Body Image: A quantitative analysis of males and their experience of self-objectification and body- image satisfaction as they get older.

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Abstract

The issue around male body- image and male body image dissatisfaction is now understood to be on a par with females in the occidental world we live in today. The aim of this piece of research is to investigate in the levels of body image dissatisfaction in males increase with age. Quantitative analysis was the method chosen. 100 male participants were used in the analysis. The analysis revealed no significant differences between the different age groups for the level of body image concern. Further study required with a larger cohort in age group to out rule chance or confounding.

1.0   Introduction

"Body image refers to an individual's thoughts and feelings about their body and physical appearance " (Hargreaves & Tiggemann, 2006). In the world we live in today both males and females are becoming more and more preoccupied with their body image and engaged in measures that allow them to attain the perceived ideal body that is the cultural norm of society at the time. Males and females alike are constantly being exposed to and are consuming media images on a daily basis. Females are consuming images of thin women from beauty magazines and likewise males are consuming images of muscular men from health and fitness magazines (Michaels, Parent, & Moradi, 2013). Body dissatisfaction and body image concerns have historically been seen as a problem only affecting females, McKinley and Hyde (1996) state that much of the existing research state that women are more susceptible to suffer from negative body image and resulting effects than men. However, over the last two decades there has been much more investment and research carried out on body dissatisfaction and muscle dysmorphia among men (Blashill, 2010, (Daniel & Bridges, 2010).

As stated however, in recent times researchers have come to understand that males are also affected in much the same way as females when it comes to body image. The paucity in the literature at present is largely due to the fact that most of the research on body image has been done with the female at the focus, researchers are only coming to terms that while males and females share many of the risk factors and cognitive effects of body image concerns there are stark differences also which the research is only starting to take into account.

Men have a dual aspect to body image to contend with, like females they aspire to the ideal of being thinner, but most likely men are exhibit most dissatisfaction with being underweight and aspire to being more muscular especially in the upper torso (Garner, 1997).

The study of gender and the different characteristics between male and females is an important aspect to be considered. Along with Gender, self-objectification has been shown to be a contributing factor to levels of body image dissatisfaction. Self-objection was a concept first labelled by McKinley and Hyde in 1996 who understood the cognitive effect of constant evaluation by an eternal observer on females. As a result they reported that that the constant evaluation that females undergo leads to increased levels of body surveillance which more often than not leads to high levels of body dissatisfaction (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996). More damagingly the high levels of dissatisfaction observed can to a decrease in self -esteem depression, anxiety and ultimately eating disorders (Corey & Burns, 2007, McKinley & Hyde, 1996; & Fredrickson & Roberts, 1997). Although of the original research was carried out on females in recent times it has become clear that the men are also affected by the theory of self-objectification and its effects. While male body image concerns are becoming more prevalent and there the research more popular, it still lacks the depth and understanding of the work carried on the female counter part.

1.1   Literature Review

1.1.1   Body Image

Body image is a multi-Dimensional construct which can influence ones thoughts, emotions and behaviours (Pruzinzky and Cash, 2002). Body image has been the focus of modern day media for decades now, constantly increasing in exposure and interest globally. At the end of the twentieth century psychologists became more interested in body image, its ideology and its effect on people. Paul Schilder was the first researcher to focus on body image back in the 1920s (Grogan, 1999) stating that body image is 'the image of our own body which we form in our mind'. In 1981, the most succinct definition of body image was

given by Garner "to include both a self-perceptual component of what we see or think we see in size, shape, weight, feature, movement and performance, and an attitudinal and affective component of how we feel about those attributes and how our feelings motivate certain behaviours "(Garner, 1981). In simpler terms the level of satisfaction or dissatisfaction a person has with their body and its appearance (Hargreaves & Tiggemann, 2006).

In the later years of the twentieth century body image was linked to social construction (Grogan, 1999). Both men and women are susceptible to bouts of body surveillance in an effort to obtain the socially constructed ideal body shape. Women desire a smaller body shape, slimmer hips, bottom and thighs, achieved through diet while men desire a shape change, the V-shaped figure, with emphasis placed on larger shoulders, chest and biceps achieved through weight gain (Furnham, Badmin & Sneade 2002). It is postulated in many studies that indeed it is normal for women to feel this, with reports of women feeling pressure to be slim in primary school (Grogan, 1999). A study by Brown in (2007) of 400 females concluded that 90% of participants felt shame about their bodies, indicating that body image can affect what a person feels about themselves. To explain this phenomenon research has been grounded in aspects such as media exposure and pressure, gender roles and also feminist construction theories. Using such perspectives, a certain level of understanding into negative body experience or levels of body dissatisfaction have been ascertained. Body image investment has been defined as the cognitive, behavioural and emotional importance attributed to the body in self-evaluation (Cash & Pruzinsky, 2002). Most of this work has rooted from the female perspective with attitudinal surveys and interviews designed with the female in mind. There is a lack of in depth knowledge on the male perspective.

1.1.2 Feminist Theory and the Objectified Body Consciousness

Historically a strong argument for negative body experiences was explained by the theory of Objectified Body Consciousness. Prominent feminist theorists such as McKinley and Hyde (1996) describe a theory of Objective Body Consciousness using a social constructionist perspective. From this perspective, society constructs the body as an object to be looked at (McKinley & Hyde, 1996), that the female body is something to be looked at by a man, that it is viewed as an object of male desire (Spitzack, 1990). It is this view of the body being looked at by an 'other', which causes females to view their body through the eyes of the observer, a concept described by the term 'Objectified Body Consciousness' (OBC) (McKinley & Hyde,1996). This in turn leads to the female aspiring to, and striving to obtain the body deemed the 'ideal' by the observer, which from the feminist perspective is the male view.

Throughout the decades this theory has been developed and tested to great detail. Current thinking replaces the man as the external other with constant media exposure of the ideal body image. Contemporary western media places a strong emphasis on the ideal physical appearance; indeed the ideal body image portrayed is associated with being thin for women (Brennan, Lalonde & Bain, 2010). In the same manner, through the media men's bodies are increasingly being objectified in the form of lean muscled male bodies (Pope et al, 2001; Martins, Tiggemann, & Kirkbride, 2007). According to feminist theory these ideals are then internalised, making the beholder believe that they themselves hold these values, the view is constructed as personal choice which encourages women to connect achievement of the culturally imposed ideal with their identity (McKinley & Hyde, 1996). As the women wants to achieve the ideal body shape, and believe that this need is a personal chance rather than a standard that is externally imposed on them, research has shown that is this thought process that makes women conform more (Spitzak, 1990). Consequently if they cannot achieve this ideal through self-surveillance they experience feelings of body shame and

failure (McKinley & Hyde, 1996). Constant surveillance has many negative outcomes for women such as mental health problems, eating disorders and depression (Frederickson & Roberts, 1997). In recent times, this feminist theory with its cognitive and behavioural consequences is being applied to males, with media undertaking the role of the external observer.

