# THE INFLUENCE OF GENDER EXPRESSION ON THE INTERNALIZATION OF THE THIN AND MUSCULAR BODY IDEALS

A Senior Scholars Thesis

by

EMILY C. STEFANO

Submitted to Honors and Undergraduate Research
Texas A&M University
in partial fulfillment of the requirements for the designation as

UNDERGRADUATE RESEARCH SCHOLAR

April 2012

Major: Psychology

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Approved by:

Research Advisor: Marisol Perez
Associate Director, Honors and Undergraduate Research: Duncan MacKenzie

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# ABSTRACT

The Influence of Gender Expression on the Internalization of the Thin and Muscular Body Ideals. (May 2012)

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Very little is known about the role of gender expression on the internalization of the thin and muscular body ideals, and virtually no research exists regarding the influence of sex-type. Using the Bem Sex Role Inventory (BSRI), the present study measured the sex-type of roughly 1,200 young adults. In addition, the SATAQ-3 was used to determine the degree of internalization of both the thin and muscular body ideals. The Female Sex-Type showed significantly higher levels of internalization for the thin ideal and the Male Sex-Type showed significantly more internalization of the muscular ideal, regardless of biological gender. The Androgynous Sex-Type showed significant internalization of *both* the thin and muscular ideal, while the Undifferentiated Sex-Type scored lower on both subscales. Once the relationship between gender expression and body perception is better understood, present treatment programs can be modified in order to better address the internalization of the thin and muscular ideal amongst individuals endorsing nonconforming gender expression.

# ACKNOWLEDGMENTS

I would like to thank my faculty advisor, Dr. Marisol Perez, for her support and insight into this study. I would also like to thank the Undergraduate Research Scholars Program at Texas A&M for giving me this opportunity to challenge myself and expand my knowledge of research.

# NOMENCLATURE

| | |
|---|---|
| TAMU | Texas A&M University |
| LGBT | Lesbian, Gay, Bisexual, Transgender |
| GLBTA | Gay, Lesbian, Bisexual, Transgender Aggies |
| BMI | Body Mass Index |
| B/CS | Bryan/College Station |
| BSRI | BEM Sex Role Inventory |

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# CHAPTER I

# INTRODUCTION

American society tends to idealize thin and muscular body types that are often unattainable for the average person (Homan, 2010). For women, it is typically valued to have a slim waist, hips, and thighs, while men idealize a more athletic and built physique. Due to exposure from the media and peers, these thin and muscular ideals are frequently internalized by a majority of men and women and become the accepted norm for all body types (Stice, Spangler, & Agras, 2001). This internalization of body ideals is an increasingly prominent risk factor in the development of body dissatisfaction and eating disturbances (Thompson & Stice, 2001). However, the risk of internalization may be greatly influenced by one's gender expression, or rather the present amount of "femininity" and "masculinity" an individual exhibits. Studies have shown that women who exhibit more feminine characteristics have higher rates of body dissatisfaction and eating disturbances, and that these individuals tend to strive for the thin ideal (Lancelot & Kaslow, 1994). Current research shows that men who exhibit more masculine traits tend to internalize and pursue the muscular/athletic ideal, although little research has been done regarding masculinity and body norms (Ricciardelli, McCabe, & Ridge, 2006). One's gender expression can be considered a spectrum, ranging from extremely

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This thesis follows the style of *Body Image.*

feminine to extremely masculine and everything in-between (Bem, 1974), and this broad range in femininity and masculinity may have a significant influence on risk of internalization of the thin and muscular ideals. Bem (1974) has named four sex-types within the range of gender expression: Male Sex-Type, Female Sex-Type, Androgynous Sex-Type, and Undifferentiated Sex-Type. No research has been conducted examining the influence one's determined sex-type has on his or her internalization of the thin and muscular body ideals. Studies have shown that Lesbian, Gay, Bisexual, and Transgendered (LGBT) individuals tend to have a greater range in gender expression than heterosexual individuals, including a larger amount of individuals who identify as androgynous or undifferentiated (Hutson, 2010). This demographic may provide a more significant range in sex-types in comparison with heterosexual individuals, and as a result, LGBT individuals will be a target group for this thesis in order to obtain a more representative sample of the gender scale. By determining the amount of influence gender expression has on the internalization of the thin and muscular body ideals, one can better predict which groups are at higher risk for disordered eating and poor health habits related to obtaining the body ideal. One may also broaden our range in understanding of what influences the internalization of the thin and muscular body ideals. By expanding the field of research in this area, as well as determining the amount of influence gender identification has on the risk of body ideal internalization, one can better tailor treatment plans to specific individuals, particularly those that have a range of gender expression and identification.

