity with respect to masculinity. Too often we 'lump' gay men and body image in the same 'basket' thereby homogenising the ideological concerns we believe are prevalent. When we take specific groups of gay men and further tease out the issues confronting them we have the opportunity to understand their unique concerns. Younger gay men and older gay men each have their own body based concerns underpinned by factors such as age, culture, self-esteem and masculine identity to name a few. The dominant theme(s) from each of the groups of men will be presented to identify the main body based issue confronting each group of men. The findings highlight that similarities do exist while illuminating differences.

### ***Younger Gay Men***

Clearly there were two dominant themes to emerge from the interviews with the men aged between 18-25 years. The first was that of: *Living multiple lives within the context of the body and masculinities*. As I have noted elsewhere (Drummond, 2005a), and having interviewed in excess of 200 males over the past 12 years in various 'men's bodies' research projects, one of the first questions that I pose to the participants after the initial 'ice breakers' and upon developing a rapport is "can you define the meaning of masculinity for me"? Not surprisingly, most participants struggle with trying to explain the term 'masculinity'. Noteworthy is the fact that the majority of participants often identify what masculinity 'is not'. That is, it is not being feminine, not being petite and not being a girl. Further, and for some of the heterosexual participants I have interviewed for other projects, it was also not being gay. While the majority of research participants in my projects have been heterosexual, having the opportunity to listen to the stories of younger gay men pro-

vided me with the capacity to reflect upon the differences that exist between younger gay men's responses and those of younger heterosexual men around the same age. While it is not the intention of this paper to *compare* the ways in which gay and heterosexual men address issues of masculine and body identity, I would argue that by virtue of their early and continual bodily and masculine introspection, younger gay men have a greater capacity to reflect and understand their body in Western culture (Drummond, 2005a). It appears that younger gay men have a firm grasp of the meaning of the term 'masculinity' given that these men have had to consciously analyse their own masculine identity from a very early age. Whilst most younger heterosexual males that I have interviewed claimed to be thinking about the likes of sports, girls, careers and so forth, the younger gay men identified they were thinking about how they could get through the day without being identified as gay and why they seemed to be attracted to other boys and not girls. As a consequence, these men's levels of introspection were heightened at a young age and therefore they appeared to have constructed a well-considered meaning of masculinity. In the following comment, one of the younger gay male participants discussed masculinity in a very thoughtful manner, similar to most of the men in this group. However, noteworthy within this quote is the perceived common masculinised need to compare and contrast with women. He claimed:

Masculinity is act that society expects from you. A man regardless of his sexuality is supposed to act a certain way and behave a certain way. He has to be different to a woman. He has to be tough, macho and always give command. They show emotion but they have to mask that emotion side so they don't extract any emotion as well.

Issues relating to masculinity being centred on physicality and functionality of the body were abundant in the data, which is consistent with literature on men's understandings of masculinity (Messner, 1992; Drummond, 1996; 2003). Additionally, it provides evidence that

the younger gay men in this research made a clear association between the body and masculinity. Significantly, these were made on the basis of not only what the body 'looked like' but what the body could 'do'. The men often talked about strength and muscularity being important signifiers of masculinity in contemporary Western culture and there was, therefore, a certain pressure on men to prove their strength. One of the men represented this notion by stating:

When you think of masculinity you think of being strong. When you think of strong you think of security and maybe for a gay guy they might be like, 'oh I want a big man that could put his big arms around me and keep me safe and that sort of thing. It becomes a very physical thing.

Another man claimed:

Muscles and strength are symbols of masculinity. Like, let's say before I went to the gym, before I even started working out, when I walked down the Mall I would feel like 'oh shit', you know? I would feel scared. Like, they would know that I'm gay, you know? But now it's not the same. Like, I'm built and defined and I can wear a singlet and it's fine you know. People might just think that I've finished a sport, finished gym. I look muscley. I look strong.

Therefore, the body became a central point around which these men displayed their masculinity to others as well as develop a personal sense of masculine identity. It would appear from this research that younger gay men have at their disposal the opportunity to be reflexive with respect to masculine identity as well as be responsive to a range of masculinities. It is this understanding of the dynamic, and somewhat fluid, nature of masculinities, which ultimately plays an important role in maintaining a positive sense of self where masculinity is concerned.

Reflexivity allows these young men to 'adapt' in situations where they sense a feeling of marginalisation, which I have termed elsewhere as a form of 'masculine fluid-

ity' (Drummond, 2005). With respect to this notion, the young gay men talk about having to maintain a certain masculine presence in the heterosexual world whilst constructing and maintaining another in their gay culture. One of the men made a poignant claim about having to be aware of his sexuality and the public form of masculinity he displays when he stated that:

I'm ok with my sexuality. But, like in different areas, in certain parts of my life I have to act a certain way, just to fit in. You know, to fit into certain communities.

Therefore, while these men claim to be open about their sexuality and have in fact come out, the homophobia that pervades contemporary Australian culture does not truly allow them to be 'out'. For example, one of the men further added to this discussion by citing examples of where he allowed himself to be out and where he found it prudent to 'act' in a heterosexual manner. More specifically, this young man talked about the clothing he wears that is not "conspicuously gay" and will allow him to "blend in" with heterosexual male peers. Alternatively, when at home and amongst his gay and lesbian peers he claimed to be far more comfortable in being expressive with respect to the clothes he wears, the verbal and bodily discourse he uses and the image that he displays. This is in stark contrast to the image he displays at university:

Q: Well when you go to Uni what sort of things do you wear?

A: I don't like to expose a lot, you know, sort of thing. Like wear normal Uni clothes. I use my glasses as a disguise when I want to look studious.

Q: Ok and you would wear vastly different clothes going out to nightclubs and places like that?

A: Yeah, a tremendous change. Even act differently. All of my friends are like that. Like they go to Uni and they go to the Venus bar and to other different places, and they are very different.

He then went on to talk about straight men and the difficulties he faces on a daily basis with respect to passing in a heterosexual 'world'.

A: A typical straight guy is, maybe tanned, you know, and built big. And the way they talk has to be very like, butch, you know. Use a lot like swearing and those things. I guess he has to be tough, you know. Not a delicate man. A straight man can dress up a bit more now and get away with it.

Q: Yeah, it's interesting that you use the term 'get away'.

A: Yeah.

Q: Is that how you feel sometimes? Like that you need to like blend in to 'get away' with your sexuality?

A: Yeah, basically I read the situation. Like everyday I have to play a certain role to blend in, basically as a part of my life. And so when I'm at home or in a gay club I can be truly what I am.

Q: Yeah.

A: To an extent I need to think before I act like, 'is this too offensive what I'm doing?' or, 'am I out or something?', you know.

Q: Does that make you sad?

A: Yeah, a bit not like really sad but it's just, I mean, like I could play a different role.

Q: Does it affect the way you live, or have you just sort of, come to terms with that?

A: Yeah, I am kind of used to it but I would prefer not to. I mean I have to have multi personalities because I have been playing so many roles for many years.

Q: Do you find that confusing for you?

A: Yeah. Sort of, sometimes. Like, let's say in a lecture or something, sometimes the things I do as a gay person, like come out suddenly, accidentally.

Q: Can you explain?



A: Like in a lecture. Like sometimes I become more feminine like in the way I talk maybe. I swing my hand or something and I say 'oops', you know. I just have to hold back.

It is the constant assessment and reassessment of one's body in society that has played an important role in the construction of a well defined masculine identity for these younger gay men. Despite being marginalised and stigmatised there are positive aspects that can be drawn from such a continual appraisal of one's masculine identity throughout the changing nature of a man's life.

The second dominant theme to emerge from the young gay men's research data was that of *muscularity*. There is a good deal of literature identifying muscularity as a key definer of masculinity (Pope et al., 2000; Drummond, 2002; 2003). It is argued that muscularity is closely linked to perceptions of strength as well as power and dominance. It is these notions that are closely aligned to Western constructions of masculinity (Shelton & Liljequist, 2002) and have been maintained and reinforced for generations.

The meaning of muscles for gay men is somewhat complex given the importance of muscularity to body image, and then the significance of body image to gay men's individual and masculine identity (Drummond, 2005a). Power, domination, and aggression do not appear to be the major factors associated with the aspiration of muscular body for gay men. However, given the aesthetic nature of mainstream gay culture, bodies play a significant role in the determination of positional status within its cultural masculine hierarchy. Body aesthetics are also influential in assisting, and deterring, men from 'picking up' (meeting and having sex with another man). As one of the men in this research claimed, the majority of gay guys looking to pick up are looking for a guy who is: "Blonde, blue eyes, a bit taller, bit muscular than your average guy. That's the apex of what gay men are looking for".

However, most of the men identified that men

who were aesthetically pleasing to them did not ultimately make appropriate long-term partners. Certainly, there was a strong sense that aesthetics, despite producing sexual desire and envy, created a physical lust rather than an appreciation of the individual as a whole. Therefore, physicality was placed much higher on the sexual hierarchy above anything else. One of the men made a statement that is representative of such a notion by claiming:

I think that, when you see a guy who looks like he could be on the cover of a magazine and he's *hot as*, you don't think, how nice it would be to have a nice conversation sort of thing. You just think how nice it would be to have this ultimate sex session with him.

Finally, muscles have come to mean something quite specific and unique to mainstream gay culture. Given the heightened association between HIV/AIDS and gay men, the maintenance of a muscular, athletic looking physique has resulted as, what I have termed 'protest muscularity' (Drummond, 2005a). Such a physique provides the perception of health, vigour and vitality. Therefore the common social and cultural misconception of the association between HIV/AIDS, thinness and gay men is reduced. However, it is arguable that the desire to attain a muscular, athletic, physique has more to do with changing archetypal masculine ideals associated with male bodies and the success and privileges afforded to those bodies. The privileges in this case are closely aligned with perceived sexual gratification. Conversations with the men in this research around areas such as exercise would generally evolve into simplistic notions that included comments like "if you look muscular and healthy, then you feel healthy". One of the participants summed up the majority of comments when he stated:

Ahh, being muscular means health and whether a guy's taking care of himself. Probably general well being because if you tend to have a guy that goes to the gym, and I'm not talking about the gym just to build muscles, more just health in general, he

tends to have probably a more well balanced lifestyle.

### ***Older Gay Men***

Older gay men confronted a number of different concerns with respect to their bodies compared with the younger gay men. Despite being relatively content with themselves in terms of their body shape, size and muscularity, they admitted that this was becoming increasingly more difficult in what they believed was an ageist society, where ageism was even more heightened in mainstream gay culture. One of the men simply identified the gay community as "being judgemental". He further claimed that being "over 40" was a clear delineation of ageing in gay community. Therefore when he reached this age he stated that "initially, I felt worthless". Therefore *ageing and the body* was a significant theme for these men.

Midlife is an important milestone in a man's life (Wethington et al., 2004). Where heterosexual men are concerned it often represents a time in life when heterosexual men reflect upon their younger years while establishing themselves in a career to financially secure themselves and where relevant their family for the future. This can be different for gay men and may take on an alternative meaning. As Jones and Pugh (2005) aptly point out, care needs to be taken not to over-generalise individual gay men's circumstances and lifestyles because many are involved as a parent with children through choice or via past relationships. However, most gay men's lives will differ significantly from that of heterosexual men in terms of family commitments. The culture in which gay men live also differs as it is one that is heavily aesthetically-oriented where the need to 'look' sexually attractive to potential partners is significant. As one of the older men claimed:

The culture has unfortunately, from an early inception and idolised youth and the masculine form in that sense of the figure and all that sort of stuff, so there are a lot of gym queens

and all that sort of stuff who are basically body orientated. I mean when you come from Adelaide and you go to live in Sydney body image is about 90% of the gay scene and you know, if you don't have a man at 3 in the morning then there's something wrong with you.