Much research on disordered eating and body image is ground in the theory of objectified body consciousness; however there is a deficiency in the research done on men. While historically the theory of Objectified Body Consciousness has been tested on females there is very little research done to the application of this theory to men. Increasingly through various media platforms the ideal male image is being portrayed and just as for women, the ideal male physique appears to be as unattainable as the female ideal portrayed.

1.1.3   Gender

To gain an insight of the underpinning of this present research, an understanding of gender and gender in relation to men and body image must be established. In deed an understanding of gender and gender role norms maybe crucial in understanding the male experience of eating disorders (Griffiths, Murray, & Touyz, 2015). The World Health Organisation defines gender as the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women (WHO, 2014). Marchbank and Letherby (2014) define gender as 'the socially determined differences based upon the biological differences between being male and female' (p.4). In other words, one's biological sex is what one is born with and ones gender is determined by the culture or society in which you live.

Gender in relation to men is known as the study of masculinities. Khan (2009) defines the masculinities as the 'complex, cognitive, behavioural, emotional, expressive psychosocial

and sociocultural experience of identifying with being male' (p2). This is a complex definition trying to encompass a wide variety of sociological concepts related to being male.

1.1.4   Gender in relation to health beliefs and body image

Critically, the understanding of gender and gender norms is a valuable sociological perspective for understanding the male experience of male eating disorders (Griffiths, Murray & Touyz, 2014). There are two main aspects of body image pathology to be considered. The first involves the desire for thinness, resulting in the development of eating disorders such as anorexia nervosa. The second is the desire for a greater muscular physique or the mesomorphic physique leading to the development of the more recent phenomenon known as muscle dysmorphia. Davis, Elliot, Dionne & Mitchell, 1991 also report on this dual angle of body image that men are affected by as opposed to the weight loss pressure experienced by women. The theory of threatened masculinity and the masculinity hypothesis are proposed as two influential perspectives underlying this recently defined disorder of muscle dysmorphia and the desire for greater muscular attributes (Griffiths et al., 2015).

1.1.5   Hegemonic Masculinity

The general theory of masculinity is put forward as a means of communicating the traditional, masculine qualities of males through increased muscle tone and a low body fat ratio (Blashill, 2011 & Griffith et al, 2014). Hegemonic is an adjective referring to power, first used by the Marxist theorist Karl Gramsci who analysed power relations in relation to social classes. The theory or construct of Hegemonic masculinity explains the relationship between patriarchy and privilege and how men make sense of masculinity in a social context (Connell, 1995).Hegemonic masculinity ideologies include the dominant male in all facets, reinforced by society who will support male dominance; it is associated with aggression and

strength and self-reliance and very importantly control. It is defined as 'the form of masculinity that is culturally dominant in any given setting' (Connell, 1995). Using this perspective and other social constructionist's views of masculinity allows for the analysis of the statistics generated in relation to men. Men are more likely than women to engage in risk taking behaviour such as drinking excessively and driving fast cars, leading to the development of disease and early death (Doyal, 2001 cited in Barry & Yuill, 2012 p.141). Courtenay, (2000) describes the often made link between men's health related beliefs and behaviours. Men may increase their muscle tone in an attempt to exhibit these qualities with the potential of leading to a pattern of disordered eating and negative body image (Blashill, 2011).

1.1.6   Threatened Masculinity and 'Doing' Gender

Similarly the theory of threatened masculinity explores the increasing parity between the male and female sexes, resulting in an increased effort by men to increase their muscle tone to exert their masculinity against the female sex (Mishkind, Rodin, Silderstein & Streiegel-Moore,1986); Griffith et al, 2015). Encouraging this trend is the western media, who portray the lean muscular build of a man as the ideal and perfect physique (Pope, Phillips & Olivardia., 2000).

It is evident that from an understanding of gender in relation to men and how a male may perceive and carry out gender roles, an understanding of males in relation to body image satisfaction can be made. When the perspective of 'doing' gender is considered it perhaps can be true to say males do gender in relation to diet and the results having a certain diet may produce. Men may engage in conforming to a certain diet, for example a muscle building one, to increase muscular mass therefore asserting ones maleness. For example the consumption of red meat has been documented in the literature as being associated with masculinity and

strength (O Doherty Jensen & Holm, 1999). Red meat is associated with virility and male red bloodedness and it has been documented that across many cultural contexts red meat is consumed in significantly greater amounts by men than women (Adams, 1987). A study by Burlew & Shurts in 2013 found that men are more prone to atypical eating disorders and substance abuse in an effort to control their body image than women. Burlew and Shurts along with Brennan, Lalonde and Bain in 2010 also note that men are quieter than women in the reporting of body image concerns and may wait longer than females to seek help or indeed seek help lees frequently than their counterparts.

In the literature 80% of men describe themselves as being dissatisfied with their bodies (Davis, Elliot, Dionne & Mitchell, 1991), however while women reported wanting to lose weight only men and wanted to loose and gain weight in equal measure. This could be viewed as conforming to male norms and stereotypes in an attempt to project an image of maleness. In fact Silbestein, et al, (1988) found that 4.4% of women who took part in their study wanted to become bigger compared with that of 46.8% of men.

Men may exhibit another well documented characteristic of masculinity in relation to health, where men traditionally have been seen to be ignorant of their own health needs and concerns. These gender related characteristics can be analysed in relation to eating patterns where the question can be asked do men adhere to certain health damaging diets such as a high protein diet, or diets supplemented by steroids and other drugs to obtain an overtly muscular body in an effort to appear more 'manly'. The type of food eaten by men adhering to certain muscle building diets, and in contrast to females can also be said to be a type of masculine behaviour.

In contrast to this theory a consumer focused review of men's food behaviour carried out by the government agency Safefood Ireland also identified gender differences apparent in

men and women's perceptions of food and health. The report found that even though men are more likely to be overweight they are less like to be concerned with health eating behaviours, health and general nutrition than women. (Safefood Ireland, 2015)

1.1.7   Further Gender Related Research on Body Image

Historically the literature centered around females and the effect of body image on them. Over the decades with the development of social media and an increased obsession with body image by western culture, the focus has shifted to men in an attempt to ascertain if they are affected by body image concern and anxiety and affect behavioural changes in an attempt to control their body image, just as women have been proven to do.

Hargreaves and Tiggeman 2006 report that although males and females share many of the same risk factors and behavioural responses to negative body image males seem to be a little less affected than females . A qualitative approach was used in this study of 28 boys to explore body image investment among an adolescent age group. The study exhibited a key gender feature boys in that they indicated that they did care about their image but were afraid to admit it.