**Thin and muscular body ideals**

Due to constant exposure to the media, the thin and muscular body ideals are becoming increasingly prominent and influential among both men and women in today's society (Stice, Spangler, & Agras, 2001). Ultra-thin models are consistently idolized through television and other visual media, resulting in an exponential increase in the amount of pressure for the average woman to achieve this type of physical appearance (Stice, Maxfield, & Wells, 2003). Studies have shown that exposure to the thin-ideal can result in an increase of body dissatisfaction, poor self-esteem, and many other negative feelings (Stice & Shaw, 1994). The recent glorification of the muscular ideal is having a similar effect on society as well; however, this is not as well researched. The muscular ideal is portrayed in the media similarly to the thin ideal in that it is an ultra-fit body type that the average person would find extremely difficult to attain. Studies have shown that exposure to the muscular ideal has resulted in a decrease of self-esteem and an increase in risky behavior, such as steroid use, in young men (Wasserman, 2006; McCreary & Sasse, 2000). The thin and muscular body ideals represent an unattainably high standard that society has set forth for men and women to try and achieve leading to consequences in health and self-esteem (Stice, Spangler, & Agras, 2001).

**Gender roles among heterosexual and non-heterosexual communities**

Stoller (1968) defines gender identity as the female-male polarity that reflects a biological self-image, or rather as an individual's self-assignment of biological maleness or femaleness. Essentially, gender identity is the individual's own sense of belonging to

the male sex or the female sex. Gender role is considered to be the expression of one's gender identity (Money 1965). The expression of gender is unavoidably shaped by an individual's experiences and socialization. From the clothes that one wears to the activities one partakes in, gender expression is strongly influenced by an individual's involvement in society (Philpot, 1997). It is within gender roles that the terms femininity, masculinity, androgynous, and undifferentiated emerge. Gender expression can range across a spectrum; an individual can have a demeanor constituted of both masculine and feminine qualities, while still identifying discretely as a male or as a female (Bem, 1974). Society often connects masculinity with a "getting the job done" mentality and an active and assertive orientation (Bem, 1974). Individuals that are recognized as masculine often have an independent and emphatic demeanor. Generally, society associates femininity with an openly communicative orientation and an affective concern for the welfare of others. Society typically values characteristics of compliance, caregiving, and expressiveness to be feminine in nature (Bem, 1974). Studies have shown that, on the whole, the LGBT community displays a wide range of gender expression, often times conflicting with their identified sex (Rees-Turyn, 2008). Toomey, Ryan, Diaz, Card, & Russell (2010) found that adolescent and young adults in the LGBT community tend to display a nonconforming gender expression. He describes these individuals as "those who transgress social gender norms" (1581). Because of this pattern of gender-nonconformity, determining the level of thin or muscular ideal internalization among these individuals will prove beneficial to better understanding the relationship between gender expression and body image perception.

**Bem's sex-types**

Within the range of gender expression, Bem (1974) identifies four major sex-types: Male Sex-Type, Female Sex-Type, Androgynous Sex-Type, and Undifferentiated Sex-Type. According to Bem, the Male Sex-Type is not only exhibiting a significant array of masculine characteristics, but he or she (it is possible for a woman to be Male Sex-Type and a man to be Female Sex-Type) is simultaneously rejecting feminine characteristics. The same is true for the Female Sex-Type: not only is the individual strongly exhibiting feminine characteristics, but he or she is also rejecting a majority of the masculine characteristics that the BSRI presents. Bem explains the term of Androgynous Sex-Type as one who (for the most part) equally exhibits both masculine and feminine characteristics. The individual's gender identity may be either male or female, but his or her gender role is considered androgynous. Often times, these individuals can display conflicting traits, such as exhibiting both assertive and yielding behaviors. Those that are considered Undifferentiated Sex-Type do not identify strongly with any of the characteristics society has valued as masculine or feminine (Bem, 1974). In other words, these individuals appear to have a more neutral gender role.

**Objectives**

The main objective of this research project is to determine the amount of influence gender expression has on the internalization of the thin and muscular ideal. Using the Bem Sex Role Inventory (BSRI), individuals will self-report on stereotypical traits of gender norms in order to determine if he or she is Male Sex-Type, Female Sex-Type,

Androgynous Sex-Type, or Undifferentiated Sex-Type. Participants will also be asked a series of questions related to body satisfaction and internalization of body ideals. By comparing these two factors (sex-type and internalization/dissatisfaction), it can be determined if any trends exist related to present amounts of masculinity and femininity. The influence of the media as well as societal pressures from both the mainstream community and the LGBT community will also be measured as factors that influence internationalization of body ideals.