It was constantly cited throughout the research data with older gay men that the changing nature of contemporary Western society is playing a major role in the way in which men's bodies are being viewed or 'gazed' upon. They argued that this is not specific to gay men. However, once again reference to the aesthetic nature of mainstream gay culture plays into the hands of such phenomena. The men not only talk about the physical body with respect to gay men and masculinity, but they also talk about 'the look'. That is they took into consideration clothing, hairstyles, body piercings and tattoos. The following claim typifies what each of the men identified:

In the gay community at least there's always been that idolising the classic body and looking at masculinity in all its different forms from what we wear to what we don't wear, you know, and that sort of thing too so there's a lot of differentiation in that.

One of the noteworthy concerns raised in this comment is that of the 'idolisation' of the classic male body that is supposed to 'look' a particular, masculinised, way. The question then needs to be raised as to who is presenting the images that enhance and perpetuate such an idolisation? In the eyes of the older gay men it is the media:

Well I think the ideal type is the type that you see on all the billboards and all those sorts of things. I think they are the ideal types but I don't think that's actually produced by young guys at school or middle age guys or all that sort of stuff, it's done by a group of metrosexual's in a tall office building that wouldn't be near any gym equipment anyway. And I don't think you'd find a six pack amongst them but they are the ones creating this stuff. The ideal is to have a chiselled body and you know, be extremely athletic and be able to lift

the car and change the type at the same time you know, and all that sort of caper, I mean its completely illogical crap and that's the perfect body.

Similarly another man identified the relationship between penis size, culture and expectations with age:

There are guys think that if it's under 7 inches then they're not interested. Well you know, there's a lot more to people besides that, so yeah it doesn't play in my mind but I know that it does play in others and there's a big part of that but its a lot to do with the way a culture is marketed and all that sort of stuff too. Young virile lads with hard ons and you know well everybody's saying well once you get over 45, 50, 60 well then the age limit impacts you. So you know, its fabulous when you're 17, 18, 25 but after that it starts to reduce. You see, because its harder to actually just maintain erections and the change of stamina and doing all those sorts of things plus living life you know and maintaining relationships and all those sorts of rubbish.

As this last quote highlights, age is undoubtedly an issue for the gay men in this particular research. Reaching 40 years of age had been a significant factor for these men in coming to terms with their bodies as they begin to experience the gradual and more obvious aspects of the ageing process.

### Conclusion

This paper was designed to illuminate issues that confront younger and older gay men regarding their bodies, body image and masculine identity. Each group provided a range of perspectives that were unique to their groups. While it is difficult to find common ground with respect to the types of issues they do confront, this in itself says much about having to know and understand specific age groups of gay men when working with them. Gay men, as a cohort, are often categorised as one. However, and just as in broader society, there are numerous age, cultural, racial and ethnic groups as well as created groups based on socio-economic status, appearance, aes-

thetics and even values. Noteworthy, mainstream gay culture is laced with racism, marginalisation and stigmatisation of individuals and groups (Ayles, 1999; Chuang, 1999; Drummond, 2005b). This was an important factor to recognise in the analysis of the 'gay men's bodies' data. How these men perceive themselves within the context of gay and heterosexual communities is an important factor in the construction of individual body and masculine identity. Arguably, it is within gay communities that these men place most emphasis in terms of developing these identities.

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### References

- Ayles, T. (1999). China doll: The experiences of being a gay Chinese Australian. *Journal of Homosexuality, 36*(3/4), 87-97.
- Beren, S.E., Hayden, H.A., Wilfley, D.E., & Grilo, C.M. (1996). The influence of sexual orientation on body dissatisfaction in adult men and women. *International Journal of Eating Disorders, 20*(2), 135-141.
- Bochner, A, P. (2001). Narratives virtues. *Qualitative Inquiry, 7*(2), 131-157.
- Boroughs, M., Thompson, J.K. (2002). Exercise status and sexual orientation as moderators of body image disturbance and eating disorders in males. *International Journal of Eating Disorders, 31*(3), 307-311.
- Chamberlayne, P., Bornat, J., & Wengraf, T. (2000). *The turn to biographical methods in social science*. London: Routledge.
- Chuang, K. (1999). Using chopsticks to eat. *Journal of Homosexuality, 36*(3/4), 29-41.
- Connell, R.W. (1990). An iron man: The body and some contradictions of hegemonic masculinity. In M. Messner & D. Sabo (Eds.), *Sport, men and the gender order. Critical feminist perspectives* (pp. 83-95). Champaign, Illinois: Human Kinetics.
- Denzin, N. (2003). Foreword: Narrative's mo-

- ment. In M. Andrews, S. Sclater, C. Squire & A. Treacher (Eds.), *Lines of narrative* (pp. xi-xiii). London: Routledge.
- Denzin, N. (1997). *Interpretive ethnography: Ethnographic practices for the 21<sup>st</sup> Century*. Thousand Oaks, CA: Sage.
- Denzin, N. (1989a). *Interpretive biography*. Newbury Park, CA: Sage.
- Denzin, N. (1989b). *Interpretive interactionism*. Newbury Park, CA: Sage.
- Dillon, P., Copeland, J., & Peters, R. (1999). Exploring the relationship between male homo/bi-sexuality, body image and steroid use. *Culture, Health and Sexuality*, 1(4), 317-327.
- Drummond, M. (1996). *The social construction of masculinity as it relates to sport: An investigation into the lives of elite male athletes competing in individually-oriented masculinised sports*. Unpublished Doctoral thesis, Edith Cowan University, Perth, Australia.
- Drummond, M. (1999). Life as a male 'anorexic'. *Australian Journal of Primary Health Interchange*, 5(2), 80-89.
- Drummond, M. (2001). Boys' bodies in the context of sport and physical activity: Implications for health. *Journal of Physical Education New Zealand*, 34(1), 53-64.
- Drummond, M. (2002). Men, body image and eating disorders. *International Journal of Men's Health*, 1(1), 79-93.
- Drummond, M. (2003). Retired men, retired bodies. *International Journal of Men's Health*, 2(3), 183-199.
- Drummond, M.J.N. (2005a). Men's bodies: Listening to the voices of young gay men. *Men and Masculinities*, 7(3), 270-290.
- Drummond, M.J.N. (2005b). Asian gay men's bodies. *Journal of Men's Studies*, 13(3), 291-300.
- Filiault, S.M., Drummond, M.J.N., & Smith, J.A. (2008). Gay men and prostate cancer: Voicing the concerns of a hidden population. *Journal of Men's Health*, 5(4), 327-332.
- French, S.A., Story, M., Ramafedi, G., Resnick, M.D., & Blum, R.W. (1996). Sexual orientation and prevalence of body dissatisfaction and eating disordered behaviours: A population-based study of adolescents. *International Journal of Eating Disorders*, 19, 119-126.
- Herzog, D.B., Newman, K.L., & Warshaw, M. (1991). Body image dissatisfaction in homosexual and heterosexual males. *Journal of Nervous & Mental Disease*, 179(6), 356-359.
- Giles, P. (1997). Better dead than ugly. *Harvard Gay and Lesbian Review*, 4, 11-13.
- Jones, J., & Pugh, S. (2005). Ageing gay men: Lessons from sociological embodiment. *Men and Masculinities*, 7(3), 248-260.
- Kassel, P.E., & Franko, D.L. (2000). Body image disturbance and psychodynamic psychotherapy with gay men. *Harvard Review of Psychiatry*, 8(6), 307-317.
- Lakkis, J., Ricciardelli, L.A., & Williams, R.J. (1999). Role of sexual orientation and gender-related traits in disordered eating. *Sex roles* 41: 1-16.
- Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading analysis, and interpretation*. London: Sage
- Messner, M. (1992). *Power at play*. Boston, MA: Beacon Press.
- Patton, M. (2002). *Qualitative research and evaluation methods* (3<sup>rd</sup> edn). Thousand Oaks California: Sage.
- Pope, H., Phillips, K., & Olivardia, R. (2000). *The Adonis complex. The secret crisis of male body obsession*. New York: The Free Press.
- Shelton, S. and Liljequist, L. (2002). Characteristics and behaviours associated with body image in male domestic violence offenders. *Eating Behavior*, 3, 217-227.
- Siever, M. (1994). Sexual orientation and gender as factors in socioculturally acquired vulnerability to body dissatisfaction and eating disorders. *Journal of Consulting and Clinical Psychology*, 62, 252-260.
- Silberstein, L.R., Mishkind, M.E., Striegel-Moore, R.H., Timko, C. and Rodin, J. (1989). Men and their bodies: A comparison of homosexual and heterosexual men. *Psychosomatic Medicine*, 51, 337-346.
- Sparkes, A. (2005). Narrative analysis: Exploring the whats and hows of personal stories. In I. Holloway (Ed.), *Qualitative*

*Research in Health Care*. Open University Press: UK.

- Strong, S.M., Singh, D., & Randall, P.K. (2000). Childhood gender nonconformity and body dissatisfaction in gay and heterosexual men. *Sex Roles, 43*(7-8), 427-439.
- Tate, H., & George, R. (2001). The effect of weight loss on body image in HIV-positive gay men. *AIDS Care, 13*(2), 163-169
- Wethington, E., Kessler, R C., & Pixley, J E. (2004). Turning points in adulthood. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we? A national study of well-being at midlife* (pp. 586-613). Chicago, Illinois: University of Chicago Press.
- Williamson, I., & Hartley, P. (1998). British research into the increased vulnerability of young gay men to eating disturbance and body dissatisfaction. *European Eating Disorders Review, 6*(3), 160-170.



## A CRITICAL ANALYSIS OF GAY MEN'S HEALTH POLICY DOCUMENTS

JEFFERY ADAMS, VIRGINIA BRAUN & TIM MCCREANOR

### Abstract

*Gay men experience disparity in health in many areas when compared with non-gay men and one response to this has been the development of gay-focused health policy. This article presents a critical review of 17 policy documents to investigate their adequacy (or otherwise) in attending to the health needs of gay men. Specific attention is paid to: (a) who gets a say in gay men's health issues, (b) how gay men's health is framed, (c) what is the role of the medical profession and gay men in gay men's health, and (d) what is the role of research in establishing gay health needs. The findings suggest that gay men's health is framed very negatively, highlighting deficits and problems, and largely offering individualised solutions for complex problems. It is suggested that a more holistic (and social) framing of health would allow the influence of sexuality to be properly accounted for; and a reorientation of research efforts to critically examine the existence and prevalence of discriminatory practices and discourses that work against population-level improvement in gay men's lives is advocated. A greater role for gay men in these processes is recommended.*

**Key words:** gay men's health, heterosexism, policy analysis, critical psychology, social determinants of health

### Introduction

While health policy and research have routinely evaluated the influence of a variety of factors such as age, sex, gender, and ethnicity (Loue, 1999), there is an increased recognition that looking at men just *as men* offers too broad a basis for understanding the subtle particularities of the health of different groups

of men (e.g., gay men and/or Indigenous men and/or older men). One outcome of gender-based approaches to health is that the health needs of gay men are overlooked or treated inadequately. In Australia, for example, the lack of consideration of GBT men's health in the government's *Men's Health Policy* has been critiqued (Filiault, Drummond, & Riggs, 2009), while in New Zealand the invisibility of gay men's health issues in debates and discussions about men's health has also been challenged (e.g., Neville, 2008; Neville & Adams, under review).

