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ORIGINAL PAPER

Using Objectification Theory to Examine the Effects of Media on Gay Male Body Image

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Abstract Research has increasingly noted that gay male adults are more at risk for developing body image dissatisfaction than other male populations. Body image issues warrant attention, particularly since they have been connected to the development of disordered eating patterns. Studies have often traced gay male body dissatisfaction to various sociocultural elements and phenomena, particularly the media. In fact, various media genres have been implicated as being instrumental in propagating idealized male physiques, which in turn may negatively influence observers. Using objectification theory, this paper aims to review the process by which media imagery are internalized by some gay men and how such internalizations harmfully impact their body image. The clinical implications and treatment of body dissatisfaction will be reviewed in terms of social work practice with gay male populations.

Keywords Gay · Body image · Media · Objectification · Social comparison

Introduction

Within the last two decades the scientific study of male body image has received progressive attention (McCabe and Ricciardelli 2004; Morrison et al. 2004b; Rosenmann and Kaplan 2014). Research has consistently indicated that male body image is centered on both leanness and muscularity (Hargreaves and Tiggemann 2009; Martins et al.

2008; Tiggemann et al. 2007; Tod et al. 2013; Yelland and Tiggemann 2003). The progressive emphasis that society places on both traits has contributed to a record increase in the number of men who experience body dissatisfaction. Gay males are said to constitute a large proportion of this population and research has shown that they are disproportionately at risk to developing it (Morrison et al. 2004b). When compared to heterosexual men, gay men are reported to desire more muscle tone (Calzo et al. 2013), are thought to experience greater dissatisfaction with their level of muscularity (Kaminski et al. 2005; Levesque and Vichesky 2006; Martins et al. 2008; Yelland and Tiggemann 2003), have greater dissatisfaction with their overall body fat content or thinness (Martins et al. 2008; Russell and Keel 2002), and generally experience more dissatisfaction with most body parts, including head and body hair, height, and penis size (Martins et al. 2008).

Past research has correlated body dissatisfaction and disordered eating in gay men to various causative roots including, biology: Rikani et al. (2013), gender non-conformity and bullying: D'Augelli et al. (2005), Levesque and Vichesky (2006), attractiveness schemes within the gay community: Varangis et al. (2012), Yelland and Tiggemann (2003), and the media: Bartlett et al. (2008). When focusing on sociocultural elements such as the media, it may be noted that not all gay men respond to the cues of body imagery in the same way. Two gay men will look at the identical image of an idealized male physique but one of them may come away from the observational experience unaffected, while the other may have internalized the image and consequently use it as a comparative tool to modify his eating behavior and to judge his own body and the bodies of other men. The reasons for the difference in the way the two men are affected is multifaceted. It may lie in the hardwiring of their own genetics

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and neurochemistry and it may also be correlated to their own experiential environment. Utilizing objectification theory, this paper will discuss the process by which some gay men, in viewing the images of idealized male physiques portrayed by the media, will internalize these perspectives as components of the body that they must come to resemble. A clinical case will be used to both exemplify and discuss the implications of this internalization process. With further elaboration on the clinical example, this article will also review the cognitive behavioral techniques that may be used to address body image dissatisfaction.

Theoretical Interpretation

Several studies noted that gay men's maladaptive perception of body image were propagated by their affiliation to media images that idealized a certain body type (Kaminski et al. 2005; Levesque and Vichesky 2006; Strong et al. 2000). Within gay media sources, studies have depicted the normative ideals of the male body to being tall, muscular, and lean (Bartlett et al. 2008; Lanzieri and Cook 2013; Saucier and Caron 2008; Schwartz and Andsager 2011). Saucier and Caron (2008) conducted a content analysis of the articles and advertisements contained in four popular gay male magazines: The Advocate, Genre, Instinct, and Out. In their assessment of issues from 2001 to 2004, Saucier and Caron (2008) found that the magazines were objectifying certain male body types and were placing importance on having the right physique, namely one that was lean and muscular. Schwartz and Andsager (2011) analyzed images from The Advocate and Out magazines from 1967 to 2008, and found that images had become increasingly thinner and more muscular over time. The authors equally noted that images directed toward heterosexual male populations were just as muscular but were comparably not as thin as those directed to gay males. Similarly, in their review of twenty-three magazines targeting heterosexual, gay and general audiences, Lanzieri and Cook (2013) found that magazines targeting gay audiences depicted images that were thinner than those targeting heterosexual male and general audiences. The authors further noted that gay and heterosexual male targeted magazines depicted models with greater muscularity than general audience magazines.

Objectification theory is one perspective that lends some understanding to the process by which gay men view advertising images, internalize the messages in a manner in which they experience dissatisfaction with their own bodies, and subsequently develop behaviors that promote a drive to be muscular (e.g., exercise) and leaner (e.g., dieting). Self objectification involves a process of body monitoring, whereby an individual exhibits a self-

consciousness that motivates increasing surveillance about his own appearance. Such "body vigilance" is not done in isolation but rather it's conducted comparatively by using the idealized images as a frame of reference to evaluate the self and the other.

Objectification theory asserts that individuals who live in cultures that sexually objectify the body, wholly or in parts, will eventually adopt an observer's perspective and become judgmental of their own physique's ability to emulate the idealized type (Fredrickson and Roberts 1997; Martins et al. 2007). They learn to see their bodies as objects and consequently place values on themselves based on cultural idealized schemes (Davis et al. 2001). An individual's self identity is represented by his body or a part of his body (Kozak et al. 2009). Although much of objectification's theoretical principles have been formulated from research conducted on women (Slater and Tiggemann 2002; Tiggemann and Lynch 2001), studies have also corroborated that objectification is observed in men. In fact, objectifying portrayals of men have increased in the past two decades (Martins et al. 2007), and research has suggested that the strongest contributor to that objectification process is the media (Morrison et al. 2003).

For example, the case of John, a 31 year old gay male, highlights how media can influence the development and evolution of one's body image. Presenting for treatment with persistent body image dissatisfaction that has consistently interfered with seeking and maintaining healthy relationships, reduced job performance, and disturbances in eating, shape, and weight control that threatened his health, John described a shift in his body awareness that occurred in adolescence. He recalls seeing shirtless men with no chest hair and well defined abs on the covers of health and fitness magazine's and thinking "that is what real men are supposed to look like". As he consumed more and more of these cultural messages from movies and TV, his focus turned to achieving this desired masculinity and social status through his physical appearance. He began shaving his body hair, wearing tight shirts to highlight his body definition, and spending a lot of time and energy in the gym.

Similar to John, gay male patients with body image disturbance cite media as a source of promoting a particular look. The gay magazines they read or "check out" consistently portray images of men that are lean and muscular. This body type alludes to their sexuality and sexual prowess. These standards of gay physicality are consequently absorbed by gay male audiences and subsequently those advertised features are internalized as blueprints of how they must view their own physiques wholly or in part. John remembers being "repulsed" by the bodybuilder look, but "enticed" by the idea of the fitness model. To him, this image maintained an "undeniable sexual attractiveness,"

but without losing its connection to masculinity. He tightly controlled his eating and became highly invested in his appearance. As he became more invested, he consumed more media and progressively recognized that he acted as a conduit for the messages inherent in these images, judging others for not achieving or endorsing similar standards and ultimately holding his own self-worth contingent on these culturally defined appearance standards.

As noted in the clinical example, the image is of primary importance in what it elicits in the observer. Models' gazes are particularly relevant in implying situations and contexts that will affect consumer interactions and internalizations (Hakala 2006). For instance, when a model's gaze is voyeuristic and is focused directly at the consumer, it will be equated as if the viewer himself were looking into a mirror. The model is saying "I want you," and its interactive gaze may incite the consumer to identify with the model, and to believe that he will resemble him if he uses the advertised product (Hakala 2006). In pictures where the model is not looking at the viewer, the lack of eye contact has a narcissistic element. It is an objectifying look and implies some subordinate qualities, essentially giving the message of unavailability and inattainability (Hakala 2006). Kolbe and Albanese (1996) found that when a male model's gaze appeared to be downward and not looking into the eyes of the observer, the model lost its subjectivity. That particular stance motivates viewers to treat models more as objects than as bodies in process (Rohlinger 2002). Models take on the appearance of gods whose gazes are groomed to instigate and allure.