*Hypothesis*

For this research study, it is predicted that those who are classified as Male Sex-Typed, regardless of their biological sex, will have a significantly higher internalization and endorsement of the athletic/muscular body ideal compared to the remaining three sex-types determined from the BSRI. Those who are classified as Female Sex-Typed, regardless of their biological sex, will have a significantly higher level of general internalization of the thin body ideal. It is also predicted that the Androgynous Sex-Type will have the greatest amount of internalization and endorsement of both the muscular *and* the thin ideal, due to the fact that the androgynous individuals tend to exhibit both masculine and feminine traits in a relatively equal manner (Bem, 1974). The Undifferentiated Sex-Type will have the least internalization of any body ideals among the four types, due to the fact that this gender type identifies with little to no distinguishable masculine or feminine traits.

**Need for study**

In order to better understand the effects of the thin and muscular body ideals on society, one must investigate the internal factors that cause these body types to be considered the norm for the average man and woman. Ultimately, exposure to these ideals and reduced self-esteem may lead to an increase in the development of disordered eating behaviors (Homan, 2010). According to Fingeret, Warren, Cepeda-Benito, & Gleaves (2006), prevention programs have proven to be an extremely effective measure to reduce disordered eating behaviors and body dissatisfaction. Once the connection between body image perception and gender expression is better understood, one can use this information to improve existing prevention and treatment programs for eating disorders. This study may also provide information about modern demographics that are currently being overlooked, particularly individuals with a non-conforming gender status. Because LGBT individuals tend to have a greater amount of gender-nonconformity, this group can be targeted by this research. Eating disorder prevention programs designed specifically for non-heterosexual and gender-nonconforming individuals can directly benefit from a better understanding of the relationship between gender expression and the internalization of the thin and muscular body ideals.

# CHAPTER II

# METHODS

## Subjects

The sample consisted of 1,224 participants between the ages of 14 to 54, with a mean age of 19.05 (*SD* = 2.65). The sample was 30.3% male (n = 371), 65.8% female (n = 805), 2.7% transgender (n = 33), 0.2% intersex (n = 2), 0.8% genderqueer (n = 10), and 0.2% "not listed" (n = 2). Although the majority of the participants were heterosexual (89.2%), non-heterosexual participants were targeted to include a wider range of gender expression: gay man (2.9%), lesbian (2.0%), bisexual (1.7%), queer (0.7%), questioning (1.0%), asexual (0.2%), pansexual (1.8), and "not listed" (1.0%). Overall, 11.9% (n = 152) of the sample identified with a non-heteronormative sexual orientation. A majority of the subjects were recruited from an undergraduate pool, while additional respondents were obtained through a website and social media sites.

## Measures

Individuals were asked to self-report demographic information at the beginning of the questionnaire, including age, sex, ethnicity, sexual orientation, relationship status, major, year in college, and exercise habits. Height and weight were also asked in order to determine the participant's Body Mass Index (BMI).

*Gender scale*

The BEM Sex-Role Inventory (BSRI; Bem, 1974) is a 60-item self-report measure of masculinity and femininity, using a 7-point Likert scale to ask the respondent to indicate how well each of sixty attributes describes himself or herself. Twenty of the items are associated with the culture's stereotype of masculinity and twenty attributes reflect its stereotype of femininity, and the remaining twenty are neutral. The inventory produces four sex types: (1) Male, (2) Female, (3) Androgynous, and (4) Undifferentiated. Internal consistency for this sample was good: Masculinity Score (α = .86), Femininity Score (α = .82). The Masculinity and Femininity Scores are then used to determine the individual's sex-type.

*Societal influence and body ideal internalization*

The Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3; Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004) measures both societal influence on body image as well as internalization of body ideals among both men and women. It is a 30-item questionnaire asking the respondents to choose from a 5-point Likert scale ('completely disagree' to 'completely agree') in order to determine his or her attitudes toward body ideals and eating behavior disturbances. There are four subscales in the SATAQ-3: Information, Pressures, Internalization General, and Internalization Athletic. Internal consistency for this sample was good: Information (α = .95), Pressures (α = .95), Internalization General (α = .95), Internalization Athletic (α = .86).