Muth and Cash, 1997 conducted an attitudinal survey regarding body image on 277 participants of male and female respondents. This study showed that men are less likely than women to exhibit body change behaviours and are typically more satisfied with their appearance. That while they are quite similar in the cognitive aspects of body image concerns they differed significantly in the behavioural aspects of investment in body change behaviours. The study also noted how women are distressed and unhappy about being overweight only, whereas men are affected on two levels - being too thin in other words not muscular enough or being overweight. This finding is typical of the theory of 'gender-

differential societal and personal standards of body attractiveness', (Cash and Pruzinsky, 1990 and Jacobi and cash, 1994). It also exemplifies the afore mentioned underpinnings of gender based attitudes towards disordered eating patterns resulting in being overweight or aspiring to the mesomomorphic ideal portrayed by the media. Davison & McCabe, (2006) also found that girls reported a body image that indicated more dysfunction than that of boys in all aspects of the cognitive and bahvioural responses.

However more research is revealing that men are fast becoming just as if not more affected by male body image perception as females. Early studies done by Drewnowski and Yee, (1987) and Silbersteinet al, (1988) have indicated that men are just as dissatisfied with their weight and shape as women are. In a study by Drewnowski and Yee, (1987) which looked at body satisfaction among male and female first year college students and found that 85% of males reported the desire to lose weight. Of this cohort half, to lose weight (40%) while the other half wanted to gain weight (45%). Further on from this Bottanimie & Marie, 2006, conducted a qualitative study into male body image perception and found that men expressed a desire to gain muscle and to add/lose weight in equal measure reinforcing the two tiers ideal men aspire to as opposed to the ideal of thinness observed in females. .

At the turn of the century research was opened up into the phenomenon that males were now as affected as females over issues such as body weight. Grogen & Richards, (2002), Cohane & Pope, (2001) Cafri, Thompson, Ricciardelli, McCabe, Smolak & Yesalis, (2005), Cuhane and Pope, (2001) produced much empirical research that supported the theory that males were affected. The studies were broader in that they included the male facet of the aspiration for weight gain, or the ideal muscular physique as opposed to focusing on weight loss alone. By doing this men were proven to have equal, if not more body weight and image concerns as females, especially for those men who were underweight. Grogen and Richards,

(2002) found that men tend to aspire to the body shape ideals of the physiques of athletes and successful sportsmen, however attaining the ideal shape was to do with confidence and the right look, this was deemed more important than having a healthy body.

Conforming to typical male gender stereotype, Cafri et al, (2005) found that in an effort to obtain the ideal male physique men would engage in unhealthy and somewhat dangerous health behaviours such as supplement use and steroid use along with high protein diets. No consideration was given by the males in the study by Cafri et al for the detrimental effects of engaging in such behaviour even if these weight and muscle building strategies were found to produce increased levels of aggression and other psychological effects such as depression along with physical ailments such as high cholesterol and coronary heart disease.

One of the only cross sectional studies out by Cash et al (2004) investigated body image satisfaction among male and female college students across a 19 year period. For females the rate of body dissatisfaction increased or worsened over time, while for the males they didn't change.

1.1.8   Conclusion of the Literature Review:

From the review it is clear that the literature has been focused around females- their perception of the ideal body image, female self-objectification and female anxiety in relation to body image. The literature is grounded in the female perspective and it is only in the recent decades that the issues in relation to males and body image are seriously coming under focus. While there is an amount of study done in relation to males it lacks the depth and understanding that is there in relation to females.

1.1.9   Aim and hypotheses

This research project will aim to investigate self-objectification in males and the effect of this through anxiety males may experience. The study will aim to add to the literature already published by exploring if there is an increase in the levels of body dissatisfaction in males as they get older.

Main Hypothesis:

The main aim of this study is to see if males experience increased levels of self-objectification and of body image dissatisfaction as they get older.

Four other hypotheses will be tested in an effort to explore the main hypothesis further

- There will be a negative correlation between body surveillance and age

- There will be a negative correlation between control and age

- There will be a positive correlation between body shame and age

- There will be a negative correlation between anxiety and age

2.0   Methodology

2.1   Materials

All participants answered a short questionnaire filled out using the on line tool –Google docs. The revised Objectified Body Consciousness Scale (Quinn and Lewis, 2005) and the anxiety scale along with questions relating to gender and age were put on the questionnaire.

Objectified Body Consciousness Scale:

This scale is a self-report measure of body consciousness. It has three subscales

1. **Body Surveillance** – A measure of defining the body by how it looks as opposed to how it feels, in other words viewing the body as an outside observer.

2. **Body Shame** - A measure of whether someone believes they are not a good person because they do not meet the perceived standard dictated by society at the time for what a body should look like.

3. **Appearance Control Beliefs** – A subscale to measure a person's sense of control over their appearance and weight or if it is controlled by other things.

All three subscales are scored on a 7 point Likert scale response for each question ranging from

1 = Strongly Disagree 2 = Disagree 3 = Somewhat Disagree 4 = Neither Agree nor Disagree 5 = Somewhat Agree 6 = Agree 7 = Strongly Agree

Anxiety:

The anxiety scale used is an abbreviated 12 item version of the Fear of Negative Evaluation (FNE) (Leary, 1983)

For the Anxiety scale it was scored as follows:

Indicate how characteristic it is of you according to the following scale:

If this is 'not at all characteristic of me', circle   [1] 2 3 4 5

If this is 'slightly characteristic of me', circle   1 [2] 3 4 5

If this is 'moderately characteristic of me', circle	1 2 [3] 4 5
If this is 'very characteristic of me', circle	1 2 3 [4] 5
If this is 'extremely characteristic of me', circle	1 2 3 4 [5]

2.2   Participants

A total of one hundred male participants took take part in this study. A wide ranging age was target in an attempt to give comprehensive statistical analysis in relation to age. The purpose and the anonymity of the research were made clear to each participant, as well as the ethical considerations and the rights of participants during the research process.

2.3   Design

The present research used a non-experimental correlational design. The predictor variable within this research was gender. The criterion variables within this research were self-objectification and anxiety.

2.4   Procedure

Participants were gathered using a convenience sample via an online link posted in the messenger tool 'whats app' or emailed directly to the participant once they had provided their email address.

When data was collected, all negative answers were recoded and total scores were computed and the data was analysed by SPSS 18.

2.5   Ethical Consideration

Ethical consideration was an important aspect of this research and was enforced at all times throughout. The main ethical issue the researcher was concerned about was the age of the participants. All of participants in the study were above the legal age of 18 years old. There was no option in the age question for participants under 18 years of age, as the study was not concerned with adolescents and so consent needed not to be considered. The participants were informed as to why the survey was being carried out on the questionnaire. Their participation to the study was also appreciated with a gratitude message at the start of the questionnaire. The participants were given contact details of the Body Whys organisation if any of them were concerned about any of the issues raised within the questionnaire. These contact details were at the bottom of the survey.

The Privacy and confidentiality was very important and was stated on the questionnaire. The information provided by the respondents was kept in a secure place at all times on line on a Google account with a password and on a USB key which is protected by a password and kept in a secure place at all times. The respondents were made aware that they could withdraw at any time.