In many cases, such as John's, the culmination of this body idealization is the escalating extremes of physical appearance control. John reported first taking anabolic–androgenic steroids (AAS) when he was 18. For him it was a perfect form of drug use because it promised an increase in lean muscle mass, while also improving sex drive and vigor. John's ideal body had to be as potent in sexual performance as it was attractive to others. At the height of this drug use, John was spending several thousand dollars per month on the AASs and other fitness supplements and other ancillary agents needed to control the effects of these drugs. He would spend 4–5 h per day in the gym and took to personal training as a career so he could maintain the lifestyle associated with the pursuit and maintenance of this masculine fitness ideal. As was noted by McCreary et al. (2007), men will often turn to using AASs in order to have their bodies more fully take on the physiques that the socioculture is expounding. John recounts that he learned the majority of these behaviors through consumption of magazines and internet sites designed to sell this masculine fitness lifestyle.

The models used in media advertisements propagate their visibility through desire and consumption. The image of the body thus becomes greater than the reality of the actual commodity being sold or the model who possesses the idealized physicality (see Stratton 1996). In fact, the human who created the muscular symmetry being observed is lost. Total value is in what the figure exudes and the sexual pleasures that would be exchanged in possessing the commodity or body. Gay men with body image issues consume and internalize muscular and toned bodies as a way of reacting and compensating for being demasculinized by a heterosexist society. This consumer-oriented process touches on expressed and repressed sexual desires—to "internalize, consume and possess the phallus" (Stratton 1996, p. 182). The more beautiful, muscular, and toned the body, the bigger its phallus power will appear, making the image more attractive and desirable. The mesomorphic body satisfies the visual gaze and it also is the representative fetished phallus that makes the gay man more visible to others. The phallus in this regard is stretched beyond the penis; it is meant to be the archetype, never to be fully attained; the originator, from which all others have been modeled and constructed. Internalizing the figures in such an evaluative manner not only lends to the objectification of self (viewing one's own body as an externalized object to be judged) but it also triggers a comparative mode by which to view one's own body in relation to the other.

Inevitably, not every gay man has the genetic predisposition, time, energy, or motivation to endeavor certain exercises and dietary regimens necessary to acquire the body objects defined or constructed as desirable. Consequently, gay men with a predilection to body image issues, whose bodies do not resemble the ideal objects they've come to internalize, may likely develop dissatisfactions with some aspect of their actual physiques. In the case of John, he became preoccupied with the definition in his abs. He desired the "V-line" that extends below the abdominal wall to his pelvis, but could never satisfactorily achieve it. Despite regularly maintaining body fat levels of 7–10 %, John described himself as "chubby" and would often resist taking his shirt off during sex and especially when in public places where his appearance might be judged by others (e.g., the beach).

The media's propagation of idealized figures and its influence on self objectification infiltrates gay attractiveness schemes. Advertisements directed toward gay male audiences use body units, such as chests, biceps, shoulders, and legs to simultaneously exude youthfulness, innocence (depilated chests/androgyny), sensuality, and seductiveness (Saucier and Caron 2008). The gay community proliferates hypermasculine physiques in order to create visual cues that will attract more male attention (Bridel and Rail 2007; Duggan and McCreary 2004; Yelland and Tiggemann 2003). The body is turned into a commodified representative of gay