**Procedures**

The questionnaire was posted on the Texas A&M University psychology research website, where Introduction to Psychology students were self-selected to participate in the study for course credit. In addition, the questionnaire was also administered over the GLBTA listserv. Finally, the questionnaire was posted on Facebook in order to reach a wider audience. Subjects were required to initial a consent form before answering any questions in the survey. Data was collected from SurveyMonkey.com and exported into the program Statistical Package for the Social Sciences (SPSS).

**Statistical analyses**

The data was analyzed using the SPSS software system. A one-way ANOVA equation was computed to assess the influence of sex-type derived from BSRI on the internalization of society's body image ideals derived from the SATAQ-3.

*Equations*

In order to determine a participants BEM sex type score, the average Masculinity and Femininity scores were calculated by averaging the 20 masculine items and 20 feminine items respectively. Once this average was obtained, the following equation was used to determine an individual's androgyny score (Bem, 1974):

(Femininity Score – Masculinity Score) * 2.322

The equation results in a t-ratio value as the index of androgyny, rather than a simple difference score. By calculating the t-ratio, one is able to determine if the individual's

masculinity scores differ significantly from his or her femininity scores (Bem, 1974). To determine an individual's sex type, Table 1 was used:

**Table 1**
BEM sex-type ranges taken from the BSRI.

| | Masculinity > 4.9 | Masculinity < 4.9 |
|---|---|---|
| Femininity > 4.9 | Androgynous | Female Sex-Typed |
| Femininity < 4.9 | Male Sex-Typed | Undifferentiated |

*Note.* BSRI: BEM Sex Role Inventory.

By using this table, each individual's sex type was determined: (1) Male Sex-Type, (2) Female Sex-Type, (3) Androgynous, and (4) Undifferentiated. Once the sex-type was determined, the Information Subscale, Pressures Subscale, Internalization General Subscale, and Internalization Athletic Subscale of the SATAQ-3 were calculated by summing the items associated each subscale.

*Missing data*

Because the data was collected using an online survey system, there were several incomplete or completely blank questionnaires included in the original dataset. The completely blank questionnaires (n=32) were deleted from the dataset. When a participant did not complete all of the items on his or her questionnaire, mean substitution was used for both the BEM measure and the SATAQ-3 measure.

# CHAPTER III

# RESULTS

## Sex-type descriptives by biological sex

The BSRI analyses revealed the sample to be 33.5% Androgynous Sex-Type (n = 410), 26/6% Female Sex-Type (n = 326), 21.2% Male Sex-Type (n = 260), and 14.9% Undifferentiated Sex-Type (n = 182). The Androgynous Sex-Type cohort consisted of mostly females (72.7%), followed by males (25.7%). The remaining genders (transgender, intersex, genderqueer, and not listed) were grouped together as "non-heternormative gender" and represented 1.7% of the Androgynous Sex-Types. The Female Sex-Type group consisted of mostly females (84.3%), followed by males (9.2%) and non-heteronormative (5.8%). The Male Sex-Type consisted of mostly males (56.2%), followed by females (41.5%) and non-heteronormative (2.3%). The Undifferentiated Sex-Type consisted of mostly females (51.1%), followed by males (41.8%) and non-heteronormative (7.8%).

## Sex-type descriptives by sexual orientation

When each sex-type was broken down by sexual orientation, it was revealed that each sex-type had relatively consistent representations of heterosexual and non-heterosexual individuals. The non-heteronormative sexual orientations (gay man, lesbian, bisexual, queer, questioning, asexual, pansexual, and not listed) were combined into a "non-heterosexual" group. Eighty-eight percent of Male-Sex Type was heterosexual and

12.0% were non-heterosexual. The Female Sex-Type was 88.6% heterosexual and 11.4% non-heterosexual. It was revealed that the Androgynous Sex-Type was 92.9% heterosexual and 7.1% non-heterosexual, and the Undifferentiated Sex-Type was 85.1% heterosexual and 14.9% non-heterosexual.

**Hypotheses analyses**

A one-way ANOVA test, with the Bonferroni post-hoc test, was used to determine the relationship between each of the four sex-types and the SATAQ-3 subscales with significance level set at p = .05. The results subsequently discussed were significant at the .05 level with the Boinferroni post-hoc test.

*Hypothesis*

A significant difference in internalization scores was predicted for the following sex-types: Male Sex-Type would have higher internalization of the athletic body ideal, Female Sex-Type would have higher internalization of the thin ideal, Androgynous Sex-Type would have high internalization of *both* ideals, and Undifferentiated Sex-Type would have low internalization of both ideals.