3.0   Results:

3.1   Descriptive Statistics:

A survey was conducted where 100 males of different ages from 18 years to 75 participated; data on 36 items were collected and a summary of the distribution of the age of the cohorts is shown below.
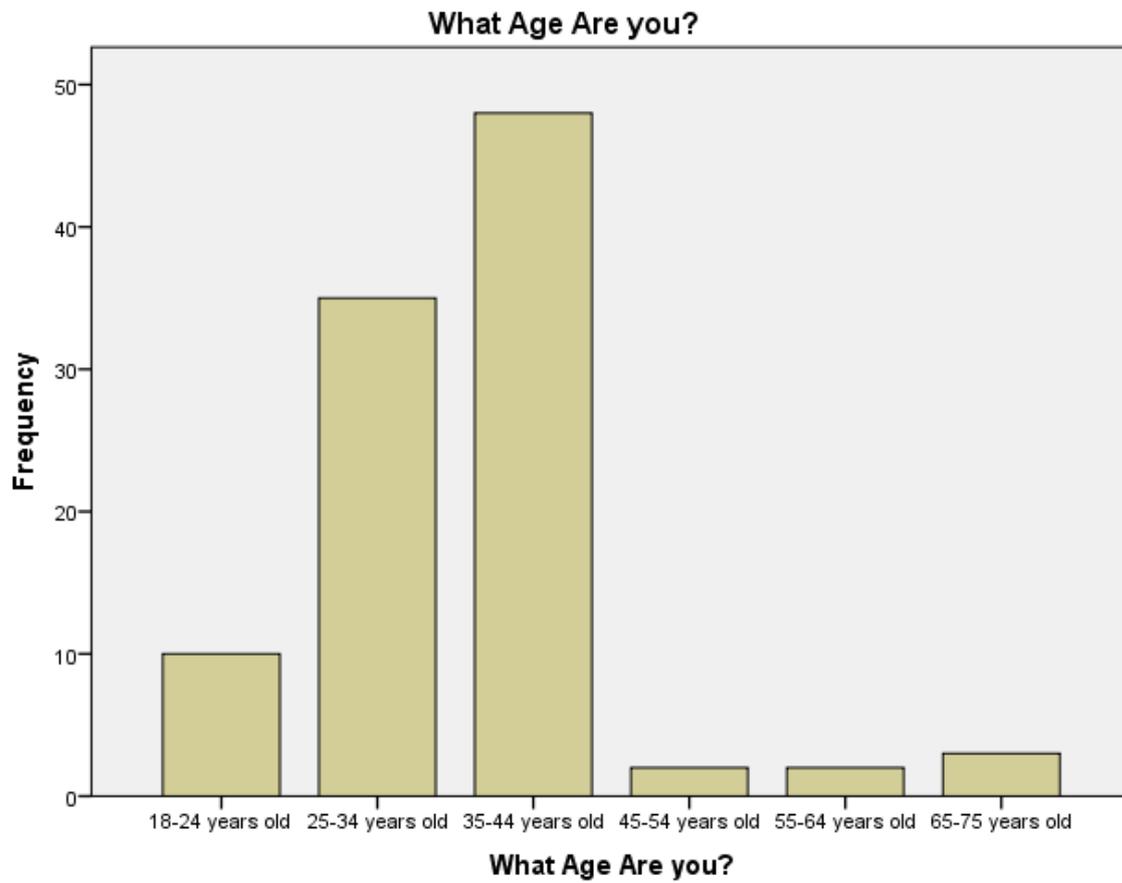

Figure 1: Graph of respondents by age

What Age Are you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-24 years old	10	10	10	10
	25-34 years old	35	35	35	45
	35-44 years old	48	48	48	93
	45-54 years old	2	2	2	95
	55-64 years old	2	2	2	97
	65-75 years old	3	3	3	100
	Total	100	100	100	

Table 1: Frequency of the participants by age

Of the 100 respondents, 48 of the respondents were aged between 35 and 44 years representing 48% as shown in table 1 above. The age group with the next highest frequency is the 25 to 34 years cohort with 35 respondents representing 35% of the total population. The 18-24 years old cohort represented 10% of the sampled population with 55 years and older males making up the remaining 5% of the population.

A summary of the means and standard deviation as grouped by the age groups are shown below:

What Age Are you?		Surveillance subscale	Body Shame	Control Subscale	Anxiety Scale
18-24 years old	Mean	33.6	37.2	30.2	48.5
	Std. Deviation	4.83506	9.19903	5.18116	10.5013
25-34 years old	Mean	33.3714	37.5714	32.7429	49.2286
	Std. Deviation	6.36205	7.94942	4.18922	9.7832
35-44 years old	Mean	33.4375	40.3542	30.5	52.2083
	Std. Deviation	4.41904	7.96131	4.63566	7.6324
45-54 years old	Mean	23	34	32.5	55.5
	Std. Deviation	8.48528	2.82843	4.94975	2.12132
55-64 years old	Mean	25	33	21	44.5
	Std. Deviation	24.04163	29.6985	8.48528	12.0208
65-75 years old	Mean	29.6667	38.6667	31.6667	53.6667
	Std. Deviation	3.51188	4.72582	6.1101	4.72582
Total	Mean	32.94	38.74	31.14	50.75
	Std. Deviation	5.99464	8.48721	4.87007	8.73906

Table 2: Mean/SD of different age cohorts

As can be seen from this table the mean score for body surveillance, there was very little difference in the mean score for the 18-24 year old age group (Mean = 33.6 SD = 4.83) , the 25-34 year old age group (Mean = 33.37 SD = 6..36) and the 35-44 year old age group (Mean = 33.4 SD = 4.4). The 18-24 year old age group was marginally highest; the closeness of the three groups is significant.

For the Shame subscale the 25-34 year old age group scored the highest mean (mean 40.35 and SD = 7.65)

For the Control subscale it is clear from the table above that the mean score was highest for the 45-54 year old age group (Mean = 32.5 and SD = 4.95) and the 65-75 year old age group (Mean = 31.66 and SD = 6.11).

For the anxiety subscale the 45-54 year old age group scored the highest (Mean = 55.5 and SD= 2.12).

3.2   Inferential Statistics

Reliability and Validity:

The variables were recorded as shown below before the reliability analysis was conducted

Scoring:	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
Questions 5, 6, 9, 10, 11, 12, 14, 16, 19, 23	1	2	3	4	5	6	7
Questions 1, 2, 3, 4, 7, 8, 13, 15, 17, 18, 20, 21, 22, 24	7	6	5	4	3	2	1

Reliability Statistics

Cronbach's Alpha	N of Items
.605	36

Table 3: Reliability statistics

A reliability analysis was conducted on the variables in the instrument, the internal item reliability of the instrument at .605 was found to be below the recommended Cronbach's Alpha of .7. This, however, was adequate for one to proceed with the main tests in the study

and come up with an analysis of the results. If any item were to be deleted alpha level will not increase significantly so the scale is good.