Because of this a gay-specific health focus has been developed at the community level, and among academics and professionals (e.g., Adams, Braun, & McCreanor, 2007; Guthrie, 2004; Meyer, 2001; Meyer & Northridge, 2007; Pega, 2007; Rofes, 1998; Saxton, 2001). Despite an obvious focus on HIV/AIDS (which continues today), interest in non-HIV/AIDS health issues for gay men is increasing. In the US, for example, a 'grassroots' health movement has challenged the disease model view of gay men in which they are portrayed as, among other things, inherently sick and self-destructive (Rofes, 2005) and recognised that while HIV is important, it is no longer the only 'rallying point' for gay men's health (Scarce, 2000). In Australia, national LGBTI health conferences are held (Health in Difference), while the involvement of gay organisations and individuals has been central to the development of gay (and LGBTI) specific health policy and strategies (e.g., Ministerial Advisory Committee on Gay and Lesbian Health, 2003). In addition, the National LGBT Health Alliance was launched in 2007 to be an advocate for the greater recognition of LGBT health needs and to build the capacity amongst those who work with and for LGBT people (National LGBT Health Alliance, n. d.).

Although much of the community-based gay men's health movement takes an asset based approach, there is also a strong and developing (academic and professional) body of health disparities research. This research has pointed to a number of health indices where it is demonstrated that gay men have poorer outcomes than heterosexual men or the male population in general (e.g., Drabble, Keatley, & Marcelle, 2003; Wolitski, Stall, & Valdiserri, 2008). For example, and compared with heterosexual men, gay men have been found to have a higher incidence of eating disorders (Russell & Keel, 2002; Williamson, 1999; Williamson & Spence, 2001), suicide and suicide attempts (Bagley & Tremblay, 1997, 2000; Fergusson, Horwood, & Beautrais, 1999; Nicholas & Howard, 1998; Skegg, Nada-Raja, Dickson, Paul, & Williams, 2003), cigarette smoking (Dilley, Simmons, Boysun, Pizacani, & Stark, 2010; Ryan, Wortley, Easton, Pederson, & Greenwood, 2001; Stall, Greenwood, Acree, Paul, & Coates, 1999), sexually transmitted infections (Saxton, Hughes, & Robinson, 2002), depression, panic attacks and psychological distress (Cochran, Sullivan, & Mays, 2003), and to have an elevated risk for anxiety, mood and substance use disorders (Bostwick, Boyd, Hughes, & McCabe, 2009; Gilman et al., 2001). Gay men, especially those attached to gay communities, are also reported to be more likely to use non-prescription drugs, including alcohol and tobacco, at high levels (Van de Ven, Rawstorne, & Treloar, 2002). Therefore, the 'epidemiological picture' of gay men's health in 'developed' countries is strongly indicative of a number of areas of health disparity between gay men and heterosexual men.<sup>1</sup>

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<sup>1</sup> The use of this binary recognises that health policy for non-heterosexual men is focused primarily focuses on gay men. Similarly the discussion in this article is concerned with natal gay men, however we point out that some transmen are gay and whilst some of the points raised will be pertinent to both groups, other issues will not (and issues exclusive to gay transmen are not discussed).

One response in many areas to these issues and 'problems' has been the development of policy aimed specifically at gay men. In this article our focus is the interest in gay men's health among organisations and institutions, and we specifically review a number of published (research and policy) outputs addressing health and wellbeing for gay men (and other non-heterosexual persons). The examination of such outputs, we suggest, can enable the development of an understanding of the constructions of gay men's health that such documents contain and of how issues are considered and how they have been addressed by organisations and institutions. These outputs have provided a (semi) public framing of gay (and lesbian, bisexual, transgender) health issues and have also offered an identification of problems, including causes and possible solutions.

Overall, research and policy documents serve quite different purposes. Research documents are important in that they provide evidence and information useful for policy development (Gordon, Lewis, & Young, 1977). Although 'policy' is not regarded as a precise term (Hecló, 1972; Parsons, 1995), there are a number of ways the term is used that are helpful to distinguish it from research: a label for a field of activity, an expression of general purpose or desired state of affairs, as specific proposals, as decisions of government, as formal authorisation, as a programme, as output, as theory or model, or as process (Hogwood & Gunn, 1984). While both categories of document are important manifestations of an interest in gay men's health by organisations/institutions, policy documents relating to health issues are particularly interesting to examine because health policy is "the product of some complex arrangement between competing discursive formulations of the problem and the solution" (Braun & Gavey, 1999, p. 1465). Some of the influences are readily apparent, and some are less explicit and in need of foregrounding. It is important to acknowledge that these policy (and research) documents have been repeatedly drafted and worked upon to produce polished, compelling outputs.

## **Analysing Policy**

### ***Data***

A comprehensive, on-going search (primarily Internet-based) identified a number of relevant documents related to the broad area of health and gay men. As our interest was in comprehensive policy rather than specific issue-based responses, documents that addressed specific health issues such as HIV/AIDS, suicide or substance abuse were not sought, nor were documents related to standards of practice or health care. A total of 39 documents which addressed issues related to health and wellbeing for gay men were identified. However, seven of these were excluded as peripherally relevant or anti-gay in focus.<sup>2</sup> All the identified eligible documents (n=32) were classified based on their content and intent into two broad categories – research related documents<sup>3</sup> (n=15) (Figure 1) and policy related documents (n=17) (Figure 2).

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<sup>2</sup> These comprised three documents considered only peripherally relevant to gay men's health: American Psychiatric Association (2005) *Support of legal recognition of same-sex civil marriage*; Ontario Public Health Association (1990) *Sexual orientation discrimination, homophobia and violence against gay and lesbian people*; British Medical Association (2003) paper on Section 28 (of the Local Government Act 1988). Two documents by the American Academy of Pediatrics (*Homosexuality and adolescence*, 1983 and *Homosexuality and adolescence*, 1993) were not included as they appeared to be antecedent documents for this Academy's (2004) policy position (*Sexual orientation and adolescents*) which was included. Documents produced by the Christian Medical and Dental Association (*Homosexuality*, 2003) and the Catholic Medical Association (*Homosexuality and hope*, 2000) were also excluded on the basis that they expressed an anti-gay position, and were therefore not supportive of any focus on gay men's health.

<sup>3</sup> As the focus in this analysis was policy related documents, the search undertaken was not specifically designed to identify and compile a comprehensive corpus of research related documents. There are likely to be many other existing research documents that have not been identified.

## ***Research Documents***

The 15 documents classified as research related included research papers/reports, needs assessments and meeting reports produced between 1994 and 2009. A feature of all the documents was the involvement of gay communities and gay organisations in the production of them. In four instances the gay communities were solely responsible for the production of the document (e.g., UKGM), but in other cases this involvement was in partnership with government agencies (e.g., DHHS) or academics (e.g., DEAN) or a combination of both (e.g., WMHA). Two documents (MDH and MDH2) stated the involvement of a mainstream public health non-profit organisation, in conjunction with government and gay communities. No research reports from professional associations or organisations were located. The bulk of the documents were produced in the US (n=7 documents) with others being from Australia (n=3), England (n=2), Scotland (n=1), Canada (n=1), and New Zealand (n=1). The documents included those which reviewed existing research (e.g., MDH), those that undertook and reported new research (e.g., MDH3) and those that were a combination of review and new research (e.g., DRI). Some of this new research was described as needs assessments and addressed the needs of particular geographic communities (e.g., PTS reported on the needs of GLBT people in Ottawa) and one document (TWAT) reported the needs of a specific ethnic group – Māori (indigenous New Zealanders). Ten of these documents contained recommendations for action (e.g., STSC) – but in most cases it was not clear who would operationalise the recommendations.

Overall, there was little evidence that the research papers received any policy attention or that policy was developed – the exceptions to this were the Tasmanian (DHHS) and Victorian (MAC1) research documents which appeared to have contributed to policies being developed (TASM and MAC2 respectively – see Figure 2). These research documents confirmed public acknowledgment of issues related to



gay men's health and wellbeing and identified a range of organisations that have considered such issues. However, these documents tell very little about how the identified needs are picked up in the policy realm. In contrast, a look at policy documents potentially provides a more comprehensive view of the issues and a more definitive framing of gay men's health.

### **Policy Documents**

The 17 policy documents were produced by 13 different organisations between 1995 and 2007 and are the data for the analysis pre-

sented below. These documents were predominantly produced by government agencies including mainstream (public) health organisations (n=8) (e.g., MRHA) and by mainstream professional associations (n=6) (e.g., AMA1). The remaining three documents were produced by a gay and lesbian professional association (GLMA), a gay lesbian health conference (GLBT) and by a mainstream panel of experts (IPE). The bulk of the documents were produced in the US (n=7), with others being from Australia (n=3), Canada (n=3) and New Zealand (n=2). Two documents were mainstream policy documents which contained

Figure 1. Gay men's health research documents

Code	Year	Producer	Type	Title	Pages
TWAT	1994	Te Waka Awhina Tane	Needs assessment	A report on the health needs of Maori gay men	29
MDH	1997	Massachusetts Department of Health	Needs assessment	Health concerns of the gay, lesbian, bisexual, and transgender community	48
DEAN	2000	Dean et. al.	Research paper	Lesbian, gay, bisexual, and transgender health: Findings and concerns (White paper)	50
LA1	2000	L.A. Gay & Lesbian Center	Meeting report	Advancing gay and lesbian health: A report from the gay and lesbian health roundtable	24
LA2	2001	L.A. Gay & Lesbian Center	Meeting report	Report from the second annual lesbian, gay, bisexual and transgender health roundtable	24
PTS	2001	Pink Triangle Services	Needs assessment	How well are we doing? A survey of the GLBT population of Ottawa	66
MAC1	2002	Ministerial Advisory Committee on Gay and Lesbian Health	Research paper	What's the difference? Health issues of major concern to gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians	73
STSC	2003	Stonewall Scotland / NHS Scotland	Research report	Towards a healthier Scotland	55
DHHS	2003	Department of Health and Human Services (Tasmania)	Needs assessment	Gay, lesbian, bisexual and transgender health and wellbeing needs assessment	100
UKGM	2004	UK Gay Men's Health Network	Research report	Social exclusion – Homophobia and health inequalities: A review	38
DRI	2006	Diverse and Reliant, Inc.	Needs assessment	Health disparities among LGBT populations in Wisconsin: A summary report of needs	23
GLHV	2006	Gay and Lesbian Health Victoria	Research report	Private Lives: A report on the health and wellbeing of GLBTI Australians	68
WMHA	2006	West Midlands South Strategic Health Authority / Gay Men's Health Network	Needs assessment	Measure for measure 2: Needs assessment of services for lesbian, gay and bisexual individuals in the West Midlands	34
MDH2	2008	Massachusetts Department of Health	Research report	A health profile of Massachusetts adults by sexual orientation identity: Results from the 2001-2006 Behavioral Risk Factor Surveillance System Surveys	30
MDH3	2009	Massachusetts Department of Health	Research report	The health of lesbian, gay, bisexual and transgender persons in Massachusetts	19

a brief reference to health and gay men (MCNZ, WDHB). One document was produced in Indonesia but drew on international participants. No UK policy documents were located. The extent of these documents varied considerably. Some of the documents were very comprehensive, such as the GLMA document concerned with the needs of gay men throughout the US. Other policy documents had been developed for specific purposes, such as the MRHA document which provided guidelines for providing effective health services within a specific health authority area.

### Method

The findings presented in this paper are located in the newly demarcated area of LGBT health psychology (Peel & Thomson, 2009). It

takes a critical approach to health psychology and is therefore concerned with the "complex moral, emotional, ethical and political issues underpinning peoples' experiences of health and illness" (Crossley, 2008, p. 21). Our interests are in how language (and discourse) is used to create, interpret, and make sense of everyday social worlds (Potter & Wetherell, 1987; Wetherell, Taylor, & Yates, 2001). The analytic approach used was thematic analysis, it was used to identify repeated patterns of meaning and was inductive and data driven (Braun & Clarke, 2006).

### Analysing Policy: Key Issues

From intensive, repeated readings of the identified documents, four areas and questions of

Figure 2. Gay men's health policy documents

Code	Year	Producer	Type	Title	Pages
AMA1	1994	American Medical Association	Policy statement	Health care needs of gay men and lesbians in the United States: Report of Council of Scientific Affairs	6
MRHA	1995	Midland Regional Health Authority	Policy document	Outcomes: Research and development of a guide to provide effective health and disability services to lesbian and gay people	
APHA	1998	American Public Health Association	Policy statement	The need for public health research on gender identity and sexual orientation	1
OPH1	2000	Ontario Public Health Association	Position paper	Improving the access to and quality of public health services for lesbians and gay men	28
GLBT	2001	LGBT Health Conference	Position statement	Saskatoon declaration of GLBT health & wellness	2
GLMA	2001	Gay and Lesbian Medical Association	Policy document	Healthy People 2010 Companion document for lesbian, gay, bisexual, and transgender (LGBT) health	481
OPH2	2002	Ontario Public Health Association	Policy statement	Ethical research and evidence-based research for lesbians and gay men	5
NYDH	2002	New York City Department of Health & Mental Hygiene	Policy document	Gay and lesbian health report	64
AuMA	2002	Australian Medical Association	Position statement	Sexual diversity and gender identity	5
MAC2	2003	Ministerial Advisory Committee on Gay and Lesbian Health	Action plan	Health and sexual diversity: A health and wellbeing action plan for gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians	64
AMA2	2003	American Medical Association	Policy statement	National health survey	1
AMA3	2004	American Medical Association	Policy statement	Non-discriminatory policy for the health care needs of the homosexual population	1
AAP	2004	American Academy of Paediatrics	Policy statement	Sexual orientation and adolescents	6
TASM	2004	Tasmania Government	Policy document	A whole of government framework for Tasmania's gay, lesbian, bisexual and transgender communities	14
MCNZ	2006	Medical Council of New Zealand	Policy statement	Statement on best practices when providing health care to Māori patients and their whānau	4
WDHB	2007	Waikato District Health Board	Action Plan	Reducing inequalities Action Plan 2007-2010	33
IPE	2007	International Panel of Experts in International Human Rights	Statement of principles	The Yogyakarta principles: Principles on the application of international human rights law in relation to sexual orientation and gender identity	35

particular interest were identified and are presented here. These are:

Inputs: Who gets a say in gay men's health issues in the documents?

Scope: How is gay men's health framed in the documents?

Roles and responsibilities: What is the role and responsibility of the medical profession (and gay men) for health and wellbeing in the documents?

Establishing gay health needs: How important is research?

The analysis around these questions forms the substantive content of this article.

### ***Inputs***

Three patterns in relation to who has contributed to the 'official' framing of gay men's health issues are evident in the policy documents. Two of these – inclusion and exclusion of gay men, organisations and communities – were clearly stated in the documents. A third pattern, where the input of gay men or gay organisations is ambiguous and not clearly stated, was also noted.

Two documents (GLMA, MAC2) explicitly recorded extensive input from gay men, organisations and communities and detailed the process of inclusion. For instance, the GLMA document described the scope of collaboration:

The Healthy People 2010 Companion Document for LGBT Health is the product of a national collaborative effort that involved nearly 200 individuals, organizations, and agencies. (Gay and Lesbian Medical Association)

This collaboration included representatives from: academic and research institutions; national LGBT and health organisations, and LGBT health clinics; LGBT community centres; other community based organisations; professional associations; and federal, state, regional and local government health agencies. The MAC2 document clearly detailed the

membership of the advisory committee, including representatives of gay health/welfare organisations, and initiated extensive consultation with gay men. Both these documents (GLMA, MAC2) explicitly identified the voice of gay individuals, organisations and communities in the process of developing policy and research in gay men's health. In the two documents that acknowledged input from gay communities, social aspects of health, both causes and solutions, were identified.

In a further four documents (TASM, GLBT, OPH1, OPH2) the involvement of gay men was not as clear. The TASM document affirmed the importance of having the involvement of gay (and LBT) communities:

Strategy 1: Partnership and collaboration with gay, lesbian, bisexual and transgender communities in developing, delivering and evaluating policies, programs and services. (Tasmanian Government)

However, it was not explicitly stated whether there was any involvement by gay communities in the development of this policy – although a reference in a related research document (DHHS) identified the existence of a GLBTI reference group which had as one of its functions the provision of advice and guidance to the Department of Health and Human Services. Three other documents (GLBT, OPH1, OPH2) also suggested but did not explicitly mention any gay input. While these four documents did not specifically detail gay men's involvement, it is a reasonable assumption that gay men and organisations were represented on the advisory committees and working groups and amongst those at the conference addressing gay health issues.

In contrast, the greater number of documents (AMA1, AMA2, AMA3, AuMA, APHA, AAP, MRHA, MCNZ, WDHB, NYDH, IPE) contained no specific acknowledgment of any input from gay men, organisations or communities. This lack of (acknowledged) gay input works to frame gay men's health in a 'top-down' fashion; as a medical and professional issue. This

makes the explanation and exploration of the health needs of gay men potentially more vulnerable to 'professionalisation' and 'medical capture', as doctors and other health care providers (rather than gay men) are given the authority, resources and opportunity to define the 'problems' and issues, and provide the 'solutions.' The rationale for appearing to exclude input from gay men was not commented on – and probably reflects the status of many of these documents as 'objective' scientific policy/position statements from professional medical and health organisations. Such constructions are patronising and potentially disempowering of gay men, leaving expert knowledge and responsibility for health at personal and community levels outside of their control.

### ***Scope***

Within the documents two alternative constructions of health – which we refer to as biomedical and biopsychosocial – are drawn upon. The AMA1 document is an example of a document which employed a biomedical framing:

Generally, men and women who engage in a same-sex behavior have the same afflictions as individuals who engage in opposite-sex behavior. Some diseases, however, are of particular concern to men and women who engage in same-sex behavior and therefore are important in a differential diagnosis and treatment plan. (American Medical Association)

In the AMA extract, the biomedical framing was reflected by the use of clinical terms like 'afflictions', 'disease', 'diagnosis', and 'treatment.' Biomedical approaches are reductionist, focused on illness and disease (Aggleton, 1990; Morgan, Spicer, & Reid, 2002). This positivist model is based on 'objective' science (especially the molecular and genetic sciences), which looks within individuals for the causes of disease (Beaglehole, 2002). In this extract health is viewed narrowly and is related to negative constructs such as illness and disease, and not to positive constructs such as healthiness and wellbeing.

Despite critiques, biomedical approaches are arguably still dominant in health care (Beaglehole, 2002), at least in some areas and aspects. Antonovsky (1996) labelled this the 'pathogenic' orientation – focusing as it does on disease and individuals.

A broader framing of health was apparent in other documents (e.g., LGBT, GLMA, MAC2):

This requires a perspective that moves beyond an illness/disease-based focus (i.e. HIV/AIDS, breast cancer) to a more holistic view that defines health in psychological, mental, emotional, spiritual, physical, environmental and cultural means with documented concrete determinants of health including conditions that affirm choices of coming out. (LGBT Health Conference)

The social environment is the major determinant of an individual's psychological constitution. (Gay and Lesbian Medical Association)

These documents emphasised social factors, as well as biological and genetic causes of health and illness. Key social determinants of health identified in the GLMA document included socioeconomic status, race, ethnicity, gender and geographic location. Further determinants were identified in other documents – OPH2 identified 'oppression' as a determinant of health, while the MAC2 document identified 'sexual orientation and gender':

Sexual orientation and gender identity interact with other social determinants including socioeconomic status, race, ethnic and religious affiliation and geographic location to produce patterns of health and illness within GLBTI communities. (Ministerial Advisory Committee on Gay and Lesbian Health)

The framing of health expressed in these documents incorporated a broad social-cultural approach which acknowledged interplay between biology, psychology and society in relation to health (Engel, 1977). According to this biopsychosocial approach there are a range of causes of disease and a range of influences on health (Hamlin, 2002). Within the last 30 years there has been a move to this

more holistic model (Porzelius, 2000) and this approach is dominant in 'mainstream' health psychology today (Crossley, 2001b).

Many of the documents included aspects of biomedical framing, and, to differing degrees, aspects of psychosocial framing. However, the inclusion of psychological and social aspects did not necessarily come at the expense of the biological. Within the documents that identified an integrated approach, the influence of genetics was also included, for example:

There are major factors that influence, in a positive or negative manner, health or well-being. One of these factors, genetics, encompasses, in a varying or unique measure, the biological inheritance of the individual and possible predisposition to specific diseases or disorders (e.g., sickle cell anemia or Tay-Sachs disease). Heredity is considered the internal or host variable of health status. (Gay and Lesbian Medical Association)

Genetics was not however viewed in isolation or given prominence, but was located along with a concern for the both physical and social environment:

Another major factor influencing health is the environment; this is characterized as external, in contrast to genetics as internal. (Gay and Lesbian Medical Association)

However, these were still essentially framed as separate processes – one external, one internal – which ignored the interactive effect of 'outside' on 'inside' and vice versa.

It is also worth discussing the relationship between the scope of health in the documents, and the reported input from gay communities into developing the documents. The lack of input does not necessarily result in a biomedical framing of gay men's health. The AuMA document for example, which reported no input from gay communities, reflected a more holistic focus, along with the biomedical dimensions. This document recognised some of the wider community issues affecting gay

men's health, such as heterosexism and homophobia:

The common experience of discrimination means the health of GLBTI populations differs from that of the general population. The discrimination leads to health problems that are shared by this group as well as health problems specific to each subgroup. For GLBTI individuals the impact of this discrimination can lead to a poorer general health status, diminished utilisation of healthcare facilities and a decreased quality of health services. (Australian Medical Association)

However the impact of cultural and social factors upon gay men's health was typically left underdeveloped in the documents, and when these factors were dealt with the focus was mostly on the health-limiting effects of interpersonal discrimination. They were not critically developed to explore wider political and economic aspects of social organisations that might affect the health of gay men. An exception to this was the OPH1 document:

Systematic commitment to heterosexist assumptions ensures that many lesbian and gay people remain invisible. If they are invisible within the system, they will remain invisible within society, and our communities. The individual impacts of being invisible will continue (isolation, depression, high-risk behaviours) [...] The result of systematic heterosexism is that lesbians and gay men receive less than adequate care, such as missed diagnoses and potentially poor treatment outcomes. (Ontario Public Health Association)

In this extract a clear link is made between heterosexism perpetuated and maintained by organisations and an individual gay man's health. Elsewhere in the document the discussion was opened up to focus on the pervasiveness of heterosexism, and it was observed that heterosexism was widely present in education, the social services, and in government and non-government organisations. As noted, this extended discussion was not typical of other policy related documents.

While it is not possible to precisely determine the influence of gay voices in the formulation

of the documents, in the two documents (GLMA, MAC2) where specific gay input was acknowledged, there was some consideration of wider psychosocial factors. For example socio-economic status, geographic location and ethnicity were factors identified in the MAC2 document.

### ***Roles and Responsibilities***

Each construction of health has implications for gay men's health and health care provision, not least through the roles and responsibilities that are explicit and implicit. Approaching gay men's health from within a biomedical paradigm is likely to result in particular outcomes focusing on primary medical care and the clinical treatment of gay patients to improve their health. In this clinical setting, and in medicine in general (Murray & Chamberlain, 2000), the doctor-patient relationship is central, with the doctor being the dominant person. Framing health within a biopsychosocial model allows the actions of the patients to be seen as (at least) as important as the actions of health professionals (Pincus, 2000).