*Internalization-general subscale*

The one-way ANOVA determined a significant difference among several of the Sex-Types for the Internalization-General subscale, $F$ (3, 1121) = 4.88, $p$ = .002. The Female Sex-Type had a significantly higher mean (M = 28.83, $SD$ = 9.58) compared to the Male

Sex-Type (M = 26.23, *SD* = 10.09). The Androgynous Sex-Type also scored significantly higher (M = 28.59, *SD* = 9.45) on this subscale compared to the Male Sex-Type. The Female Sex-Type and the Androgynous Sex-Type did not differ significantly from each other. The Undifferentiated Sex-Type and Male Sex-Type did not have a significant mean difference and were significantly lower on their Internalization-General scores compared to the Female Sex-Type and Androgynous Sex-Type. This information is depicted in Figure 1.

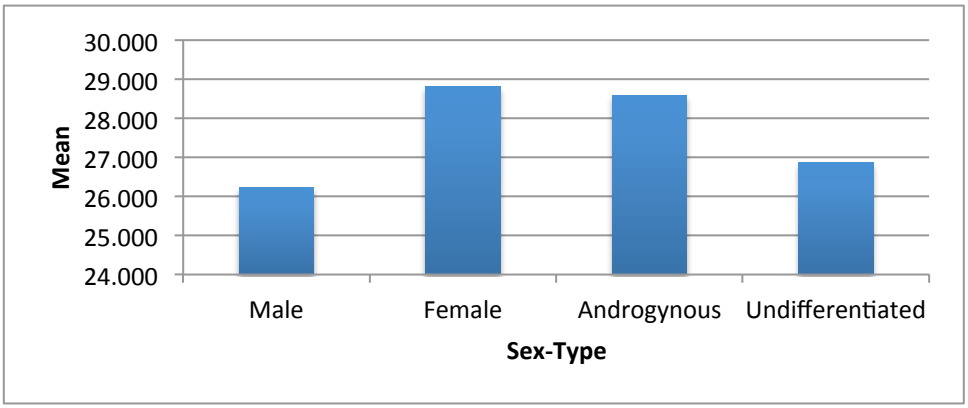


**Fig. 1.**
Mean comparisons of the internalization-general subscale of the SATAQ-3.

*Internalization-athletic subscale*

The one-way ANOVA also revealed a significant difference between the Sex-Type's Internalization-Athletic scores, $F$ (3, 1147) = 8.55, $p$ = .000. The Androgynous Sex-Type scored significantly higher (M = 17.12, *SD* = 4.89) compared to the Female Sex-Type (M = 15.54, *SD* = 4.97) and the Undifferentiated Sex-Type (M = 15.39, *SD* = 4.95), but not the Male Sex-Type. Both the Male Sex-Type and Androgynous Sex-Type

scored the highest on this subscale and did not differ sifnicantly from each other. The Female and Undifferentiated Sex-Type scored the lowest on this subscale, but did not differ significantly from each other. Refer to Figure 2.

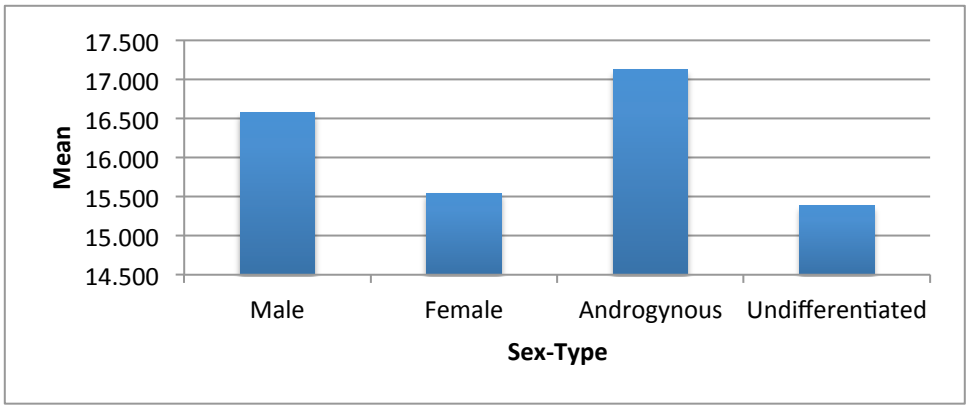


**Fig. 2.**
Mean comparisons of the internalization-athletic subscale of the SATAQ-3.

*Pressures subscale*

There was a significant difference in means for the Pressures subscale, $F$ (3, 1153) = 7.91, $p$ = .000). The Female Sex-Type scored significantly higher (M = 21.46, SD = 8.34) than both the Male Sex-Type (M = 18.37, $SD$ = 8.4) and the Undifferentiated Sex-Type (M = 19.32, $SD$ = 8.40) but not the Androgynous Sex-Type (M = 20.92, $SD$ = 8.61). The Androgynous Sex-Type also scored significantly higher than the Male Sex-Type, but not the Undifferentiated Sex-Type. The Male Sex-Type scored significantly lower than both the Female and Androgynous Sex-Types, but not the Undifferentiated Sex-Type. This information is shown in Figure 3.

