Gay Men and Body Dissatisfaction
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Anecdotal and media reports tend to view gay men as having high levels of dissatisfaction with their appearance. However, what does the scientific evidence reveal on this topic? Meta-analytic data (that is, a study that combines data from multiple independent studies) indicate that gay men tend to report slightly higher levels of dissatisfaction toward their bodies compared to heterosexual men. Recent data also suggest that heterosexual men report the lowest levels of body dissatisfaction compared to heterosexual women, and gay men and lesbians, with little differences noted between the latter groups. In fact, among gay men there was a 32% prevalence rate of body dissatisfaction, compared to 24%, 35%, and 38% for heterosexual men, lesbians, and heterosexual women, respectively. Although gay men may not be the most at risk group of the four, they clearly have elevated rates compared to heterosexual men, and possess comparable levels of body dissatisfaction to women.

While scant literature exists regarding differences in body dysmorphic disorder (BDD) by sexual orientation, preliminary work has begun to reveal intriguing results. For instance, higher levels of self-reported symptoms of BDD have been found among gay men compared to their heterosexual counterparts. In fact, 12.5% of men meeting a cutoff score for BDD identified as gay, suggesting a highly disproportionate prevalence rate, given estimates of gay men in the U.S. (i.e., roughly 2 to 4% of the population). The BDD clinic at Harvard Medical School and The Massachusetts General Hospital is currently examining sexual orientation differences in BDD among adolescents, adults, and a subtype of BDD—muscle dysmorphia.

There are a number of theories that may explain these results, with one of the most common being objectification theory; however also see the masculinity/femininity hypotheses and internalized homonegativity. Objectification theory states that sexual objectification results in individuals becoming more hyperaware of how their body looks. This body surveillance, in turn, may result in dissatisfaction with one’s body when upward social comparisons are made to unattainable cultural standards of beauty. Gay men in particular may face added objectification in Western society. Given that gay men by virtue of their sexual orientation are interested in attracting other men as sexual partners, and men—regardless of sexual orientation—place a higher importance on physical attractiveness, it can be seen why gay men may have an added pressure to be body focused. Indeed, in this regard gay men largely mirror heterosexual women, as they too attempt to attract men as partners. Recent research has also revealed that gay men tend to self-objectify to a greater degree than heterosexual men. There is also evidence that the gay male culture itself places increased attention and priority on physical attraction.

Although there are no known empirically-based treatments that specifically address body dissatisfaction among gay men, cognitive behavioral therapy has proved effective at reducing body dissatisfaction and BDD symptoms among men and women of varying sexual orientations. Antidepressant medications (e.g., serotonin-reuptake inhibitors) can also be used to treat body dissatisfaction and BDD. Both treatment options have been shown to help individuals spend less time thinking about their appearance and gain better control over maladaptive appearance-related behaviors (e.g., mirror checking, excessive grooming and exercising).

If you suspect that you or someone you know may be suffering from elevated body dissatisfaction or BDD, we strongly encourage you to call our clinic at (617) 726-6766.
For further reading:


