



Universiteit Utrecht

Negative Body Attitudes and Sexual Difficulties in Gay Men:
The Mediating Role of
Body Self-Consciousness during Physical Intimacy.

26th of June 2017

Author: L.N. Costrut (5827663)

Supervisor : Femke van den Brink, PhD

Abstract :

Studies in the field of body image and sexuality have primarily focused on heterosexual men, while little is known about these phenomena in gay men. The present study investigated the association between body attitudes and sexual difficulties in gay men, and the mediating role of body self-consciousness during physical intimacy. In a cross-sectional design, 46 gay men completed an online survey including the Male Body Attitudes Scale and the 7-item Male Genital Self-Image Scale measuring body attitudes towards muscularity, body fat, height, and genitals, the Male Body Image Self-Consciousness Scale measuring the body self-consciousness during physical intimacy, and the Gay Male Sexual Difficulties Scale. Hypotheses were tested using correlation analyses and a mediation analysis with body attitudes as independent variables, body self-consciousness as mediator, and sexual dissatisfaction as dependent variable. Results of the correlation analyses showed that negative body attitudes and body self-consciousness during physical intimacy were significantly related to sexual dissatisfaction. The relationship between the negative body attitude towards height and sexual difficulties was negligible. The mediation analysis revealed that negative attitudes towards muscularity, body fat, and genitals had no positive indirect effects on sexual dissatisfaction through body self-consciousness during physical intimacy. Body image concerns in gay men and their sexual difficulties should be addressed from a gay perspective rather than a heterosexual one.

Acknowledgement

I would first like to thank my thesis advisor PhD Femke van den Brink of the Faculty of Social & Behavioral Sciences at Utrecht University the Clinical Psychology Department. Prof. van den Brink's office was always open whenever I ran into a trouble spot or had a question about my research or writing. She consistently allowed this paper to be my own work, but steered me in the right direction whenever she thought I needed it. Also, I wish to thank her infinitely for developing the research in this so specific field of human sexuality.

Getting through my dissertation required more than academic support, and I have many, many people to thank for listening to and, at times, having to tolerate me over the past months. I cannot begin to express my gratitude and appreciation for their friendship. Especially to Sanya Van der Velde, with whom I had a great time during the data collection, but nonetheless to Yannick Suhr, Egle N., and the rest of the international students that have been unwavering in their personal and professional support during the time I spent at the University.

Finally, I must express my very profound gratitude to my parents and my brother and to my partner for providing me with unfailing support and continuous encouragement throughout my study and through the process of researching and writing this thesis. This accomplishment would not have been possible without them.

Thank you.

Negative Body Attitudes and Sexual Dissatisfaction in Gay Men:
The Mediating Role of
Body Self-Consciousness during Physical Intimacy.

Sexual satisfaction is not just physical pleasure, nor is it simply the absence of dissatisfaction or dysfunctions but involves the overall feeling we are left with after considering the positive and negative aspects (or sexual rewards and costs) of our sexual relationships (MacNeil & Byers, 2005). Sexual dissatisfaction though occurs when difficulties of any kind prevent individuals or couples from wanting or enjoying sexual activity. Since sexual dissatisfaction can affect psychological well-being and overall quality of life, identifying determinants thereof is important.

Sexual difficulties, defined as any disturbance in normal sexual responding lead to sexual dissatisfaction and can negatively affect men's psychological well-being and quality of life (Rowland, 2007) (e.g., Heiman, 2002; Nicolosi, Moreira, Villa, & Glasser, 2004; Tan, Tong, & Ho, 2012). A sizeable proportion of men have reported experiencing the most common sexual difficulties – erectile dysfunction and premature ejaculation : 31% in a demographically representative survey of American heterosexual men ($N = 1410$: Laumann et al.,1999), 34% representing heterosexual English men ($N = 1768$: Croft, & Hackett, 2000) and 24.5% of heterosexual men in a Norwegian study ($N= 274$: Pedersen & Blekesaune, 2003). Although the vast majority of prior research on sexual difficulties attended to heterosexual men, percentages of sexual difficulties appear to be even higher among gay men: 74%, Mao et al., 2009 and 79%, Hirshfield et al., 2010. A study focused on sexual difficulties, concerns and satisfaction in homosexual men explored the prevalence which was reported to occur in the following order: erectile difficulties (most common), aversion to anal penetration, delayed ejaculation, premature or rapid ejaculation, and hypoactive sexual desire (least common) (Bailey et al., 1997). Examining gay men's sexuality from a heterosexual lens is problematic and inappropriate since within the sexual encounter gay men do not behave accordingly to a normative heterosexual script. Moreover, sexual relationships between two men suppose by default different sexual 'roles' ('top', 'bottom', 'versatile') and do not always comprehend penetration (McDonagh, Stewart, Morrison, & Morrison, 2016), Research focusing specifically on gay men is warranted as this could increase our understanding of how to prevent sexual difficulties among gay men. Still, studies showed it essential to mention that viewing gay men's sexuality within the heteronormativity requires the understanding of several factors – since the comparison is considered often as inappropriate. The heterosexual norm is dismissed by gay men through the coming-out, the intercourse differs in its flow - since the heterosexual roles are based on masculinity and femininity norm- and the focus lies within the pleasure felt in a certain "position" (may it be " top", "bottom" , or "versatile"). We shouldn't