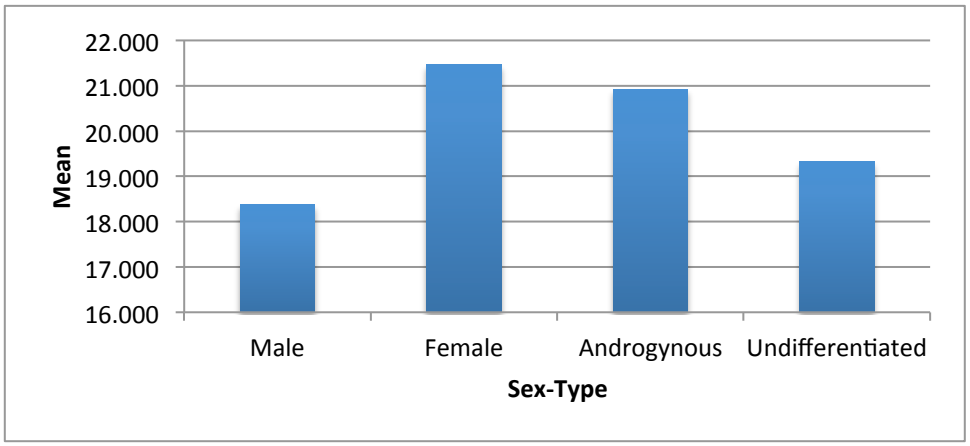


**Fig. 3.**
Mean comparisons of the pressures subscale of the SATAQ-3.

*Information subscale*

There were no significant differences between means in the Information Subscale, $F$ (3, 1143) = 2.44, $p$ = .063. Refer to Figure 4. Table 2 may be referred to for insignificant results.