The OBC score is a sum of the individual scores in the Likert scales for the first 24 questions that were measured in the survey tool. The 7 point Likert scale meant a maximum possible score for an item is 7 and the minimum score is 1, therefore, the total maximum score for an individual is 168 and a minimum possible score of 24. The OBC score was then assessed against age to establish if a correlation existed.

There were four subscales computed from the data collection tool to test the hypotheses, namely the Surveillance subscale, Body Shame subscale, Control Subscale and the Anxiety Scale. The Surveillance subscale was a summation of the Likert scale scores for questions 1 to 8; The Body Shame subscale is a sum of the scores for questions 9 to 16 which touch on body shame; Control subscale was a sum of the scores for questions 17 to 24 and finally the Anxiety Scale was a sum of the scores for question 25 to 36. A summary of the correlation of the subscales to the age of respondents is shown below.

		Surveillance subscale	What Age Are you?
Surveillance subscale	Pearson Correlation	1	-.187
	Sig. (2-tailed)		.062
	N	100	100
What Age Are you?	Pearson Correlation	-.187	1
	Sig. (2-tailed)	.062	
	N	100	100

Table 4: Correlation between age group and Surveillance subscale

The table above shows the result of a Pearson correlation between the age group of the respondent and the score in the surveillance subscale. There is a small non-significant negative correlation (p-value> .05) meaning that there is no significant relationship between age and Body surveillance.

		What Age Are you?	Body Shame
What Age Are you?	Pearson Correlation	1	.047
	Sig. (2-tailed)		.645
	N	100	100
Body Shame	Pearson Correlation	.047	1
	Sig. (2-tailed)	.645	
	N	100	100

Table 5: Correlation between Age group and Body shame subscale

Table 5 above shows a small positive correlation between Body shame subscale and the age group though the correlation is statistically insignificant (p > .05) therefore the small correlation is attributable to chance.

		What Age Are you?	Control Subscale
What Age Are you?	Pearson Correlation	1	-.148
	Sig. (2-tailed)		.141
	N	100	100
Control Subscale	Pearson Correlation	-.148	1
	Sig. (2-tailed)	.141	
	N	100	100

Table 6: Correlation between Control subscale and Age group

The correlation as shown in table 6 above shows there is a small negative correlation between the factor age group and the control subscale though the correlation is statistically insignificant (p>.05). The occurrence of the correlation is attributable to chance or confounding

		What Age Are you?	Anxiety Subscale
What Age Are you?	Pearson Correlation	1	.120
	Sig. (2-tailed)		.234
	N	100	100
Anxiety Subscale	Pearson Correlation	.120	1
	Sig. (2-tailed)	.234	
	N	100	100

Table 7: Correlation between Anxiety subscale and age group

The correlation between the construct anxiety subscale and the factor age group is a small positive one but statistically insignificant (p>.05) as shown in table 7 above. This, therefore, means that any correlation between the factor and the variable is based on chance.

Further on from this the combine OBC scale was analysed against the age variable to see if combined there was any statistical significance.

ANOVA

OBC Scale

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1676.800	5	335.360	2.380	.044
Within Groups	13245.960	94	140.914		
Total	14922.760	99			

Table 8: Anova

The results from running a One-Way ANOVA with age the independent variable and aggregated Object Body Consciousness Scale (OBC) as our dependent variable, there was significant difference in the means between groups F (5,99) = 1.097, p = .044, therefore, there we reject the null hypothesis that there are equal means in the OBC score between the groups since there is at least on difference between groups.

Robust Tests of Equality of Means

OBC

	Statistic[a]	df1	df2	Sig.
Welch	.365	5	4.536	.852
Brown-Forsythe	.380	5	1.345	.833

Table 9: Robust Tests for Equality of Means.

The Welch and Brown-Forsythe have an F-statistic of 0.365 and 0.380 respectively and p-values of .852 and .833 which are higher than alpha level of .05 meaning that the differences as measured by the two tests are statistically insignificant. This contradicts the normal ANOVA results that there is a significant difference in the means. The robust test protects researchers from committing a type I error.

Correlations

		Obc	What Age Are you?
Obc	Pearson Correlation	1	-.118
	Sig. (2-tailed)		.242
	N	100	100
What Age Are you?	Pearson Correlation	-.118	1
	Sig. (2-tailed)	.242	
	N	100	100

Table 10: Correlations between OBC and Age group

The correlation between OBC and the age group of the correspondent shown in table 10 above shows a small negative correlation that is statistically insignificant ($p > .05$). We, therefore, fail to reject the null hypothesis.
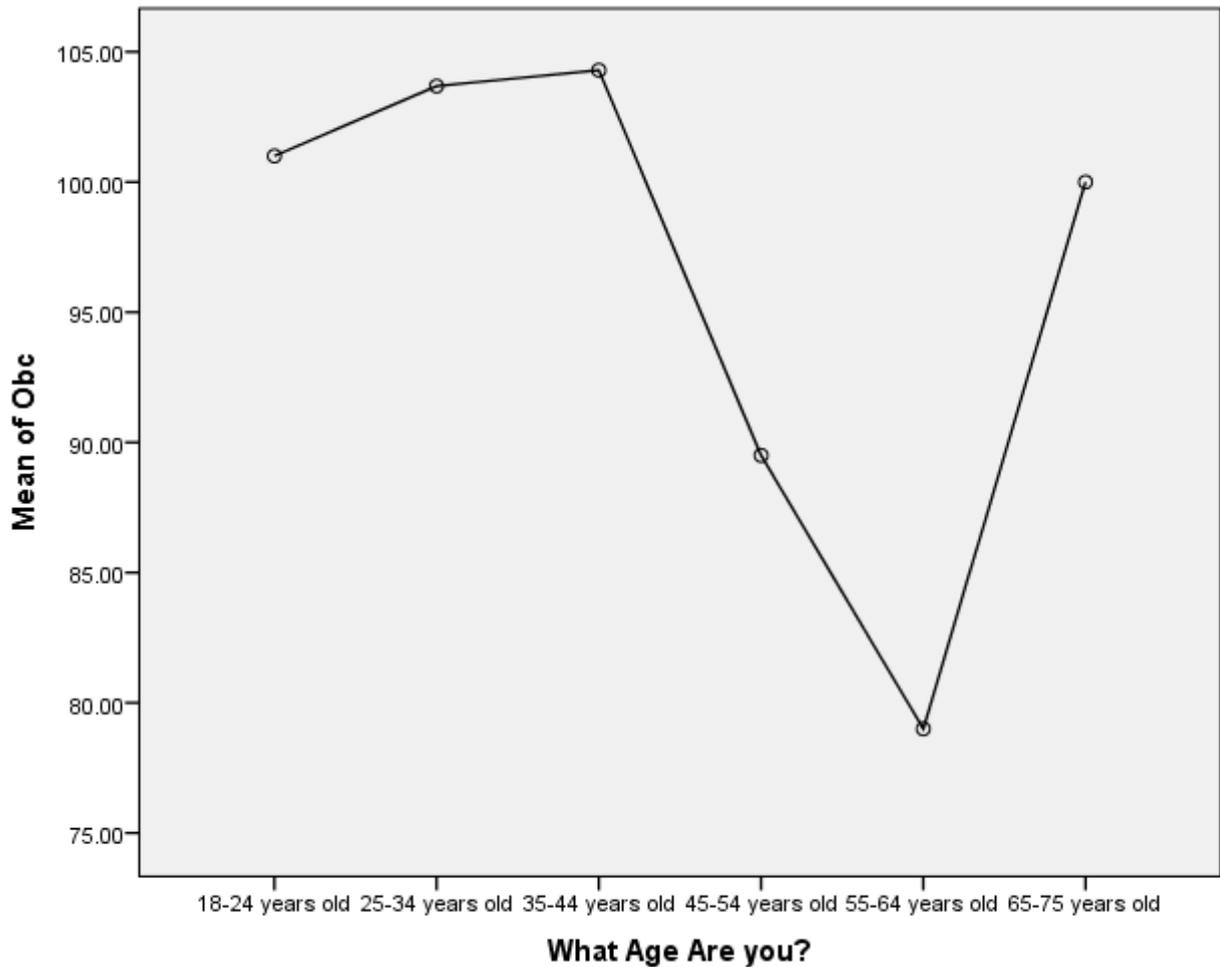