either omit the non-intercourse aspect, the oral sex, which is, in contrast to heterosexual relationships, extremely present and it rather doesn't require a final penetration. The ultimate goal so as to say it is not similar to that heterosexual one

An important determinant of sexual difficulties in gay men seems to be body evaluation. Body evaluation denotes feelings of satisfaction or dissatisfaction with different aspects of appearance (Cash, 2002). Results of a meta-analysis (Morrison & Morrison, 2004) indicated that gay men generally experience more negative body evaluations than heterosexual men. Moreover, in the gay male subculture, emphasis on physical appearance is higher compared to the heterosexual subculture (e.g., Signorile, 1997). Research suggests that gay men may be more likely than members of other sexual orientations to fuse their sense of personal value with their physical appearance (Yelland & Tiggemann, 2003), which make gay men more prone to experiences difficulties in other life domains as a result of these negative body evaluations, including the sexual domain. Body image satisfaction and therefore the attitudes that come along are to gay men of great importance in the context of sexual dysfunctions, since they are exposed to a tremendous risk compared to their peers, the heterosexual men Cash (2002) identified three dimensions of the body image construct such as the evaluation, the investment, and the affect. In regard to specific gay men population, studies showed the evaluation might prime in the body image definition. The evaluation denotes feelings of satisfaction or dissatisfaction with different aspects of appearance (Cash, 2002). Studies on body evaluation, quality of sex life, and the drive for muscularity have all reported the same results: gay men report higher levels of negative body attitudes and therefore a higher body dissatisfaction (Yelland & Tiggemann, 2003). To be more specific, Wagenbach (1997) found that gay men evidenced greater dissatisfaction with certain body areas such as torso and waist and placed more importance on physical appearance than did heterosexual men. The most important place is though offered to the muscularity due to one's desire to be more muscular – in order to satisfy the affiliation to the gay community (Levesque et al, 2006).

The body self-consciousness in the gay male population requires the understanding of the objectification theory and the functioning of the gay community. The focus on the individual within the community is on beauty and physical attractiveness, hence the great importance given to the appearance (Siever, 1994; Williamson, 2000). Whenever a gay man is subjected to the gaze feels body shame, which is a continuous comparison between one's own body and the internalized cultural ideal body.

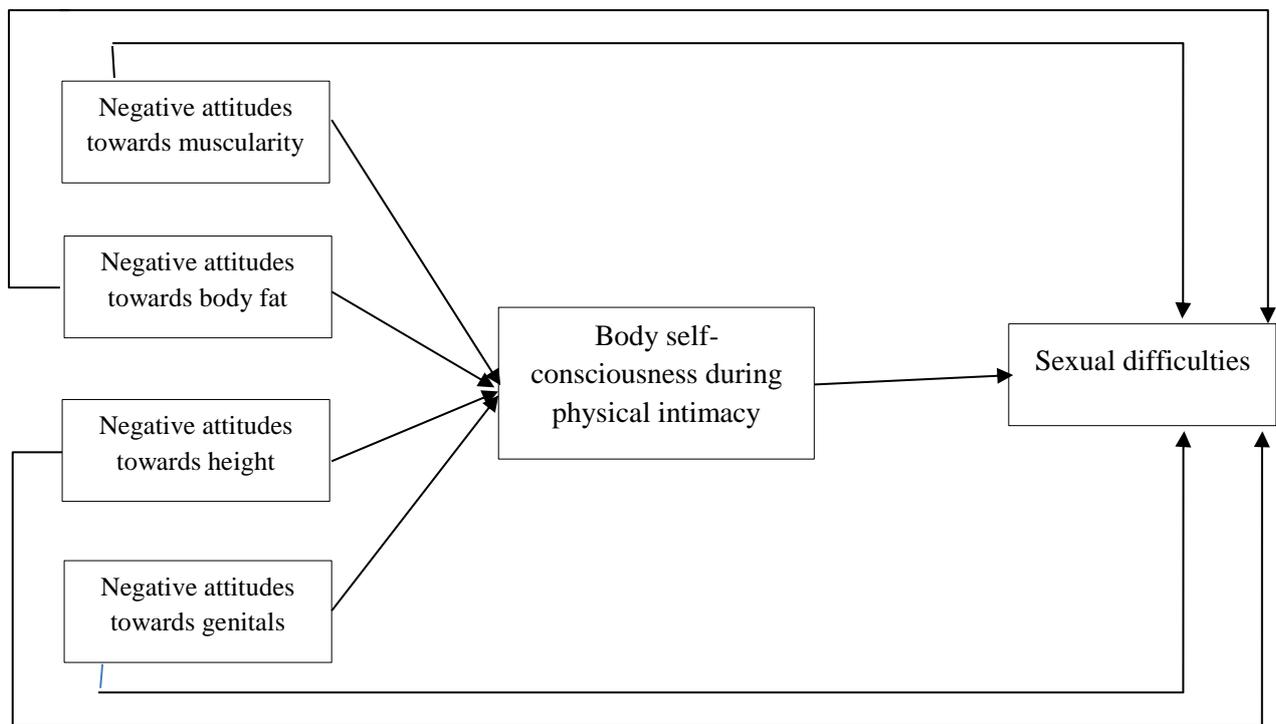
There are fundamental characteristics though that separate heterosexual men from homosexual men in body image concerns. The differences between gay and heterosexual men in body image may be attributed to greater body awareness by gay men, which has been documented in gay male subculture, as well as to the notion that sociocultural pressures result in preoccupation with body shape as a common experience among gay men (Yelland & Tiggermann, 2003). In the light of these findings we are led to appreciate that even by the major differentiation between heterosexual male sexuality and gay male sexuality, there are still traits that unites them both. But still, when it comes to sexual behavior and body image gay men have comparing to heterosexual men, we can observe fundamental differences, gay men having significantly a worse body image than heterosexuals (Morrison 2004).