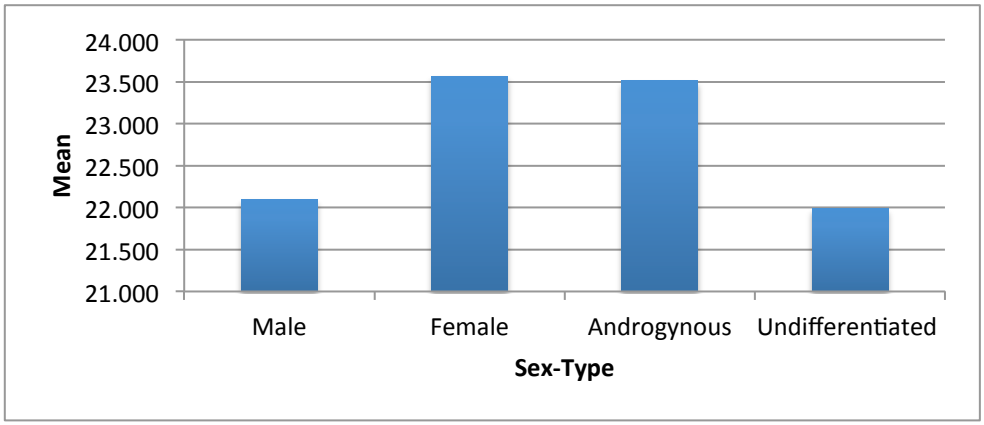


**Fig. 4.**
Mean comparisons of the information subscale of the SATAQ-3.

**Table 2**
One-way ANOVA results for SATAQ-3 subscales and BSRI sex-types.

| SATAQ-3 Subscale | (I) Sex-Type | (J) Sex-Type | Mean Difference (I-J) | p-value |
|---|---|---|---|---|
| Information | *Male* | Female | -1.469 | .320 |
| | | Androgynous | -1.413 | .309 |
| | | Undifferentiated | 0.110 | 1.000 |
| | *Female* | Male | 1.469 | .320 |
| | | Androgynous | 0.056 | 1.000 |
| | | Undifferentiated | 1.579 | .369 |
| | *Androgynous* | Male | 1.413 | .309 |
| | | Female | -0.056 | 1.000 |
| | | Undifferentiated | 1.523 | .367 |
| | *Undifferentiated* | Male | -0.110 | 1.000 |
| | | Female | -1.579 | .369 |
| | | Androgynous | -1.523 | .367 |
| Pressures | *Male* | Female | **-3.094*** | .000 |
| | | Androgynous | **-2.549*** | .001 |
| | | Undifferentiated | -0.950 | 1.000 |
| | *Female* | Male | **3.094*** | .000 |
| | | Androgynous | 0.545 | 1.000 |
| | | Undifferentiated | **2.144*** | .042 |
| | *Androgynous* | Male | **2.549*** | .001 |
| | | Female | -0.545 | 1.000 |
| | | Undifferentiated | 1.598 | .216 |
| | *Undifferentiated* | Male | 0.950 | 1.000 |
| | | Female | **-2.144*** | .042 |
| | | Androgynous | -1.598 | .216 |
| Internalization - General | *Male* | Female | **-2.603*** | .009 |
| | | Androgynous | **-2.366*** | .015 |
| | | Undifferentiated | -0.628 | 1.000 |
| | *Female* | Male | **2.603*** | .009 |
| | | Androgynous | 0.237 | 1.000 |
| | | Undifferentiated | 1.974 | .172 |
| | *Androgynous* | Male | **2.366*** | .015 |
| | | Female | -0.237 | 1.000 |
| | | Undifferentiated | 1.738 | .277 |
| | *Undifferentiated* | Male | 0.628 | 1.000 |
| | | Female | -1.974 | .172 |
| | | Androgynous | -1.738 | .277 |
| Internalization - Athletic | *Male* | Female | 1.033 | .075 |
| | | Androgynous | -0.549 | .976 |
| | | Undifferentiated | 1.188 | .079 |
| | *Female* | Male | -1.033 | .075 |
| | | Androgynous | **-1.582*** | .000 |
| | | Undifferentiated | 0.156 | 1.000 |
| | *Androgynous* | Male | 0.549 | .976 |
| | | Female | **1.582*** | .000 |
| | | Undifferentiated | **1.738*** | .001 |
| | *Undifferentiated* | Male | -1.188 | .079 |
| | | Female | -0.156 | 1.000 |
| | | Androgynous | **-1.738*** | .001 |

*Note.* SATAQ-3: Sociocultural Attitudes Towards Appearance Questionnaire-3. The mean difference is significant at the 0.05 level.

# CHAPTER IV

# SUMMARY AND CONCLUSIONS

The present study examined the influence of gender expression, more specifically one's sex-type, on the internalization of the thin and muscular body ideals. The individual's sex-type was determined using the Bem Sex-Role Inventory, which yields four categories: Male Sex-Type, Female Sex-Type, Androgynous Sex-Type, and Undifferentiated Sex-Type. Then the SATAQ-3 was used to determine the amount of internalization the individual reported. The SATAQ-3 consists of four subscales: Internalization-General, Internalization-Athletic, Pressures, and Information.

## Internalization of the thin and muscular body ideals

The Internalization-General subscale was used to measure the thin ideal internalization (Figure 1). The results showed that the Female Sex-Type scored significantly higher on this subscale compared to the Male and Undifferentiated Sex-Type. Current research suggests that women are more likely to pursue and internalize the thin body ideal and are therefore currently the major target for prevention and intervention programs for eating disorders (Lancelot & Kaslow, 1994). However, individuals that are male (biological sex) but also meet the criteria for either Female or Androgynous Sex-Type may be currently overlooked by those wishing to target individuals that are at risk for eating disorders. The Internalization-Athletic subscale was used to determine the degree of internalization of the muscular body ideal (Figure 2). The Male-Sex Type scored

significantly higher than the Female and Undifferentiated Sex-Type on this subscale, which is also consistent with current research that a more masculine individual is more likely to pursue the muscular ideal (Ricciardelli, McCabe, & Ridge, 2006). A major finding in this study is that the Androgynous Sex-Type reported significantly higher thin ideal internalization compared to the Male and Undifferentiated Sex-Types and significantly higher muscular ideal internalization compared to the Female and Undifferentiated Sex-Type. This supports the original hypothesis that the Androgynous Sex-Type would be skewed by showing elevated levels of internalization for both body ideals. This suggests that because the Androgynous Sex-Type exhibits high levels of both masculine and feminine characteristics, these individuals will promote and/or pursue both types of body ideals, meaning this demographic may be at a higher risk for participating in disordered eating behaviors. Also of note is the low level of internalization reported by the Undifferentiated Sex-Type. This sex-type displayed significantly lower levels of internalization on both body ideals compared to the other sex-types. It was predicted that individuals categorized as Undifferentiated Sex-Type would be less likely to internalize the thin and muscular body ideals because of the low levels of gender expression that is typically characteristic of this sex-type.