Figure 3: Means Plot

The figure above is a means plot that shows the groups have differences in means with the 55-64 years group having the lowest mean of about 78 while the 35-44 years group having the highest score of about 104.

Another way of looking at the data was to combine the questions of the survey to form the composite construct and test it against age to see if a relationship existed. A composite score was constructed for the 36 items that measure body image concern among the different age groups. The composite score is a sum of the individual scores in the Likert scales for the questions that were measured in the survey tool. The 7 point Likert scale meant a maximum possible score for an item is 7 and the minimum score is 1, therefore, the total maximum score for an individual is 252 and a minimum possible score of 36. The composite score was then assessed against age to establish if a correlation existed.

Test of Hypothesis

Correlations

Correlations		What Age Are you?	Combined construct
What Age Are you?	Pearson Correlation	1	-0.02
	Sig. (2-tailed)		0.846
	N	100	100
Combined construct	Pearson Correlation	-0.02	1
	Sig. (2-tailed)	0.846	
	N	100	100

Table 10: Pearson correlation of the combined construct.

The result of the analysis shows a small negative correlation between age and the composite construct that measures body image concern meaning that an increase in age led to a reduced body image concern, the correlation was however not statistically significant ($p>0.05$), therefore, we fail to reject the null hypothesis meaning there is no statistically significant correlation between age and body image dissatisfaction in males.

Test of Homogeneity of Variances

Combined construct

Levene Statistic	df1	df2	Sig.
10.282	5	94	.000

Table 11: Levene's test

The Levene's test shown in the table above tests whether the samples have equal variances, especially for non-normal distribution. The probability ($p<0.05$) means that the there is a statistically significant difference in the variance between the different age groups. The difference, however, is not unidirectional as shown in figure 4 on the distribution of means by age groups, the bulk of the variability occurred by chance or extraneous variables not looked into in this study.

ANOVA

Combined construct

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1087.307	5	217.461	1.097	.367
Within Groups	18627.443	94	198.164		
Total	19714.750	99			

Table 11: Anova

The results from running a One-Way ANOVA with age the independent variable and aggregated itemScore as our dependent variable, there was no significant difference between age groups $F (5, 99) = 1.097$, $p = .367$, therefore, there was a statistically insignificant difference in sensitivity for male body image concern based on age of the respondent and thus we fail to reject the null hypothesis.

Robust Tests of Equality of Means

Combined construct

	Statistic[a]	df1	df2	Sig.
Welch	.573	5	4.620	.723
Brown-Forsythe	.274	5	1.522	.891

Table12: Robust Tests for Equality of Means.

The Welch and Brown-Forsythe have an F-statistic of 0.573 and 0.274 respectively and p-values of .723 and .891 which are higher than alpha level of .05 meaning that the differences as measured by the two tests are statistically insignificant.
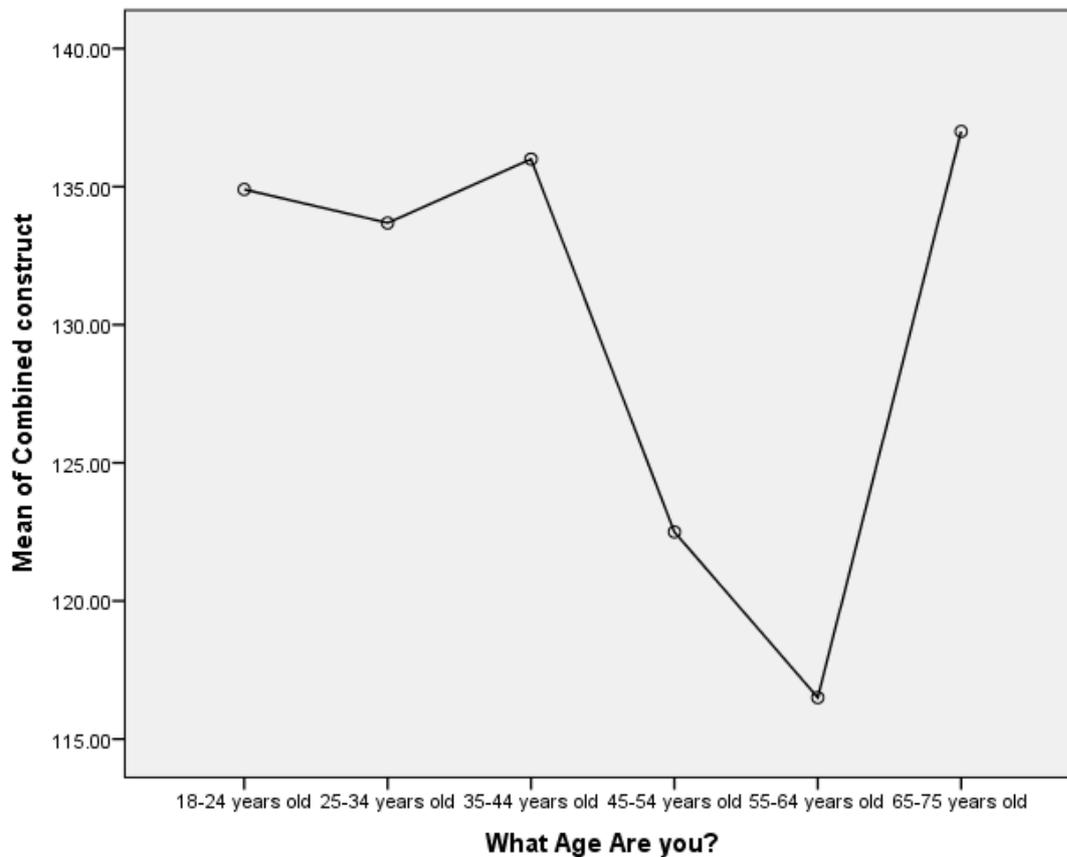

Figure 4: Means Plot

The figure above is a means plot that shows the groups have differences in means with the 55-64 years group having the lowest mean of about 140 while the 45-54 years group having the highest score of about 175.