Moreover, when addressing gay male sexual difficulties, it is useful to mention as well what Mitchell J. Wood (2008) calls the “gender oppression among gay men”, who explains the body dissatisfaction due to higher levels of gender nonconformity as an effect of heterosexism within a context of gay male gaze. Another perspective highly valid within the research question remains that of gay male objectification. This immensely contribution of the objectification theory to the scientific literature, explains how the male body is not treated anymore as belonging to a person but being only useful for the sole enjoyment of other people. Research has shown that body image concerns interfered with sexual enjoyment for many individuals. Body image concerns led some individuals to attempt to hide at least one part of their body from their partner during sex (Scott & Donald, 2004).

The present study

The present study investigated the relationship between body attitudes, body self-consciousness during physical intimacy and sexual difficulties in gay men. Based on the associations between negative body attitudes, body self-consciousness during physical intimacy, and sexual dissatisfaction found in previous studies (e.g., Holt & Lyness, 2007; Milhausen et al., 2015), it was expected that (1) negative attitudes towards muscularity, body fat, height, and genitals would be positively associated with more sexual difficulties. As well as (2) body self-consciousness during physical intimacy would be positively associated with more sexual difficulties. Additionally, based on previous findings (e.g., Sanchez & Kiefer, 2007), it was expected (3) that body self-consciousness during physical intimacy would mediate the relationships between the aspects of body attitudes and sexual difficulties. These proposed hypotheses are summarized schematically in Figure 1.

Figure 1. Schematic summary of the hypothesized links between negative body attitudes, body self-consciousness and sexual difficulties



METHOD

Procedure and Participants

All the participants have been recruited through internet or by flyers. Homosexual men aged of 18 and older who had at least one sexual partner in the past were asked to be part of the online study on “body image, negative reactions and sexuality”. Participants willing to answer could easily answer within an average of 20 minutes of their time in the online questionnaire located on the Utrecht University’s platform and they could choose to fill out a Dutch version or an English version of the questionnaire. Participation was exclusively volunteer and it could be stopped at any time. To ensure the anonymity of the data and that the results would not be provided to a tertiary party, participants were asked to agree and fill in an informed consent from the beginning of the study. An exclusion criteria was applied, respondents being asked if their physical intimacy happened during the last 6 months.