**Pressures**

The Female and Androgynous Sex-Type reported significantly higher feelings of pressure to achieve the thin and muscular body ideals compared to the Male and Undifferentiated Sex-Type (Figure 3). This is consistent with current research in that

women have reported feeling a greater amount of pressure from the media and their peers to obtain the thin ideal (Tiggemann, 2011). However, little research has been done on the influence sex-type has on the amount of pressure one feels to achieve the thin or muscular body ideals, and this could possibly be expanded on in a future study. Androgynous Sex-Type individuals appear to be at a significant risk comparable to the Female Sex-Type, and this implies that this demographic should be considered when developing eating disorder treatment programs.

**Information**

Because there was no significant difference between sex-types in the Information subscale of the SATAQ-3, it can be concluded that all four sex-types use the media as a source of information for the thin and muscular body ideals relatively evenly. Sex-Type alone has no significant predictive abilities on which demographic is at a higher risk for obtaining information about the thin and muscular body ideals. Although the Female and Androgynous Sex-Type reported feeling more pressure from the media, according to the SATAQ-3, all four sex-types are receiving equal amounts of information from the media.

**Clinical implications**

The current trend of eating disorder prevention and intervention programs is mainly focused on the female demographic (Lancelot & Kaslow, 1994). However, the findings in this study suggest that sex-type may be a useful tool to consider when targeting a

specific group that is at high-risk for an eating disorder. Prevention programs may be able to consider sex-type in their procedures and assessments by utilizing a widely available sex-role inventory, such as the BSRI (Bem, 1974). In doing so, modern classifications of demographics, such as non-females that are Female Sex-Typed, may be better understood to improve treatment outcome. In current treatment programs, it may be beneficial for therapists to consider an individual's sex-type to better understand a client's perception of the thin and muscular body ideals. By determining which facets of a patient or client influence his or her perception of the thin and muscular ideal, treatment programs can better tailor to individual needs.

**Limitations**

Though significant findings of the relationship between sex-type and internalization of the thin and muscular ideal were found, this study is not without its limitations. While an online questionnaire allows for easy access to a large sample size, it may have been more beneficial to do an in-person interview and assessment for this study. Another limitation for this study was the use of only one measure for gender expression and one measure for body ideal internalization. In the future, it would be ideal to use multiple measures for these variables so gender expression and ideal internalization can be more confidently assessed, allowing for a richer dataset. Also, the sample consisted of mostly heteronormative individuals. This was expected due to the sampling pool, however a greater range in sexualities and gender expression may have influenced the results in a more significant way. Lastly, the majority of the sample consisted of college-aged

students. If the sample had consisted of a wider age range, the results may have been more generalizable to a larger demographic.

**Summary and future studies**

Overall, the hypothesis was strongly supported. The Female and Male Sex-Types showed significantly higher internalization of the thin and muscular body ideals, respectively. The Androgynous Sex-Type showed high levels of internalization on both body ideals due to their tendency to exhibit both masculine and feminine characteristics. The Undifferentiated Sex-Type showed significantly lower levels of internalization for both ideals compared to the other sex-types. The undifferentiated individual appears to be \least at risk for internalizing the thin or muscular body ideals, while the androgynous individual is at the highest risk. This information can be used for the development of future prevention programs for disordered eating behaviors in which gender expression and sex-type is taken into consideration. To expand upon the information obtained in this study, future studies may be conducted in order to better understand the correlation between sex type and sexual orientation to determine what type of effect this has on one's internalization of body ideals. Because gender and sexual orientation make up a large component of an individual's personality and perception, it is important to first determine how these characteristics influence one's ideologies. More extensive measures would be taken in order to better determine an individual's gender expression, such as personal interviews and more detailed self-report measures. It may also prove to be beneficial to focus on a sample of solely non-heteronormative individuals. The present

study used a small sample size of LGBT individuals, and a future study with a larger sample of non-heteronormative individuals may present more significant data. A future study would be to examine the relationship between and influence of biological sex and sexual orientation *as well as* sex-type on an individual's internalization of the body ideals. By better understanding what influences an individual's perception of the thin and muscular body ideal as well as his or her own bodies, one can better determine the proper course of treatment to prevent the drastic and detrimental measures that are often taken to obtain these ideals.

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