In both the AMA and APHA documents, the health of gay men was framed primarily as a medical responsibility, albeit with the help of gay communities. Doctors were positioned as the appropriate people to obtain necessary information from the patient, and to identify and remedy the 'deficits', for example:

Patients usually feel at ease talking with their physicians about sexual practices and believe it is appropriate for physicians to question them in this area. (American Medical Association)

By the recommendation of this sort of practice, doctors are reinforced as being in the role of 'experts' in gay men's health through the taking of specific information (e.g., sexual histories), and thus their knowledge is further privileged over the experiences and 'lay knowledges' of the gay men in this framework (recognising that the categories 'gay man' and 'medical professional' do also overlap, and

some men are both). However, gay men are discussed as having a role in the facilitation of this doctor – patient relationship, for example:

For lesbians and gay men, there are the additional challenges of finding health care providers who are both culturally competent and sensitive to issues of sexual orientation. (New York Department of Health)

With the help of the gay and lesbian community and through a cooperative effort between the physician and the homosexual patient, effective progress can be made in treating the medical needs of this particular segment of the population. (American Medical Association)

This strategy of involving 'citizens' in improving their health and wellbeing – in this case the "gay and lesbian community" – is very much part of consumer movements in health and the 'new' public health approach (Lupton & Peterson, 1996). It is seen as an important viable strategy for reducing professional ignorance, and building self aware practitioners, just as similar moves in ethnic cultural settings have been (e.g., Cram, Smith, & Johnstone, 2003; Kearns, 1997; Papps & Ramsden, 1996). However, there are many pitfalls and few simple solutions. Building cultural awareness and sensitivity is not the end of this journey – a more appropriate end point is reaching cultural safety (Nursing Council of New Zealand, 2005), a situation where 'trust' has been formed and becomes recognisable and tangible to patients and clinicians (Ramsden, 2002) and where self-aware practitioners are able to "practise in a culturally safe manner, as defined by the recipients of their care" (Nursing Council of New Zealand, 2005, p.8). This idea of 'culture' extends beyond ethnically-defined culture to include things like sexuality-based culture (e.g., McNair, 2003; Nursing Council of New Zealand, 2005). In the AMA1 document, multiple gay and lesbian communities and networks were conflated to one community. This erroneously suggests that cultural safety issues for members of diverse communities are (necessarily) the same. Collaboration with the gay communities is however only a partial strategy, and experi-

ence from cultural safety in ethnic cultural settings is that community level involvement alone cannot improve the intervention for individual patients – appropriate practice from clinicians is also required.

Within the documents, medical practitioners are positioned as potentially failing to meet the needs of their clients. The AMA<sup>1</sup> and AAP documents noted that physicians often express discomfort with treating gay men. It was suggested that physicians need to address this issue through better clinical practice/technique and improving attitudes towards patients – essentially issues of cultural safety, for example:

By expressing a non-judgemental attitude toward gay men and lesbians, physicians can learn more about their homosexual patients, enhance rapport with these individuals, and provide optimal medical care to those in need. (American Medical Association)

Pediatricians are not responsible for labeling or even identifying nonheterosexual youth. Instead, the pediatrician should create a clinical environment in which clear messages are given that sensitive personal issues including sexual orientation can be discussed whenever the adolescent feels ready to do so. (American Academy of Pediatrics)

The implicitly heterosexual physician is positioned as needing to be non-judgemental and equitable in treatment of all patients for the purpose of developing better clinical and other care for LGBT patients. These things were framed as being interrelated – the clinician can learn how to present a better attitude which in turn should result in better practice. However, this is located purely at the 'surface-level' of the clinical encounter – and while treating gay patients with respect has been noted as a skill that all clinicians should have (Langdridge, 2007), no broader individual or social change was suggested in the documents, neither was the development of specific knowledge and skills for working with gay patients. This kind of instrumental rapport building is potentially subject to negative in-

terpretation by gay clients/patients. It may also work to reinforce the heteronormativity of medical practice by categorising gay patients as people with 'knowable characteristics' who can be dealt with by practitioners who only need to deal with those 'certain properties' of the patient, and not with the individual characteristics of the patient (Hicks & Watson, 2003), meaning that the health care provision is not focused on the particular requirements of the patient.

Even in the documents which framed health more broadly than biomedicine, the role of the medical practitioners' remained important:

Medical practitioners have a high status in society and their views carry much authority. They therefore have a role to play in promoting acceptance of sexual and gender diversity. (Australian Medical Association)

Some pediatricians might choose to assume the additional role of advocating for nonheterosexual youth and their families in their communities. (American Academy of Pediatrics)

However, rather than this role for medical practitioners being focused on the clinical relationship, doctors are positioned – because of the authority arising from their high status in society – as having a role in the creation and modification of the social environment, with a particular intervention role to prevent heterosexism and homophobia. For instance, the AuMA highlighted the role of professionals in the destigmatisation of homosexuality:

In 1973 the American Psychiatric Association removed homosexuality from the Diagnostic and Statistical Manual of Mental Disorders. Subsequently homosexuality was recognised as form of sexual expression rather than a mental illness. This move by the medical professional was instrumental in improving the health and welfare of this population. (Australian Medical Association)

Here the medical profession was represented as having a crucial role in changing the DSM and thus promoting broader social acceptance

and destigmatisation of homosexuality. However, this account of the positive influence of the medical profession in removing homosexuality from the DSM is only one version of the event, and one which presented the medical profession positively. This positive spin is in part challenged by the maintenance of homosexuality as a disorder in the International Classification for Diseases until 1992 (Warwick & Aggleton, 2002) – almost 20 years after the DSM removal, the continued interest with the 'gay gene' (e.g., Brookey, 2002; Conrad & Markens, 2001; Miller, 1995) and in finding the 'cause' of homosexuality (Kitzinger & Peel, 2005). The positive influence of the medical profession is also challenged by a range of research reporting the negative experiences gay men still face when seeking medical and health care (e.g., Adams, McCreanor, & Braun, 2008; Beehler, 2001; Eliason & Schope, 2001).

However, it is worth noting that it is not only medical professionals who are positioned as having responsibility for the health of gay men – gay men were also positioned as having health responsibilities. And along with this construction comes the 'problem' that the individual will not recognise, or will fail to act on, the health risk. The APHA document, for instance, recognised that:

[...] lesbians, gay men, bisexuals, and transsexual people may not see themselves at risk for many health problems and that health care providers may not identify and successfully diagnose them resulting in inadequate treatment. (American Public Health Association)

This description positions LGBT persons in opposition to an implicit ideal (healthy) individual – someone who knows risks, reduces risk and seeks appropriate help when needed – framing them as potentially doing none of these things. Within this construction of health and healthy behaviour there is potential for subtle blaming of gay men for some of their health problems. The documents assume that gay men are 'rational' and wanting to pursue improved health. This construction of the ra-

tional subject fails to recognise the complex psychological meanings and functions that are incorporated in health related behaviours (Crossley, 2001c), and offers no acknowledgement of the validity of 'risky health practices' within some gay men's lives (Crossley, 2001a; Rhodes & Cusick, 2002; Westhaver, 2005). For example gay men have reported not using condoms for anal sex (contrary to the recommended health promotion practice in New Zealand) as one way to meet emotional and intimacy needs, as well as for excitement (Adams & Neville, 2009).

### ***Establishing Gay Health Needs***

The concern with gay (and LBT) health in the documents is usually highlighted by disparities identified through epidemiological research that has increasingly been undertaken within many health areas and in many countries. Many of the documents, including GLMA and AMA2, highlighted the importance of an adequate research base:

The limited nature of research about gay populations makes it difficult to prioritize their health needs. (Gay and Lesbian Medical Association)

Our AMA supports a national health survey that incorporates a representative sample of the U.S. population of all ages (including adolescents) and includes questions on sexual orientation and sexual behaviour. (American Medical Association)

However, these extracts also point to limitations with the available research, much of which remains based on unrepresentative samples, meaning that there is often very little robust knowledge about gay men's experience, practice and identity available to researchers. Although a body of research knowledge (much of it conducted within psychology) is emerging, there remains a lack of scientific information about gay men's unique health issues. Sell and Becker (2001) identified this as one of the greatest threats to gay men's health, particularly as the lack of scien-



tifically obtained data and published reports makes it difficult to raise awareness of issues and acquire the resources necessary to address the issues (Sell & Becker, 2001). This has resulted in many calls for more and methodologically sound research on gay health issues (Hicks & Watson, 2003; L.A. Gay & Lesbian Center, 2002; Rhodes, McCoy, Hergenrather, Omlil, & DuRant, 2010). While this scientific information is useful to raise awareness around health matters, it should be acknowledged that the positivist-empiricist paradigm reinforces and privileges one form of knowledge at the expense of other alternatives and perspectives. Authors such as Clarke (2000) and Kitzinger (1990) have pointed out that the reinforcement of science as the means to define reality is not necessarily unequivocally 'good' for LGBT people.

While there is undoubtedly a need for better information about all aspects of health for gay men, Wilkinson (2000) in her discussion about women's health (which in some ways also applies to issues around gay men's health), suggested that theoretical and methodological eclecticism is needed. While a positivist empiricist research tradition is likely to be useful to answer some very particular types of questions, she suggested that in order to move forward it will be necessary to adopt a range of methods to address other questions. In particular, calls have been made to ensure qualitative research supports quantitative work (Lee, 2000; Smith, Rissel, Richters, Grulich, & de Visser, 2003). There are limitations in seeking answers only through quantitative/positivist research and providing public health solutions only through 'meta-solutions'. Multidisciplinary research programmes will help to tease out the complexities of gay men's health and explore the everyday experiences of gay men, and particularly their health promoting behaviours. Such research will need to recognise multiple gay and lesbian communities, and in many instances would properly entail the disaggregation of gay and lesbian health issues (Wilkinson, 2002).

### **Implications: Moving Gay Men's Health Forward**

Policy related to gay men typically encompasses elements of equality, and civil and human rights (Peters, 2004). However, according to Daley (2006, p. 794), "despite gains in civil rights, for example, same-sex workplace benefits, survivor benefits, and a change in the definition of spouse, there continues to be a failure by health policy makers to recognize sexuality as a relevant issue within the health policy arena." Because public health and other population based approaches to health have tended to be 'broad brush' there has been a silence about, or at best a limited development of, gay concerns in 'mainstream' health settings and policy development (Dean et al., 2000). This is increasingly being challenged through the recognition of specific health needs that gay men have, and it is these emerging responses that have been reviewed.

Our review of the 17 policy documents has identified that overall a particular framing of gay men's health has been developed. The documents typically recognised biomedical aspects of health, and incorporated psychosocial factors to differing degrees. The documents focused on deficits in the population of gay men, with either a disease orientation, or a combination of a disease orientation and a risk factor, approach. These documents unsurprisingly identified a central role for medical practitioners, regardless of how health was framed. In the documents with a biomedical approach, this role was focused on the clinical relationship. Gay men were also positioned as having a responsibility for their individual health. The importance of research was also widely discussed in the documents as a means to identify the important issues and also to establish gay men's health as an important area and the documents drew on a research base which is orientated towards deficit and problems.

Despite a generally negative framing of health for gay men identified in our review, it nonetheless maps out a starting point for the field.

However, while this catalyst might be strategically useful, care needs to be taken to avoid collusion with pathology and an individual deficit approach (Flowers, 2009). Leverage is needed to ensure that more holistic and affirmative framings of the issues are incorporated and eventually come to frame a positive gay men's health. Such an alternative construction of gay men's health could look quite different. In particular, the individualised views of health which are evident (and dominant) through the privileging of the biomedical model are open to challenge particularly as they have been critiqued as not accounting for the health of groups adequately and because policies implemented within this approach have not had lasting impact and health inequalities continue to exist (Scott-Samuel, Stanistreet, & Crawshaw, 2009). Instead, adopting a more social framing of health (and specifically a social determinants of health focus) as strongly advocated for by world health authorities offers the opportunities for all the influences on health to be considered (Commission on Social Determinants of Health, 2007, 2008). It would acknowledge that the social context *is* "the rightful domain of gay (men's) health intervention" (Aguinaldo, 2008, p. 92); and it also offers the opportunity to explicitly consider the impact of sexuality on health, and to pursue health equity for gay men. Consideration of this would usefully underpin a fully inclusive health service policy response to gay men's health.