The questionnaire was fully completed by 46 exclusively gay men. The age of the participants varied between 20 to 66 with a mean age of 32.80 years ($SD = 1.73$). In what concerns their nationality, 69.6 % were Dutch ($n = 32$) and 30.4 % ($n = 14$) were Belgian with 22.4% ($n = 11$), French 2% ($n = 1$) and Italian with 4.3% ($n = 2$). When asked about their relationship status for time of filling in the questionnaire, 52.2% ($n = 24$) of the participants declared to be single, 17.4% ($n = 8$) were in a relationship (without being married or living together), 15.2% ($n = 7$) were living together (without being registered or married), 13% ($n = 6$) were married and only 2.2% ($n = 1$) in a civil partnership. 67.4% ($n = 31$) of the participants did not declare any duration of their relationship. For those engaged in a relationship 32.6% ($n = 15$) declared that their relationship lasted accordingly: from 0 to 6 months, 6 months to 1 year, 1 to 2 years, 2 to 5 years all 13.3 % ($n = 2$) for all the 4 categories, whereas 46.7% ($n = 7$) reported their relationship to last 5 or more years. Moreover 97.8% ($n = 45$) had physical intimacy during the last 6 months and 2.2 % ($n = 2$) did not. The highest level of education completed or ongoing by the participants was lower secondary school with 6.5% ($n = 3$), higher secondary school with 13% ($n = 6$) lower vocational education 28.3% ($n = 13$), higher vocational education 39.1% ($n = 18$) and the University with 13% ($n = 6$) of the participants. Additionally, gay men were asked about their position when having physical intimacy (the one that they identify with the most, while being intimate with their partner), so they could identify as being “Top”, “Bottom”, or “Versatile”. 15.2 % ($n = 7$) of the respondents identified as being “Top”, 56.5% ($n = 26$) as being versatile (“top” and “bottom”), 23.9% ($n = 11$) had responded as being “Bottom” and 4.3 % ($n = 2$) would rather not share this information. Data were collected between December 2016 and February 2017.

Measures

The Dutch versions of the scales were translated from English to Dutch using the translate-retranslate method, unless otherwise stated.

Negative body evaluation

The Male Body Attitudes Scale (MBAS) (Tylka et al., 2005) was used to assess the negative body attitudes related to *muscularity* (10 items, e.g., “*I think I have too little muscle on my body*”), *low body fat* (8 items, e.g., “*I think I have too much fat on my body*”) and *height* (2 items, e.g., “*I wish I were taller*”). Ratings are given on a 0-to-6 Likert-type response scale where 1 (never) to 6 (always). Scores of the items were reversed for the 4 positive affirmations and the sum was calculated so that higher subscale scores indicate more negative attitudes. Previous research supported the MBAS’s scale score reliability, and construct, concurrent, and discriminant validity (Tylka et al., 2005). Internal

consistency using Cronbach's alpha was .92 for the entire scale, .90 for the muscularity, .93 for the low body fat subscale and .79 for the height subscale.

The 7-item Male Genital Self-Image Scale (MGSIS) (Herbenick, Schick, Reece, Sanders & Fortenberry, 2013) was used to assess body attitudes related to the male genitals (e.g., *"I am satisfied with the appearance of my genitals"*). Ratings are given on a 0-to-4 on a 4-point Likert-type response scale where 1 (strongly disagree) to 4 (strongly agree) and the scale score is simply the sum of the items with higher scores indicating more negative attitudes related to the male genitals. In Herbenick et.al (2013) study the scale was found to be reliable and valid. Cronbach's alpha was .85 for the present study.

Body self-consciousness during physical intimacy

Body self-consciousness during physical intimacy was measured using the Male Body Image Self-Consciousness Scale (M-BISC; McDonagh, Morrison & McGuire, 2010; as for the dutch translated version: Van den Brink, F., Vollmann, M., Sternheim, L. C., Berkhout, L. J., Zomerdijk, R. A., & Woertman, L. , 2016). This 17-item measure asked participants to select statements such as *"During sexual activity, it would be difficult not to think about how unattractive my body is"*, *"I would feel anxious receiving a full-body massage from a partner"*, relating to how they feel about their body during physical intimacy. Ratings are given on a 0-to-6 Likert-type response scale where 1 (strongly disagree) to 5 (strongly agree) and the scale score is simply the sum of the 17 items. The sum was calculated so that higher scores indicate higher body self-consciousness. Previously, research has supported psychometric qualities of the scale (McDonagh et al., 2010). Cronbach's alpha was .96 for the present study.

Gay Male Sexual Difficulties

A measure of sexual difficulties was obtained using Gay Male Sexual Difficulties Scale (GMSDS; McDonagh et al., 2016). This 25-item measure asked participants to rate the descriptiveness of a series uses a 5-point frequency Likert-type response format where 1 (Never) to 5 (All of the time) and examines: difficulties with receptive and insertive anal intercourse (5 items each) (e.g., *'When you engaged in receptive anal intercourse, did you experience pain'*, *'When you engaged in insertive anal intercourse, did you experience pain?'*); erectile difficulties (4 items) (e.g., *'When you engaged in sexual activity, were you able to get an erection?'*); foreskin difficulties (4 items) (e.g., *'When you engaged in sexual activity, did you experience any difficulties because your foreskin was too tight?'*); body embarrassment (4 items) (e.g., *'When you engaged in sexual activity, were you embarrassed that*

your partner thought your body was too fat? ') ; and seminal fluid concerns (e.g., *'When you engaged in sexual activity, were you concerned about the color of your ejaculate? ')* (3 items). Score of the items was reversed for the 5 positive affirmations and the sum was calculated so that higher subscale scores indicate more negative attitudes. Psychometric qualities were supported by the research (McDonagh, L. K., Stewart, I., Morrison, M. A., & Morrison, T. G. (2016). Internal consistency using Cronbach's alpha was .82 for the entire scale.