4.0   Discussion:

For decades now researchers have shown that women experience feelings of body-objectification, shame, body dissatisfaction (Moradi and Huang, 2008). It has long been recognised, with in-depth research, that women in Western society especially experience high levels of body dissatisfaction (Tiggemann, Martins, & Kirkbride, 2007). It is only in recent times that it has been understood that males are too affected by body image dissatisfaction and share many of the risk factors and cognitive and behavioural traits of women.

The Self-Objectification theory of McKinley and Hyde, 1996, as explained in the literature review is where the beholder internalises the view of another and takes on the belief as their own resulting in feelings of shame and disgust if their bodies don't meet to cultural ideals of beauty. In relation to men, the ideal of power and strength represented in muscularity images in contrast to the thinness and vulnerability in females depicts agency and power. Females want to lose weight and be thin and males are not only affected by this desire, but also aspire to gain weight and bulk up (Silbestin, et al,, 1998). It has been noted that research in male body image has increased (Bottamini & Ste-Marie, 2006) it is quite limited in its scope and understanding and has been in general carried out on children (Kolody and Sallis, 1995), adolescents (Furnham, Badmin, & Sneade, 2002) and college students (Tiggemann, Winefield, Winefield, & Goldney, 1994) to cite a few. There is paucity in the research done in males, especially older males.

The aim of the research carried out in this study was to examine if there was a relationship between the levels of body image dissatisfaction and self-objectification that males experience as they get older. Research has indicated that body acceptance increases with age for females, so therefore the older the participant the more likely the participant would be satisfied with their body image (Tiggemann & lynch, 2001).

This study was conducted amongst male respondents only with age being the main factor under consideration. A test of the the general hypothesis/overall aim that there is a positive correlation between body image dissatisfaction and age was conducted, along with four other hypotheses to supplement or support the overall aim. The survey contained 36 questions that centered on how the respondent's feelings about their bodies and the reasons they think people's bodies are the way they are. These questions were based on the modified Objectified Body Consciousness scale (Quinn and Lewis, 2005) and the refined Fear of Negative Evaluation Anxiety (FNE scale) (Leary, 1983)

4.1   Interpretations of the Findings

There will be a negative correlation between control and age

A Pearson's correlation was carried out to test this hypothesis. There was a small positive correlation between how males feel they can control their body image and Age (R = -0.148) but this was shown to be statistically insignificant (P = 0.0141, N = 100) meaning there is no significant relationship between body image control and age. The occurrence of the correlation is attributable to chance or confounding.

For the Control subscale it is clear from the table above that the mean score was highest for the 45-54 year old age group (Mean = 32.5 and SD = 4.95) and the 65-75 year old age group (Mean = 31.66 and SD = 6.11).

Along with the potential mental health issues that characterise high levels body image dissatisfaction, men have been shown to engage in unhealthy behaviours in an effort to control their body appearance. Excessive weight lifting (Pope, Gruber, Choi, Olivardia, & Phillips, 1997), inappropriate supplement and steroid use (Olivardia, Pope, Borowiecki, & Cohane, 2004; Wroblewska, 1997) have all been document as measures men used to exert

control over their body appearance. The mean scores for control were highest in the older age groups, which were surprising, but no statistical difference was between control and age.

There will be a positive correlation between body shame and age

A Pearson's correlation was carried out to test this hypothesis. There was a small positive correlation (r = 0.645) for the body shame subscale and the age group although this was shown to be statistically insignificant due to the P value being greater than 0.05 (P= 0.0645 N= 100) therefore the small correlation is attributable to chance, therefore we fail to reject the null hypothesis. For the Shame subscale the 25-34 year old age group scored the highest mean (mean 40.35 and SD = 7.65).

Men have been reported in the literature to experience body shame (Martins et al., 2007; Michaels et al., 2013) but there is no research out there to suggest if the levels increase or decrease as a male gets older, The research already published concludes that while body shame, body surveillance and internalisation of cultural beauty ideals and standards of attractiveness are all positively associated with one another (Michaels et al., 2013) there is no significant data the mediates the link of body shame and the drive for muscularity. This may support the finding in this present research that there is no significant link between increased body shame levels with increased age, as it has been noted from the data already published young people suffers from high levels of body image dissatisfaction(Griffiths et al., 2015; Hargreaves & Tiggemann, 2006) but there is no data as to whether that level increases or decreases with age. The mean scores for the shame subscale were highest in the 25-34 year old age group.

There will be a negative correlation between body surveillance and age

A Pearson's correlation was carried out to test this hypothesis. There was a small positive correlation between Body surveillance and Age ($R = 0.187$) but this was shown to be statistically in significant ($P = 0.062$, $N = 100$) meaning there is no significant relationship between body surveillance and age. The highest mean score for body surveillance was for the 18-24 year old age group (Mean $= 33.6$ SD $= 4.83$), but there was very little difference between 25-34 age group and 35-44 year old age group also.

There will be a negative correlation between anxiety and age

A Pearson's correlation was carried out to test this hypothesis. There was a small positive correlation between anxiety and Age ($R = 0.0.120$) but this was shown to be statistically in significant ($P = 0.234$, $N = 100$) meaning there is no significant relationship between anxiety and age.). This, therefore, means that any correlation between the factor and the variable is based on chance. For the anxiety subscale the 45-54 year old age group scored the highest (Mean $= 55.5$ and SD$= 2.12$).

Not only can body dissatisfaction affect the level of control and surveillance a person exerts on themselves it also affects the anxiety they feel around their bodies and it is for this reason the anxiety subscale was included in the survey. In a study done by (Castonguay, et al 2014) over 90% of men exhibit negative emotions towards their own bodies.

The scale used in this study based on the fear of negative evaluation anxiety scale which has been used in many studies to ascertain physical anxiety. The construct of fear of negative evaluation consists of feelings of apprehension about others' evaluations, distress over these negative evaluations, and the expectation that others will evaluate one negatively (Watson & Friend, 1969). Shame and anxiety are closely linked, McKinley and Hyde (1996) state that women often become unsure of how they are perceived by others, which can lead to

increasing feelings of anxiety or shame. Anxiety associated with the physical self is termed physique anxiety and Duggan & Mc Greary, 2004 report high levels of physique anxiety in gay men. The insignificant statistical finding on anxiety is surprising as anxiety is noted at high levels in younger men(Grogan & Richards, 2002).

The main aim of this study is to see if males experience increased levels self-objectification and of body image dissatisfaction as they get older.