Research within a social framing could focus on a critical examination of heterosexual cultures to better understand the existence and prevalence of discriminatory practices and discourses that work against population-level improvement in gay men's (and LBT) health.<sup>4</sup> Aguinaldo (2008) notes that epidemiological research could be reoriented from document-

ing the prevalence of internalised homophobia, to examine the prevalence of heterosexism; while qualitative research could focus on the ways that "heterosexism is accomplished in institutional and mundane discourse and to identify the ways that the exclusion of gay men is taken from granted as the norm" (p. 93). In other words the reorientation shifts the research gaze from the oppressed, to the oppressor. Kitzinger's (2005) analysis of after-hours calls to doctors is one example of such research. These calls reproduced a social order that was "profoundly heteronormative ... the nuclear family is always a heterosexual one, individuals are (apparently) universally heterosexual" (Kitzinger, 2005, p. 494). In another example, Peel's (2001) exploration of heterosexism which reported the deployment of a false equivalence argument (gays/lesbians are the same as heterosexuals) which had the effect of "devaluing lesbian and gay experience and homogenising it within a heterosexual and by extension heterosexual framework (p. 550).

A final issue is the acknowledgment of the potential opportunities and benefits if a place in the political and social research and policy domains is claimed by gay men. The involvement of gay men could be expected to guard against health becoming 'state-centred' and controlled, and thereby removed from the influence and control of gay men themselves (Epstein, 2003); and a related outcome is the development of a coalition of gay men and allies in health promotion, such as funders, service providers and researchers (Hart, 1997). Involving gay men has the potential for them to be advocates for an approach to health that is not pathologising but is strengths-based and actively promotes wellbeing (Antonovsky, 1996), orientating towards improving social and physical environments rather than typically individualistic personal-change strategies (Albee & Fryer, 2003). The combination of such factors would enhance the possibility of a gay-focused framework for health. This is however not advanced as a separatist approach to health for gay men; rather, drawing on parallels from the field of

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<sup>4</sup> Similar arguments for health in ethnic cultural settings have been made (McCreanor & Nairn, 2002a, 2002b).

Māori health (Durie, 1999; Kearns, McCreanor, & Witten, 2006), it is suggested that what works for gay men may also provide benefits to non-gay people.

However, a reframing of gay men's health is an extremely difficult assignment in a (neoliberal) political and social environment which in many aspects is retrenching to individualism and moving from "shared and collective responsibility to a focus on individual and family responsibility" (Blaiklock, 2010, p. 1). However, if advocating for gay men's health is a serious aim, then it must be explored and understood as a personal, cultural and social phenomenon (Watson, 1998, 2000), grounded in the everyday experiences of men themselves (Watson, 2000). This requires identification of the contexts and processes within which gay men's health is constituted and challenging those aspects which continue to marginalise gay men and shift (sole) responsibility for health on to individuals. A social approach to health which takes full account of the influence of sexuality on health is likely to affirm the desirability of moving gay men's health beyond an almost exclusive focus on HIV/AIDS and for taking a specific focus on *gay* men's health rather than subsuming this into a broader concern for *men's* health.

### Author Note

This article updates a previous review of gay men's health policy documents (Adams, Braun, & McCreanor, 2004; 2008).

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### References

- Adams, J., Braun, V., & McCreanor, T. (2004). Framing gay men's health: A critical review of policy documents. In D. W. Riggs & G. A. Walker (Eds.), *Out in the antipodes: Australian & New Zealand perspectives on gay and lesbian issues in psychology* (pp. 212-246). Bentley, Australia: Brightfire Press.
- Adams, J., Braun, V., & McCreanor, T. (2007). Warning voices in a policy vacuum: Professional accounts of gay men's health in Aotearoa New Zealand. *Social Policy Journal of New Zealand*, *30*, 199-215.
- Adams, J., Braun, V., & McCreanor, T. (2008). Framing gay men's health: An analysis of policy documents. *Gay & Lesbian Issues and Psychology Review*, *4*(2), 108-126.
- Adams, J., McCreanor, T., & Braun, V. (2008). Doctoring New Zealand's gay men. *The New Zealand Medical Journal*, *121*(1287), 11-20.
- Adams, J., & Neville, S. (2009). Men who have sex with men account for nonuse of condoms. *Qualitative Health Research*, *19*(12), 1669-1677.
- Aggleton, P. (1990). *Health*. London: Routledge.
- Aguinaldo, J. P. (2008). The social construction of gay oppression as a determinant of gay men's health: 'Homophobia is killing us'. *Critical Public Health*, *18*(1), 87-96.
- Albee, G. W., & Fryer, D. M. (2003). Towards a public health psychology. *Journal of Community & Applied Social Psychology*, *13*(1), 71-75.
- Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. *Health Promotion International*, *11*(1), 11-18.
- Beaglehole, R. (2002). Overview and framework. In R. Detels, J. McEwen, R. Beaglehole & H. Tanaka (Eds.), *Oxford textbook of public health* (4th ed., Vol. 1, pp. 83-87). Oxford: Oxford University Press.

- Beehler, G. P. (2001). Confronting the culture of medicine: Gay men's experiences with primary care physicians. *Journal of the Gay and Lesbian Medical Association*, 5(4), 135-141.
- Blaiklock, A. (2010). Ways forward for health promotion: A personal perspective. *Hauora: A Newsletter of the Health Promotion Forum*, 80, 1&9.
- Bostwick, W. B., Boyd, C. J., Hughes, T. L., & McCabe, S. E. (2009). Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. *American Journal of Public Health*, 100(3), 468-475.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Braun, V., & Gavey, N. (1999). "With the best of reasons": Cervical cancer prevention policy and the suppression of sexual risk factor information. *Social Science & Medicine*, 48(10), 1463-1474.
- British Medical Association. (2003). Sex Education & Section 28. Retrieved 27/02/2003, from <http://www.bma.org.uk/ap.nsf/Content/sex+education+and+section+28?OpenDocument&Highlight=2,section,28>
- Brookey, R. A. (2002). *Reinventing the male homosexual: The rhetoric & power of the gay gene*. Bloomington: Indiana University Press.
- Clarke, V. (2000). 'Stereotype, attack and stigmatize those who disagree': Employing scientific rhetoric in debates about lesbian and gay parenting. *Feminism & Psychology*, 10(1), 152-159.
- Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology*, 71(1), 53-61.
- Commission on Social Determinants of Health. (2007). *Achieving health equity: From root causes to fair outcomes*. Geneva: Commission on Social Determinants of Health, World Health Organization.
- Commission on Social Determinants of Health. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Geneva: Commission on Social Determinants of Health, World Health Organization.
- Conrad, P., & Markens, S. (2001). Constructing the 'gay gene' in the news: Optimism and skepticism in the US and British press. *Health (London)*, 5(3), 373-400.
- Cram, F., Smith, L., & Johnstone, W. (2003). Mapping the themes of Maori talk about health. *The New Zealand Medical Journal*, 116(1170), <http://www.nzma.org.nz/journal/116-1170/1357/>.
- Crossley, M. L. (2001a). The 'Armistead' project: An exploration of gay men, sexual practices, community health promotion and issues of empowerment. *Journal of Community & Applied Social Psychology*, 11(2), 111-123.
- Crossley, M. L. (2001b). Do we need to rethink health psychology? *Psychology, Health and Medicine*, 6(3), 243-255.
- Crossley, M. L. (2001c). Rethinking psychological approaches towards health promotion. *Psychology & Health*, 16(2), 161-177.
- Crossley, M. L. (2008). Critical health psychology: Developing and refining the approach. *Social and Personality Psychology Compass*, 2(1), 21-33.
- Daley, A. (2006). Lesbian and gay health issues: OUTside of Canada's health policy. *Critical Social Policy*, 26(4), 794-816.
- Dean, L., Meyer, I. H., Robinson, K., Sell, R. L., Sember, R., Silenzio, V. M. B., et al. (2000). Lesbian, gay, bisexual, and transgender health: Findings and concerns (The White Paper). *Journal of the Gay and Lesbian Medical Association*, 4(3), 101-151.
- Drabble, L., Keatley, J., & Marcelle, G. (2003). Progress and opportunities in lesbian, gay, bisexual, and transgender health communications. *Clinical Research and Regulatory Affairs*, 20(2), 205-227.
- Durie, M. (1999). Te Pae Mahutonga: A model for Māori health promotion. *Health Promotion Forum of New Zealand Newsletter*, 49, 2-5.
- Eliason, M. J., & Schope, R. (2001). Does

- "don't ask don't tell" Apply to health care? Lesbian, gay, and bisexual people's disclosure to health care providers. *Journal of the Gay and Lesbian Medical Association*, 5(4), 125-134.
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196(4286), 129-136.
- Epstein, S. (2003). Sexualizing governance and medicalizing identities: The emergence of 'state-centered' LGBT health politics in the United States. *Sexualities*, 6(2), 131-171.
- Filiault, S.M., Drummond, M. J., & Riggs, D. W. (2009). Speaking out on GBT men's health: A critique of the Australian government's Men's Health Policy. *Journal of Men's Health*, 6(3), 158-161.
- Flowers, P. (2009). How does an emergent LGBTQ health psychology reconstruct its subject? *Feminism & Psychology*, 19(4), 555-560.
- Gilman, S. E., Cochran, S. D., Mays, V. M., Hughes, M., Ostrow, D., & Kessler, R. C. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the national comorbidity survey. *American Journal of Public Health*, 91(6), 933-939.
- Gordon, I., Lewis, J., & Young, K. (1977). Perspectives on policy analysis. *Public Administration Bulletin*, 25(1), 26-35.
- Guthrie, S. (2004). A survey of gay and lesbian health issues. In W. Swan (Ed.), *Handbook of gay, lesbian, bisexual and transgender administration and policy* (pp. 187-195). New York: Marcel Dekker.
- Hamlin, C. (2002). The history and development of public health in developed countries. In R. Detels, J. McEwen, R. Beaglehole & H. Tanaka (Eds.), *Oxford textbook of public health* (4th ed., Vol. 1, pp. 21-37). Oxford: Oxford University Press.
- Hart, G. (1997). 'Yes, but does it work?' Impediments to rigorous evaluations of gay men's health promotion. In L. Segal (Ed.), *New sexual agendas* (pp. 113-124). New York: New York University Press.
- Hecló, H. (1972). Review article: Policy analysis. *British Journal of Political Science*, 2, 83-108.
- Hicks, S., & Watson, K. (2003). Desire lines: 'Queering' health and social welfare. *Sociological Research Online*, 8(1), <http://80-www.socresonline.org.uk/info.lbr.auckland.ac.nz/88/81/hicks.html>.
- Hogwood, B. W., & Gunn, L. A. (1984). *Policy analysis for the real world*. London: Oxford University Press.
- Kearns, R. (1997). A place for cultural safety beyond nursing education? *The New Zealand Medical Journal*, 110(1037), 23-24.
- Kearns, R., McCreanor, T., & Witten, K. (2006). Healthy communities. In M. Thompson-Fawcett & C. Freeman (Eds.), *Living together: Towards inclusive communities* (pp. 241-257). Dunedin: Otago University Press.
- Kitzinger, C. (2005). Heteronormativity in action: Reproducing the heterosexual nuclear family in after-hours medical calls. *Social Problems*, 52(4), 477-498.
- Peel, E. (2001). Mundane heterosexism: Understanding incidents of the everyday. *Women's Studies International Forum*, 24(5), 541-554.
- Kitzinger, C. (1990). The rhetoric of pseudoscience. In I. Parker & J. Shotton (Eds.), *Deconstructing Social Psychology* (pp. 61-75). London: Routledge.
- Kitzinger, C. (2005). Heteronormativity in action: Reproducing the heterosexual nuclear family in after-hours medical calls. *Social Problems*, 52(4), 477-498.
- Kitzinger, C., & Peel, E. (2005). The de-gaying and re-gaying of AIDS: Contested homophobia in lesbian and gay awareness training. *Discourse & Society*, 16(2), 173-197.
- L.A. Gay & Lesbian Center. (2002). *Report from the Third Lesbian, Gay, Bisexual and Transgender Health Roundtable, June 6-7, 2002*. Los Angeles: L.A. Gay & Lesbian Center.
- Langdrige, D. (2007). Gay affirmative therapy: A theoretical framework and defence. *Journal of Gay & Lesbian Psychotherapy*, 11(1), 27-43.
- Lee, C. (2000). Psychology of women's health: A critique. In J. M. Ussher (Ed.), *Women's*