Data analysis

Data were analyzed using IBM SPSS 22. Firstly, there were performed bivariate associations between the study variables analyzed by means of Pearson correlation analyses. Secondly, there was performed a mediation analysis taking into account the independent variables of the present study, the four components of the body attitudes - the negative body attitude towards muscularity, the low body fat, height and nonetheless the negative attitudes regarding genitals – the mediator being the body self-consciousness during physical intimacy and lastly the dependent variable of the study, the sexual difficulties. Using the Mediate-macro from SPSS (Hayes, 2013) the mediation analysis was performed by estimating the total, direct and indirect effects of the four components of body attitudes on sexual dissatisfaction. Estimation of the total and direct effects was determined by means of a stepwise multiple regression analysis by entering the four components of the four body attitudes and after the body self-consciousness. By total effects it is understood the relationship of all of the four components of body attitudes and sexual dissatisfaction when controlling for the relationship of the four body attitudes and body self-consciousness throughout the intimate relationship. The significance levels of the indirect effects of the four body attitudes on the sexual difficulties considering body self-consciousness during the intimate relationship were set by means of bootstrap analyses with a sample of 5000 bootstrap. The coefficients obtained were reported under their un-standardized aspect with regard to minimizing bias in results (Darlington & Hayes, 2016).

Results

Bivariate associations between aspects of negative body attitudes, body self-consciousness and sexual difficulties

Firstly, correlational analyses were used to examine the relationship between the aspects of body attitudes, body self-consciousness during physical intimacy and sexual dissatisfaction. Results indicated as expected in the hypothesis 1 that the relationship between negative body attitudes towards muscularity, body fat and genitals as well as body self-consciousness during physical intimacy was

significant related to greater sexual difficulties. This suggests as expected in the hypothesis 2 that the negative body attitudes were related to an increased body self-consciousness during physical intimacy. However, no significant positive correlations were found between the relationship negative body attitudes height and sexual difficulties. The results of the correlation analyses and the means (*SDs*) of the variables are presented in Table 1.

Table 1. Means, Standard Deviations, and bivariate correlations between the negative body attitudes, body self-consciousness, and sexual difficulties (*N* = 46).

	1	2	3	4	5	6
1. Negative attitudes towards muscularity ^a	-					
2. Negative attitudes towards body fat ^a	.45**	-				
3. Negative attitudes towards height ^a	.19	.43**	-			
4. Negative attitudes towards genitals ^b	.52**	.33*	.34*	-		
5. Body self-consciousness during physical intimacy ^c	.56**	.64**	.37*	.66**	-	
6. Sexual difficulties ^c	.30*	.36*	.21	.29*	.45**	-
7. M	3.02	2.98	2.54	2.01	2.08	2.28
8. SD	.87	1.11	1.10	.66	1.20	.74

Note. a Scale range: 1-6 with higher scores indicating more negative attitudes, b Scale range: 1-4 with higher scores indicating more negative attitudes, c Scale range: 1-5 with higher scores indicating more body self-consciousness during physical intimacy/sexual dissatisfaction.
 ** $p < .01$, * $p < .05$.

Total, direct and indirect effects through body self-consciousness of negative body attitudes on sexual difficulties

Secondly, multiple regression analysis was used to examine the total, direct and indirect effects of body attitudes on sexual satisfaction through body self-consciousness. There wasn't found any significant total effect (step 1) of negative body attitudes towards low body fat on greater sexual difficulties. Additionally, the analysis didn't reveal any significant direct effect (step 2) of body self-consciousness during physical intimacy on sexual dissatisfaction.

After testing the significance of the indirect effects using bootstrapping procedures there were revealed no significant indirect effects of negative attitudes towards muscularity, .05, BCa 95% CI (-.253, .365), negative attitudes towards fat, .06, BCa 95% CI (-.205, .335), negative attitudes towards height, .02, BCa 95% CI (-.195, .240), as well as negative attitudes towards genitals, -.02, BCa 95%

CI (-.481,.439), on sexual dissatisfaction via body self-consciousness during physical intimacy. Therefore, the results do not support the expected mediation between negative body attitudes and sexual difficulties through body self-consciousness during physical intimacy. The results of the multiple regression analysis are presented in Table 2.