A Pearson's correlation ran on the three subscales of the OBC scale together (R= -0.118, P= 0.242 and N=100) and the combined 36 item scale showed to have statistically insignificant findings also (R = -0.02, P = 0.846 and N=100)

It is evident form the data there are no statistically significant findings. This is surprising as is evident from the literature review that men are starting to experience levels of body image dissatisfaction that are on a par with females. It was predicted that the results of this study would find that men would experience greater levels of body image dissatisfaction in general, increased levels of body shame but decreased levels of control, anxiety and surveillance.

From the literature review analysis it is evident there is a lack of longitudinal studies carried out on men and levels of body image satisfaction across a life span. The findings of this piece of research did not finding any statistical meaningful differences that showed that males experienced different levels of body image satisfaction in the different age cohorts. While there is a lack of studies done on males only there are studies done on females only. The results of this study supports the work of Webster and Tiggeman, in 2003 that found that body dissatisfaction did not change from younger, middle aged and older women. Like the present piece of research, the study had 106 female respondents to questionnaires concerned with , body importance, cognitive control over the body, self-concept, and self-esteem

(Webster & Tiggemann, 2003). In support of this finding, as already mentioned Tiggemann & Lynch, 2001 found that female participants of their study were more satisfied with their bodies as they got older.

A cross sectional study among male and female college students across a nineteen year period by Cash et al, 2004, found that female body image dissatisfaction rates worsened over time while the dissatisfaction rates in males remained the same over time. The present piece of research supports this finding of cash et al, 2004, as no statistically significant changes were found between the male cohorts in the study.

The findings of this study partially support a study by Tiggemann, Martins and Kirkbride in 2007 which compares gay and heterosexual men. In a small part of the study men's desire to be thinner and muscular across a range of ages was examined. Adipose dissatisfaction increased with age for both heterosexual and gay men, but the desire for muscularity stayed the same. This study was carried out on a total of 254 men 134 gay men and 119 straight men ranging in age from 18 to 16 years. Multiple questionnaires were used, along with BMI calculations and body figure pictorial surveys so the study was significantly more in depth than the current piece of research. The study was more specific in the aspects it looked at over time in comparison to this piece of research in that it only analysed aspirations for thinness and muscularity only.

The findings of this study are in part supported by the work Strelan and Hargeaves in 2005 who also found no relationship between body dissatisfaction and self-objectification in males when compared to females. In this study participants were asked to answer three questionnaires. However out of 132 participants only 68 were men and age was not taken into account.

4.2   Limitations of the study:

From the results of the statistical analysis it cannot be ignored that there a number of limitations that affected this study. The most significant limitation was the size of the study. The sample size of 100 is not enough to statistically show a difference between the different age groups. The sample size of the older males was quiet small with only 5% of respondents 55 years or older. Also the 18-24 year old group cohort only represented 10% of the total respondents. While there is much research done on young men (Cochane & Pope Jr, 2001; Hargreaves & Tiggemann, 2006; Kolody & Sallis, 1995; Tiggemanng et al., 1994) it was the aim of this study to give a snapshot across older male cohorts. Adequate sample sizes in each cohort are required for robust statistical analysis such as T-Tests and correlations (Cohen, 1992). The disparity in the sample size between each cohort may also have affected the distribution. This is demonstrated in the means plot as the variable or the combined construct differs among the different age groups in a non-progressive way. If the sample size was larger, results may be different and also may be more representative of the general male population across the varying age cohorts. This limitation is supported by other research where no statistical difference is often due to small sample size (Muth & Cash, 1997)

A quantitative study was chosen for the reason that males are reported in the literature as less likely than females to talk(Brennan, Lalonde, & Bain, 2010; Burlew & Shurts, 2013) and may not be as open with an interviewer as females (Bottamini & Ste-Marie, 2006). However the style of the survey however may have been a limitation in itself as questionnaires development has been grounded in the female perspective. The questionnaires used were The Revised Objectified Body Consciousness Scale (Quinn & Lewis, 2005), and the Fear of Negative Evaluation (Leary, 1983). Edwards and Saunders 2000 has already queried the validity of using such questionnaires on male respondents and a question mark remains over the adequacy of male image questionnaires. More recently scales have been

developed based on behaviours relating to gaining muscularity (Cafri & Thompson, 2004) but they were deemed not to be appropriate for this study as this study was trying to give an insight into the feelings, emotions and behaviours in general around males and body image.

Another limitation around using a questionnaire is that the respondents may not have been as completely honest in their answer, and as this research solely depended on the information that was obtained from the chosen participants the results were analysed based on the assumption that all male respondents answered honestly and accurately to all of the questions and not as they believed they should.

4.2   Future Research

It is postulated that a similar study should be carried out in the future as there is an obvious gap in the depth and understanding on the research carried out on males. However other surveys should be considered that are more applicable to males. To ensure that the results of this study were not just as a consequence of chance a larger number of participants in each age cohort is an absolute requisite.

4.3   Conclusion:

It is evident from the surplus research published, that females experience high levels of body image dissatisfaction resulting in various negative cognitive and behavioural effects. In recent decades researchers are recognising that on a par with females, men's bodies are increasingly being objectified by the media with men being exposed to the mesomorphic v-shaped body images and images of an idealised muscular physique. While much study has been carried out in younger males, there is a gap in the literature regarding older males and if men experience higher or lower levels of body dissatisfaction as they get older. It was

postulated in this study that men would experience increased levels of body dissatisfaction as they got older.

After robust statistical testing, there were no statistically significant findings in this study when the hypothesis was tested against age as the variable factor. In other words there was no change in the level of body dissatisfaction among the older males who participated in the study. Further study needs to be carried out with a larger cohort of participants within each age group to ascertain whether or not this is due to chance, or whether men experience increased levels of body dissatisfaction as they get older.

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6.1   Appendices

A link to the questionnaire (no responses saved here) can be accessed through the following link:

https://docs.google.com/forms/d/1D5PhhtU5cYRzZaW-

yaKsuUQ7zOsr9GCU7XCRt8JEdEY/edit

Permission Letter:

Dr. Bernadette Quinn,

Research Coordinator,

Social Science Programme,

Dublin Business School.

19th September 2017.

Dear Sir/ Madam,

Re: Permission to conduct a research study with members of your organisation.

Mary Kirrane is enrolled as a final year social science student at Dublin Business School. DBS social science students are required to complete an independent research project during their final year of study. Mary's final year research project aims to examine body image concerns among men.

All research conducted by final year students is done for the purpose of meeting course requirements. All results obtained are strictly confidential, and to be used for assessment of the researching student's qualifications for receipt of a BA in Social Science. Mary is requesting written permission, as soon as possible, to collect research data.

Please feel free to address any questions regarding this research to Dr. Bernadette Quinn, Research

Coordinator, Social Science Programme, Dublin Business School. Mary (Email: 1605557@mydbs.ie)

can also provide further details about how she will conduct her research study. Thank you for your

time.

Yours Sincerely,

Dr. Bernadette Quinn
Tel: 01 4178737
Email: Bernadette.quinn@dbs.ie