- health: Contemporary international perspectives* (pp. 26-40). Leicester: BPS Books.
- Loue, S. (1999). *Gender, ethnicity, and health research*. New York: Kluwer Academic / Plenum Publishers.
- Lupton, D., & Peterson, A. (1996). *The new public health: Health and self in the age of risk*. St Leonards, NSW: Allen & Unwin.
- McCreanor, T., & Nairn, R. (2002a). Taiuiwi general practitioners' explanations of Maori health: Colonial relations in primary health-care in Aotearoa/New Zealand. *Journal of Health Psychology, 7*(5), 509-518.
- McCreanor, T., & Nairn, R. (2002b). Taiuiwi general practitioners' talk about Maori health: Interpretative repertoires. *The New Zealand Medical Journal, 115*(1167), <http://www.nzma.org.nz/journal/115-1167/1272/>.
- McNair, R. P. (2003). Lesbian health inequalities: A cultural minority issue for health professionals. *Medical Journal of Australia, 178*(12), 643-645.
- Meyer, I. H. (2001). Why lesbian, gay, bisexual, and transgender public health? *American Journal of Public Health, 91*(6), 856-859.
- Meyer, I. H., & Northridge, M. E. (Eds.). (2007). *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations*. New York: Springer.
- Miller, D. (1995). Introducing the 'gay gene': Media and scientific representations. *Public Understanding of Science, 4*(3), 269-284.
- Ministerial Advisory Committee on Gay and Lesbian Health. (2003). *Health and sexual diversity: A health and wellbeing plan for gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians*. Melbourne: Rural and Regional Health and Aged Care Services Division, Victorian Government Department of Human Services.
- Morgan, M., Spicer, J., & Reid, M. (2002). Sociological and psychological investigations. In R. Detels, J. McEwen, R. Beaglehole & H. Tanaka (Eds.), *Oxford textbook of public health* (4th ed., Vol. 2, pp. 781-806). Oxford: Oxford University Press.
- Murray, M., & Chamberlain, K. (2000). Qualitative methods and women's health research. In J. M. Ussher (Ed.), *Women's health: Contemporary international perspectives* (pp. 40-50). Leicester: BPS Books.
- National LGBT Health Alliance. (n. d.). About us: National LGBT Health Alliance. Retrieved 18/02/2010, from <http://www.lgbthealth.org.au/about-us>
- Neville, S. (2008). Men and health. *The New Zealand Medical Journal, 121*(1287), 7-10.
- Neville, S., & Adams, J. (under review). Men's health and wellbeing – who is missing? *Journal of Primary Health Care*.
- Nursing Council of New Zealand. (2005). *Guidelines for cultural safety, the Treaty of Waitangi and Maori health in nursing education and practice*. Wellington: Nursing Council of New Zealand.
- Papps, E., & Ramsden, I. M. (1996). Cultural safety in nursing: The New Zealand experience. *International Journal for Quality in Health Care, 8*(5), 491-497.
- Parsons, W. (1995). *Public policy: An introduction to the theory and practice of policy analysis*. Aldershot, UK: Edward Elgar.
- Peel, E. (2001). Mundane heterosexism: Understanding incidents of the everyday. *Women's Studies International Forum, 24* (5), 541-554.
- Peel, E., & Thomson, M. (2009). Editorial introduction: Lesbian, gay, bisexual, trans and queer health psychology: Historical development and future possibilities. *Feminism & Psychology, 19*(4), 427-436.
- Pega, F. (2007). *Health policies for lesbian, gay, bisexual, transgender, and intersex people*. Unpublished MSc, Massey University, Palmerston North.
- Peters, G. G. (2004). *American public policy: Promise and performance* (6th ed.). Washington, DC: CQ Press.
- Pincus, T. (2000). Challenges to the biomedical model: Are actions of patients almost always as important as actions of health professionals in long-term outcomes of chronic diseases. *Advances in Mind-Body Medicine, 16*(4), 287-294.
- Porzelius, L. K. (2000). Physical health issues for women. In M. Biaggio & M. Hersen

- (Eds.), *Issues in the psychology of women* (pp. 229-249). New York: Kluwer Academic / Plenum Publishers.
- Potter, J., & Wetherell, M. (1987). *Discourse and social psychology*. London: Sage Publications.
- Ramsden, I. M. (2002). *Cultural safety and nursing education in Aotearoa and Te Wai-pounamu*. Unpublished PhD, Victoria University of Wellington, Wellington.
- Rhodes, S. D., McCoy, T., Hergenrather, K. C., Omli, M. R., & DuRant, R. H. (2010). Exploring the health behavior disparities of gay men in the United States: Comparing gay male university students to their heterosexual peers. In S. R. Harper & I. Frank Harris (Eds.), *College men and masculinities: Theory, Research, and implications for practice* (pp. 370-382). San Francisco: Jossey-Bass.
- Rhodes, T., & Cusick, L. (2002). Accounting for unprotected sex: Stories of agency and acceptability. *Social Science & Medicine*, 55(2), 211-226.
- Rofes, E. (1998). *Dry bones breathe: Gay men creating post-AIDS identities and cultures*. New York: Harrington Park Press.
- Rofes, E. (2005). Gay bodies, gay selves: Understanding the gay men's health movement. *White Crane, Fall*, <http://www.whitecranejournal.com/rofes.asp>.
- Saxton, P. (2001). *Gay health: An international perspective*. [Unpublished conference report]. Auckland: New Zealand AIDS Foundation.
- Saxton, P. J. W., Hughes, A. J., & Robinson, E. M. (2002). Sexually transmitted diseases and hepatitis in a national sample of men who have sex with men in New Zealand. *The New Zealand Medical Journal*, 115(1158). Retrieved 04/04/2004 from <http://www.nzma.org.nz/journal/115-1158/106/>
- Scott-Samuel, A., Stanistreet, D., & Crawshaw, P. (2009). Hegemonic masculinity, structural violence and health inequalities. *Critical Public Health*, 19(3&4), 287-292.
- Sell, R. L., & Becker, J. B. (2001). Sexual orientation data collection and progress toward Healthy People 2010. *American Journal of Public Health*, 91(6), 876-882.
- Smith, A. M. A., Rissel, C. E., Richters, J., Grulich, A. E., & de Visser, R. O. (2003). Sex in Australia: Reflections and recommendations for future research. *Australian and New Zealand Journal of Public Health*, 27(2), 251-256.
- Van de Ven, P., Rawstorne, P., & Treloar, C. (2002). *HIV/AIDS, hepatitis C & related diseases in Australia: Annual report of behaviour 2002*. Sydney: National Centre in HIV Social Research, The University of New South Wales.
- Watson, J. (1998). Running around like a lunatic: Colin's body and the case of male embodiment. In S. Nettleton & J. Watson (Eds.), *The body in everyday life* (pp. 163-179). London: Routledge.
- Watson, J. (2000). *Male bodies: Health, culture and identity*. Buckingham: Open University Press.
- Westhaver, R. (2005). 'Coming out of your skin': Circuit parties, pleasure and the subject. *Sexualities*, 8(3), 347-374.
- Wetherell, M., Taylor, S., & Yates, S. J. (Eds.). (2001). *Discourse as data: A guide for analysis*. London: Sage Publications.
- Wilkinson, S. (2000). Feminist research traditions in health psychology: Breast cancer research. *Journal of Health Psychology*, 5(3), 359-372.
- Wilkinson, S. (2002). Lesbian health. In A. Coyle & C. Kitzinger (Eds.), *Lesbian and gay psychology: New perspectives* (pp. 117-134). Oxford: Blackwell.
- Wolitski, R. J., Stall, R., & Valdiserri, R. O. (Eds.). (2008). *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States*. New York: Oxford University Press.



## BOOK REVIEW

SHAUN M. FILIAULT

*Friedman, P. (2008). Diary of an exercise addict. Guilford, CT: GPP Life. ISBN: 0762648966, pp. 208.*

Although exercise is frequently trumpeted as the cure-all for the contemporary obesity 'epidemic', it is not often recognised that exercise itself carries risk. Indeed, excessive exercise can not only physically damage a person's body, but also tear apart his or her social and mental well-being. Peach Friedman's insightful memoir, *Diary of an Exercise Addict*, provides an insider view of the manner in which exercise can transform from a healthy component of one's life to an all-consuming and destructive addiction.

In the text, Friedman describes the manner in which she coped with numerous eating, exercise, and body image-related disorders while she was in her early and mid 20s. In particular, she emphasises the changed role of exercise in her life over a several year period, during which time she coped with such stresses as a major relationship breakdown, the divorce of her parents, and university graduation. As such, she successfully portrays to the reader that exercise initially provided a release and coping mechanism as she dealt with numerous life stresses. Subtly, this relationship to exercise altered over time, transforming from a psychological support to the entirety of Friedman's psyche. In vivid language, Friedman describes her compulsion to exercise, even when hurt or injured, the extreme guilt encountered when a workout was skipped, and the impact of exercise on her relationships and sense of self. Finally, she explores the long and difficult process of treatment, and the continued difficulties she faces with regards to exercise and body image.

Written for a lay readership, Friedman's text is accessible, well-written, and engrossing. Through her first person narrative, Friedman gives a true sense of the pain and suffering experienced by exercise addicts, but also the fear engendered by thoughts of treatment and change. Moreover, she successfully shifts the common perception of eating and exercise disorders away from being disorders of vanity, and to being mechanisms by which individuals cope with a loss of control and stress. In so doing, Friedman does a great service to those with eating and exercise disorders by shifting the often-hurtful stereotypes that surround those syndromes.

While the text is successful in demonstrating the personal and social etiology and sequelae of exercise addiction, it is less useful in describing the actual phenomenology of the disorder. That is, the reader gains little sense of how Friedman actually felt while working out and upon exercise completion, her actual exercise regime, nor the shifts in her actual exercise intake over time. Since hedonic state while exercising, and tolerance for increased exercise load are both central components to exercise addiction (Kerr, Linder, & Blyden, 2007), it is surprising not to see those elements feature more centrally in Friedman's narrative. Thus, while the text gives the reader a sense of the life events surrounding exercise addiction, it is less successful in describing exercise addiction itself, particularly in the moment of exercise.

Friedman concludes her 'diary' with a discussion of exercise addiction more broadly, including recommendations for those with the disorder and their families. This section again works to redress the stigma associated with eating and exercise disorders, and seeks to



provide some advice regarding treatment and self-help. While both those tasks are commendable, the language used in this section is potentially damaging and limiting. Frequently women and girls are described as having exercise dependence, and heteronormative assumptions are evident through out. Thus, the text continues to contribute to the historical silencing and stigmatisation of men with eating and exercise pathologies. Further, it fails to recognise that not only may some individuals with those pathologies be queer, but that exercise addiction may provide a manner by which some queer persons cope while coming to embrace their identities. While it could be argued that Friedman is simply speaking to her own experience as a straight woman, given the shift in focus in the discussion – from personal experience to recommendation for others – Friedman should have similarly been able to shift from her limited personal experience to be more inclusive in her discussion. Thus, the text ultimately serves too narrow an audience.