Table 2. Stepwise multiple regression model of predictors with sexual difficulties as outcome

Predictors	β Step 1	β Step 2
Step 1: adj. $R^2 = .17$, $F(4, 41) = 2.22$		
Negative body attitudes towards body fat	.16	.06
Negative body attitudes towards height	.02	.02
Negative body attitudes towards genitals	.16	-.02
Negative body attitudes towards muscularity	.09	.05
Step 2: $\Delta R^2 = .08$, $F(1, 43) = 4.56$, adj. $R^2 = .22$, $F(5, 40) = 2.27$		
Body self-consciousness during physical intimacy		.21
<i>Note.</i> β 's in step 1 represent total effects of the body attitudes on sexual difficulties. β 's in step 2 represent direct effects of the body attitudes on sexual difficulties		

Discussion

Although research in the field of body image and sexuality has primarily focused on heterosexual men, the present study focused instead on these evaluations in gay men. There were investigated associations of four key aspects of male body attitudes (i.e., muscularity, body fat, height, and genitals) and body self-consciousness during physical intimacy with sexual difficulties. In line with previous studies and as expected (e.g., Træen et al., 2016), negative body attitudes were found to be associated with sexual difficulties, except for the negative body attitudes towards height. The present study tested the hypothesis that negative gay male body attitudes would be associated to more gay male sexual. Results of the correlational analyses support partially this hypothesis by showing that

more negative body attitudes towards muscularity, body fat and genitals were significantly related to sexual difficulties. In line with the first hypothesis, previous research had also related more body dissatisfaction to affect the quality of the gay male (39%, n= 1523) sex life compared to their heterosexual peers (20%, n= 25,714), by concealing a part of their bodies during physical intimacy which was related to their body fat concerns. Compared to 22% of heterosexual men indicating negative effects of body image on sex life, twice as more, 42% of homosexuals reported likewise negative effects (Lever, Frederick, & Peplau, 2006). The results of the present study with respect to negative body attitudes towards muscularity add another significant link between specific aspect of their bodies - muscularity – and sexual difficulties to the existing literature. The drive for muscularity and the desire to be thin in gay men has been considered to be an important factor to be attractive, therefore this would influence their sexual behaviors (Yelland & Tiggeman, 2003). However, little support was obtained for the negative body attitudes towards height being associated with sexual difficulties. Findings from previous studies suggest that for a partner only the noticeable aspects of the male body have repercussions on the sexual difficulties during the sexual encounter (Van den Brink et. al., 2016).

The finding of a positive relationship between body self-consciousness during sexual activity and sexual difficulties within the present study was in line with the second hypothesis. This finding is supported by the objectification theory, where bodies are in a continuous focus of evaluation and over time the sexual objectification becomes internalized at a point of a self-objectification (Fredrickson & Roberts, 1997). Gay men being more conscientious about their body appearance to their partner while engaging in a physically intimate encounter revealed more sexual difficulties. This finding corroborates with the literature on sexual objectification and the male gaze, gay men reporting higher scores on experiences on self-sexual objectification, body surveillance and body shame (Engeln-Maddox, R., Miller, S. A., & Doyle, D. M., 2011). Further, the consequences of gay male self-objectification on sports practice and dieting to attain the ideal body male image inform us of a vicious circle by only aggravating the concern about their bodies (Strelan & Hargreaves, 2005).

The results of the mediation analysis did not reveal any significant relationship between negative body attitudes and sexual difficulties mediated by body self-consciousness. This unexpected result can be interpreted in several ways. It may be that there truly is no significant link in the relationship between the negative body attitudes and sexual difficulties through the mediating role of the body self-consciousness due to the potential lack of statistical power given by the stepwise regression and the bootstrap results within the sample size, the effects could not offer a great test sensitivity within the present research . Alternately, it may be that there is a different explanation possible for this result with respect to the specific gay male sexual practices. As study show and in line

with our research, respondents have used self-labeling towards their sexual behavior, more specifically 23.9% (n= 11) ‘bottoms’ engage in receptive anal intercourse and 15.2 % (n= 7) ‘tops’ engage in insertive anal intercourse and 56.5% (n= 26) ‘versatiles’ engage in both practices. As well, 4.3 % (n = 2) would not share the information, whether by no engaging in either type of anal intercourse or showed no distinctive preference (Moskowitz, D. A., Rieger, G., & Roloff, M. E. 2008). Within the Gay Male Sexual Difficulties Scale, certain items stand for receptive anal difficulties intercourse and certain other for insertive anal difficulties. Respondents engaging only in receptive anal intercourse might have struggled to answer to questions referring to difficulties for insertive anal intercourse and those engaging only in insertive anal intercourse would have found it difficult to answer accordingly. Future research should direct attention to considering self-labeling as a moderating variable for studies that imply gay male sexuality. Such a line of research may make it possible to develop our understanding of the dynamics of gay male sexualities, becoming in the same time a more accurate tool to assess sexual dissatisfaction.

Limitations and future research

Some limitations need to be acknowledged. First of all, respondents were asked to answer to an online survey concerning their own sexual difficulties, revealing personal information that could at times have possibly been seen as confrontational. Consequently, there needs to be mentioned a high drop-out rate of more than fifty per cent of the total, out of a total of 107 respondents, only 46 fully answered, which eventually represents a small sample size of the population, therefore this could lead as well to a lack of generalizability since the sample does not represent the entire gay male population. It would be beneficial for the research to replicate the study to a larger scale using a bigger sample, since the present study offers us only a glimpse on this issue. Secondly, since the present study is a cross-sectional one it seems not to provide evidence for any causality, results should benefit more from an experimental or longitudinal study. In addition, since the assessment of the pretest and post test was conducted by the author herself, it is unavoidable that in this study, certain degree of subjectivity can be found. In fact, it would have been sort of objective if it had been decided by two or three examiners. Future research, may consider a longitudinal design that examines how negative body attitudes and sexual self-labels might change over time and whether a change in one predicts a change in the other. Moreover, sexual difficulties should be assessed in regards to the complex psychological and behavioral components involved in a healthy anal sex for gay males who desire to engage in. Since pain during anal sex has been reported as prevalent among gay male population, a better understanding of the cognitive and emotional processes should be addressed.

Conclusions

Despite the given limitations, this study adds to the existing literature by contributing with determinants of sexual difficulties in gay men. Gay men are preoccupied with the appearance of their bodies and therefore encounter sexual difficulties (e.g., McDonagh et al., 2015). Results of the current study showed that negative body images (i.e., towards muscularity, height, body fat and genitals) were significantly positively correlated to sexual difficulties and body self-consciousness. These findings can be used in further explorations, in the context of gay male sexual difficulties, taking into account the type of sexual difficulties experienced by men and the context in which they occur. The problems specifically experienced by gay men may be addressed in future research by starting from a gay perspective rather than from a heterosexual one.

References:

- Bailey et al (1997). *Butch, femme, or straight acting ? Partner preferences of gay men and lesbians*. J Pers Soc Psychol 73, 960-973. doi: 10.1037/0022-3514.73.5.960
- B. R. Simon Rosser , Michael E. Metz , Walter O. Bockting & Timothy Buroker (1997) *Sexual difficulties, concerns, and satisfaction in homosexual men: An empirical study with implications for HIV prevention*, Journal of Sex & Marital Therapy, 23:1, 61-73, doi: 10.1080/00926239708404418
- Cash, T. F. (2002). *Beyond traits: Assessing body image states*. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 163–170). New York: Guilford.
- Daniel, S., & Bridges, S. K. (2013). The relationships among body image, masculinity, and sexual satisfaction in men. *Psychology of men & masculinity*, 14(4), 345. doi: 10.1037/a0029154
- Engeln-Maddox, R., Miller, S. A., & Doyle, D. M. (2011). Tests of objectification theory in gay, lesbian, and heterosexual community samples: Mixed evidence for proposed pathways. *Sex Roles*, 65(7-8), 518-532. doi:10.1007/s11199-011-9958-8
- Frith, H., & Gleeson, K. (2004). Clothing and embodiment: Men managing body image and appearance. *Psychology of men and masculinity*, 5(1), 40-48. doi: 0.1037/1524-9220.5.1.4
- Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of women quarterly*, 21(2), 173-206. doi:10.1111/j.1471-6402.1997.tb00108.x
- 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. doi: 10.1080/14681990600855042
- Kate M. Dunn, Peter R. Croft, Geoffrey I. Hackett (2000). Satisfaction in the Sex Life of a General Population Sample, Journal of Sex & Marital Therapy, 26:2, 141-151. doi: 10.1080/009262300278542
- Kaminski, P. L., Chapman, B. P., Haynes, S. D., & Own, L. (2005). Body image, eating behaviors, and attitudes toward exercise among gay and straight men. *Eating behaviors*, 6(3), 179-187. doi: 10.1016/j.eatbeh.2004.11.003
- 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(6), 1185. doi: 10.1037/0022-006X.73.6.1185