In spite of those limitations, *Diary of and Exercise Addict* provides an intriguing and easy-to-read introduction to a misunderstood psychological phenomenon. It serves as a potent reminder to clinicians and academics of the deeply personal nature of those phenomena that we study. Further, it provides an entry point for lay readers and undergraduates to understand eating and exercise disorder by taking a first person vantage point.

### **Author Note**

Shaun M. Filiault is a lecturer in health education and health promotion in the School of Education at Flinders University. His primary research areas include men's health, masculinities and sexualities, body image, and the socio-cultural aspects of sport and exercise. [shaun.filiault@flinders.edu.au](mailto:shaun.filiault@flinders.edu.au)

### **References**

Kerr, J.H., Linder, K.J., & Blaydon, M. (2007). *Exercise dependence*. New York: Routledge.



## BOOK REVIEW

OSCAR MODESTO

*Pardie, L., & Luchetta, T. (Eds.) (1999). The construction of attitudes toward lesbians and gay men. New York: Routledge. pp. 116, ISBN: 978-0789005908*

*The Construction of Attitudes Toward Lesbians and Gay Men* is a very interesting book for different reasons. On one dimension, the book explores different frameworks from which members of that particular group (legal, academia, therapeutic) may construct their attitudes towards gay and lesbian people. It also explores the processes by which homosexual men and women live in a 'welcoming' society limited by heterosexuality. Although this book was published now over ten years ago, the concepts and attitudes of different cultural groups in US society seem to be relevant and manifest.

Every chapter is dedicated to a different aspect of American society. Chapter one deals with the prevalence of heterosexuality or homophobic attitudes toward people with HIV and AIDS, and how these attitudes may interfere with accurate information processing and retention within the wider community in regards to health care and HIV and AIDS dissemination across the broader society. In chapter two, the author explores the representations of gay people in legal contexts and courts. It discusses the legal 'apparent' neutrality in the court system but acknowledges the need for better understanding of gay, lesbian and bisexual communities in an affirming manner. A description of homophobia in academia is provided in chapter three, including the idea of activism, and the complexities between universities (or organisations for that matter) and activists demands. Although the

author makes a strong argument in terms of how much more work needs to be done to reach equality (or a new culture as the author suggests) for homosexual people, it does not invite tolerance or acceptance and thus feels oppressive and dominant. The next chapter deals with the therapeutic arena, and proposes a model to increase therapeutic efficacy when working with people with internalised homophobia. It is suggested that therapists should be sensitive when working with clients who present higher levels of internalised homophobia by establishing solid therapeutic relationships that enable self awareness of internalised homophobic attitudes and the implications this attitudes may have in their personal history, self-esteem and personal history. Two case studies are discussed. In the last chapter Lynn Pardie elaborates on a comprehensive deconstruction of heterosexism at different levels of society and elaborates on heterosexual constructs such as marriage, kinship, and power in different socio-cultural levels.

The book brings to mind the importance of questioning how 'heterosexualised' we may continue to be in our everyday society and broadens the perspective of conformism in our personal lives. It makes the reader reflect on the queer theory movement and the importance of raising a voice of non conformity in a society where same sex relationships are acknowledged to a certain degree and the politics involved in this processes in each area of society. Although the book explores different areas of society, it does not incorporate the idea of heterosexism and the influence multiculturalism may have in society. In general the book brings the reader to an understanding of

heterosexism and the intricate relationship it has with everyday society.

### **Author Note**

Dr Oscar Modesto is an Associate Lecturer at Macquarie University and has done research on gay male relationships, coming out process for gay men, and working with minorities. His research interest include qualitative methodology, couple relationships (heterosexual or homosexual), queer theory, psychotherapy, minorities and working with people from different cultural backgrounds. Email: [Oscar.Modesto@psy.mq.edu.au](mailto:Oscar.Modesto@psy.mq.edu.au)

## **CALL FOR PAPERS**

### **TRANS BODIES, LIVES & REPRESENTATIONS**

*SPECIAL ISSUE OF GLIP REVIEW, APRIL 2011*

*EDITOR: DAMIEN W. RIGGS*

To date, research on the experiences of trans people within the social and health sciences has largely focused upon either describing the lives of trans people or reflecting upon gender categories through the lens of trans embodiment. New avenues of critical research, however, have increasingly called for the extension of research on, with and by trans people to encompass other aspects of trans identities, and importantly, to consider the role of non-trans researchers in the field and to reflect upon the functioning of gender norms more broadly in the production of trans experience. This special issue seeks to contribute to this agenda by gathering together a collection of cutting-edge research on gender, trans issues, and social norms in relation to embodiment and identity.

We welcome full length empirical and theoretical papers (6000 words) as well as shorter commentary papers (2000 words) that address (though are not limited to) the following issues:

- Attitudes towards trans people amongst non-trans communities
- Media representations of trans people
- Critical examinations of previous literature on trans people
- Writing by trans people as well as writing by non-trans people that critically examines the location of the latter in this field
- Research on the specific health needs of trans people
- Research exploring the intersections of sexuality and gender in the lives of trans people

Papers should be submitted to the special issue editor via email by January 15th 2011: Damien W. Riggs [damien.riggs@adelaide.edu.au] Reviews will be returned to authors by early February 2011 with final revisions to papers due mid March 2011. Early submissions are very much welcome. If you have any questions about a potential submission, please direct these to the special issue editor.

## CALL FOR PAPERS

### ACCESSING QUEER DATA IN A MULTIDISCIPLINARY WORLD

*SPECIAL ISSUE OF GLIP REVIEW, AUGUST 2011*  
*EDITORS: GARETH J. TREHARNE & CHRIS BRICKELL*

What are the current challenges in accessing queer data that are faced by researchers and members of the communities with whom we carry out our research? How do we define queer data? And how do we define queer communities/stakeholders? Who has power in these definitions and who sets the research agenda for research on queer issues? What are the implications of disciplinary boundaries for research on queer issues? These are some of the questions that we want to raise in a special issue of *Gay and Lesbian Issues in Psychology Review*: 'Accessing queer data in a multidisciplinary world'. We hope to open up debate about the ongoing need for interrogation of epistemological, methodological and personal reflexivity, and question the divide between researcher and the researched.

We welcome full length empirical and theoretical papers (6000 words) as well as shorter commentary papers (2000 words) that address the following issues:

- The value and caveats of a range of different research methods, including: reviews of literature and policy documents, archival research, visual methods, interviewing, ethnography, practitioner reflection, surveying and experimental manipulation.
- Theoretical and pragmatic insights from the multitude of critical social science disciplines (e.g., anthropology, ethnomusicology, historiography, social work, sociology) that will help to enliven psychological research on queer issues.
- The ethical issues involved in identifying queer participants/data in a range of settings, and the potential solutions that promote inclusive consideration of queer communities/stakeholders.
- Experiences of research participants as well as researchers.

Papers should be submitted to the special issue editors via email by 15<sup>th</sup> February 2011: Gareth J. Treharne [gtreharne@psy.otago.ac.nz] and Chris Brickell [chris.brickell@otago.ac.nz]. Reviews will be returned to authors by late March 2011 with final revisions to papers due mid May 2011. If you have any questions about a potential submission, please direct these to the special issue editors.

## CALL FOR PAPERS

### ADVANCES IN LESBIAN STUDIES

#### *SPECIAL ISSUE OF JOURNAL OF LESBIAN STUDIES*

The *Journal of Lesbian Studies* will be devoting a thematic journal issue to the topic of ADVANCES IN LESBIAN STUDIES. It has been fifteen years since the first issue of this journal focused on "classics" in lesbian studies. In the interim, there has been considerable scholarship on lesbian issues. Possible topics to be considered include:

- An overview of your own scholarship and how advances in lesbian studies have changed how you conduct research, including how "lesbian" is defined, how editors/reviewers react to your work, and how societal changes have impacted the ways you conduct research.
- Overviews on any area of research (not necessarily your own), describing and evaluating how research in that area has changed over time.
- Essays on how the media, the general public, or lesbian readers have reacted to research about lesbian issues over time.

In sum, the focus can be on definitions, methods, content, the academic review process, or reactions by the public, as long as you consider changes over time.

Please send a one-page abstract of your proposed contribution to me at [erothblu@mail.sdsu.edu](mailto:erothblu@mail.sdsu.edu) by June 15, 2010. Abstracts will be evaluated for originality, diversity of experience, and writing style.

In Sisterhood,

Esther Rothblum, Editor  
San Diego State University

## Preparation, submission and publication guidelines

Types of articles that we typically consider:

A)

Empirical articles (6000 word max)  
Theoretical pieces  
Commentary on LGBTI issues and psychology

Research in brief: Reviews of a favourite or troublesome article/book chapter that you have read and would like to comment on

B)

Conference reports/conference abstracts  
Practitioner's reports/field notes  
Political/media style reports of relevant issues

Book reviews (please contact the Editor for a list of books available & review guidelines)  
Promotional material for LGBT relevant issues

The Review also welcomes proposals for special issues and guest Editors.

Each submission in section A should be prepared for blind peer-review if the author wishes. If not, submissions will still be reviewed, but the identity of the author may be known to the reviewer. Submissions for blind review should contain a title page that has all of the author(s) information, along with the title of the submission, a short author note (50 words or less), a word count and up to 5 key words. The remainder of the submission should not identify the author in any way, and should start on a new page with the submission title followed by an abstract and then the body of the text. Authors who do not require blind review should submit papers as per the above instructions, the difference being that the body text may start directly after the key words.

Each submission in section B should contain the author(s) information, title of submission (if relevant), a short author note (50 words or less) and a word count, but need not be prepared for blind review.

All submissions must adhere to the rules set out in the Publication Manual of the American Psychological Association (fifth edition), and contributors are encouraged to contact the Editor should they have any concerns with this format as it relates to their submission. Spelling should be Australian (e.g., 'ise') rather than American ('ize'), and submissions should be accompanied with a letter stating any conflicts of interest in regards to publication or competing interests. Footnotes should be kept to a minimum. References should be listed alphabetically by author at the end of the paper. For example:

Journal Articles: Riggs, D.W. (2004). The politics of scientific knowledge: Constructions of sexuality and ethics in the conversion therapy literature. *Lesbian & Gay Psychology Review*, 5, 16-24.

Books: Kitzinger, C. (1987). *The social construction of lesbianism*. London: Sage.

Edited Books: Coyle, A. & Kitzinger, C. (Eds.) (2002). *Lesbian & gay psychology*. Oxford: BPS Blackwell.

Book Chapters: MacBride-Stewart, S. (2004). Dental dams: A parody of straight expectations in the promotion of 'safer' lesbian sex. In D.W. Riggs & G.A. Walker (Eds.), *Out in the antipodes: Australian and New Zealand perspectives on gay and lesbian issue in psychology* (pp.393-416). Perth: Brightfire Press.

References within the text should be listed in alphabetical order separated by a semi-colon, page numbers following year. For example:

(Clarke, 2001; Peel, 2001; Riggs & Walker, 2004)

(Clarke, 2002a; b) (MacBride-Stewart, 2004, p. 398)

Authors should avoid the use of *sexist*, *racist* and *heterosexist language*. Authors should follow the guidelines for the use of non-sexist language provided by the American Psychological Society.

Papers should be submitted in Word format: title bold 14 points all caps left aligned, author 12 points all caps left aligned, abstract 10 points italics justified, article text 10 points justified, footnotes 9 points justified.

All submissions should be sent to the Editor, either via email (preferred): [damien.riggs@adelaide.edu.au](mailto:damien.riggs@adelaide.edu.au), or via post: School of Psychology, The University of Adelaide, South Australia, 5005.