- Herbenick, D., Schick, V., Reece, M., Sanders, S. A., & Fortenberry, J. D. (2013). The development and validation of the male genital self-image scale: Results from a nationally representative probability sample of men in the United States. *The journal of sexual medicine*, *10*(6), 1516-1525.doi: 10.1111/jsm.12124
- 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*(2), 223-229.doi: 10.1016/j.jmhg.2005.03.001
- Leuillet, P., Cour, F., & Droupy, S. (2013). Dysfonctions sexuelles masculines et homosexualité. *Progrès en urologie*, *23*(9), 727-733.doi :10.1016/j.purol.2013.02.008
- 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*(1), 45-55.doi: 10.1016/j.bodyim.2005.10.007
- Mitchell, J. W. (2013). HIV-negative and HIV-discordant gay male couples' use of HIV risk-reduction strategies: differences by partner type and couples' HIV-status. *AIDS and Behavior*, *17*(4), 1557-1569.doi: 10.1007/s10461-012-0388-6
- McDonagh, L. K., Morrison, T. G., & McGuire, B. E. (2009). The naked truth: Development of a scale designed to measure male body image self-consciousness during physical intimacy. *The Journal of Men's Studies*, *16*(3), 253-265.doi: 10.3149/jms.1603.253
- McDonagh, L. K., Morrison, T. G., & McGuire, B. E. (2010). Male Body Image Self-Consciousness Scale. *Handbook of sexuality-related measures*, 116-117. 16. McDonagh, L.K., Bishop,C. J., Brockman,M.,&Morrison, T. G. (2014). *A systematic review of sexual dysfunction measures for gay men. How do current measures, measure up?* Journal of Homosexuality, *61*, 781–816. Doi: 10.1080/00918369.2014.870452
- McDonagh, L. K., Stewart, I., Morrison, M. A., & Morrison, T. G. (2016). Development and Psychometric Evaluation of the Gay Male Sexual Difficulties Scale. *Archives of sexual behavior*, 1- 17.
- MacNeil, S., & Byers, E. S. (2005). *Dyadic assessment of sexual self-disclosure and sexual satisfaction in heterosexual dating couples*. Journal of Social and Personal Relationships, *22*, 169– 181.doi: 10.1177/0265407505050942
- Morrisson, M. A., Morrisson, T. G., & Sager, C. L. (2004). *Does body satisfaction differ between gay men and lesbian women and heterosexual men and women? A meta-analytic review*. *Body Image*, *1*, 127–138.doi:10.1016/j.bodyim.2004.01.002
- Moskowitz, D. A., Rieger, G., & Roloff, M. E. (2008). Tops, bottoms and versatiles. *Sexual and Relationship Therapy*, *23*(3), 191-202.doi: 10.1080/14681990802027259

- Pedersen, W., & Blekesaune, M. (2003). Sexual satisfaction in young adulthood: Cohabitation, committed dating or unattached life?. *Acta Sociologica*, 46(3), 179-193.doi: 10.1177/00016993030463001
- 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(5), 713-725.doi: 10.1007/s10508-008-9378-1
- Scott J. Duggan PhD (cand.) & Donald R. McCreary PhD (2004) *Body Image, Eating Disorders, and the Drive for Muscularity in Gay and Heterosexual Men*, *Journal of Homosexuality*, 47:3-4, 45-58, doi: 10.1300/J082v47n03_03
- Sharon Gil Lecturer in Social Work (2007) *Body image, well-being and sexual satisfaction: A comparison between heterosexual and gay men*, *Sexual and Relationship Therapy*, 22:2, 237-244, doi: 10.1080/14681990600855042
- Strelan, P., & Hargreaves, D. (2005). Reasons for exercise and body esteem: Men's responses to self-objectification. *Sex Roles*, 53(7), 495-503.doi: 10.1007/s11199-005-7137-5
- Strong, S. M., Williamson, D. A., Netemeyer, R. G., & Geer, J. H. (2000). Eating disorder symptoms and concerns about body differ as a function of gender and sexual orientation. *Journal of Social and Clinical Psychology*, 19(2), 240.doi: 10.1521/jscp.2000.19.2.240
- 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(1), 15.doi: 10.1037/1524-9220.8.1.15.
- Van den Brink, F., Vollmann, M., Sternheim, L. C., Berkhout, L. J., Zomerdijk, R. A., & Woertman, L. (2016). *Negative body attitudes and sexual dissatisfaction in men: The mediating role of body self-consciousness during physical intimacy*. Revision submitted for publication.
- Wagenbach, P.M. (1997). *The relationship between body image, sexual orientation and gay identity*. Unpublished doct. Dissertation, Virginia Consortium Program in Clinical Psychology.
- Wiederman, M. W. (2002). Body image and sexual functioning. *Body image: A handbook of theory, research, and clinical practice*, 287-294.
- Yelland, c. & Tiggemann, M. (2003). *Muscularity and the gay ideal: Body dissatisfaction and disordered eating in homosexual men*. *Eating Behaviors*, 4, 107 – 116.doi: 10.1016/S1471-0153(03)00014-X
- Zheng,L. ,Hart, T.A.,& Zheng,Y. (2012).*The relationship between intercourse preference positions and personality traits among gay men in China*. *Archives of Sexual Behavior*, 41(3), 683–689. doi:10.1007/s10508-011-9819-0.