sexuality and consequently the physique that is able to reflect the idealized cultural standards is given a higher value than the body that does not. Given such constructed dynamics, it isn't surprising that some gay men feel more pressure to be attractive than their heterosexual counterparts (Marino Carper et al. 2010). Research has suggested that gay men are more likely than other individuals to obtain their sense of self-worth based on their physical appearance (Yelland and Tiggemann 2003). When held against such a backdrop, Silberstein et al. (1989) findings continue to resonate today when they noted that gay men cited attractiveness as the key motivator for their exercise and weight control behaviors. Studies have theorized that gay men are more concerned with appearance and consider it an essential part of what constitute sense of self (Gettelman and Thompson 1993; Siever 1994). Acknowledging the parameters of masculinity set by the gay community and greater society, homosexuals turn toward other males that exemplify the same physical aesthetics that demonstrate conformity to sociocultural concepts of attractiveness (Kendall and Martino 2006; Lanzieri and Hildebrandt 2011). Since similarities add to relational attractiveness cues, gay men are attracted to specific physical traits (e.g., muscularity, leanness, and athleticism) in a potential partner because they too possess those same attributes.

In the case of John, he would only date or engage in casual sex with men who had the specific detailing of abdominal muscle that he pursued for his own appearance. These men had to share a similar investment in outward appearance and collude with the idea that self-worth was contingent upon maintaining these appearance standards as well as the sexual potency presumed to be natural to that given physique. Ultimately, John would devalue himself in these relationships and suffered from the inability of have lasting or meaningful relationships with these men.

Daniel and Bridges (2010) write that [heterosexual] men are subjected to the same sociocultural structure that women are subjected to albeit without necessarily experiencing the evaluation from men that arise from being objectified in various media genres. The premise of this statement ironically shifts when relating it to gay men since they, similar to heterosexual women, do experience the evaluative gaze of other gay men. Bodies are considered sexy in so much as they are successful in representing the "look" established as gay. Sexual bodies are commodities evaluated for what they can attract and obtain from others. The sequelae of being scrutinized as an object to be valued in attractiveness and sexual contexts may cause some people to internalize the evaluative gaze. In a study assessing physical attractiveness preferences between gay and heterosexual men, Swami and Tovee (2008) found that homosexuals had a greater preference for men with lower waist to chest ratios. Their findings confirmed that upper body muscularity is a key attribute in attractiveness preferences amongst gay men, which is consistent with similar research investigating the attractiveness preferences of heterosexual women (Maisey et al. 1999). Varangis et al. (2012) concluded that gay men who were not in a long-term committed relationship were more likely to find muscularity and leanness as body attributes worth seeking in prospective mates.

For gay men with a predisposition to body image issues, physical ideals are not internalized and then subsequently nullified. Rather these images are kept active, forming vivid paradigms that some gay men utilize in comparing their own bodies to idealized ones and to the bodies of the men with whom they seek to have in short and long term relationships. Social comparisons may operate in a manner that adds to the negative effects of being exposed to sociocultural images that propagate an idealized body physique (Morrison et al. 2004a), and which consequently come to influence the definitions of attractiveness. Social comparisons may be either downward (comparing oneself to someone worse off in the dimension being assessed) or upward (comparing oneself to someone better off in the dimension being assessed) (Heinberg and Thompson 1992; Wheeler and Miyake 1992). The effective consequences of the comparison is on whether the person who is being evaluated is deemed to be on a greater than or lesser than plane of appearance (Morrison et al. 2004a).

In order to compete within the culturally constructed paradigm of attractiveness, gay men are caught in a cycle of consistent comparisons with individuals/figures that have muscular and lean physiques. The level of body image dissatisfaction they experience can therefore be very much connected to the degree that individuals experience sexual objectification internally, from other gay men and their male suitors (Siever 1994). Since many gay men have already experienced some form of being castigated for not following heterosexual gender and sexual norms, they may comply with aesthetic dictates. Those men that do not depict attractiveness in its accepted constructions are isolated, stigmatized, and marginalized. For example, John found himself at the time of treatment unable to be social, having not dated in over 2 years, and feeling so depressed that he planned to take his own life. In his mind, he had lost the ability to achieve the fitness standards and having reached his early 30s, found himself feeling like an outsider to his community. This experience was complicated by the physical and emotional consequences of having pushed his body so hard in his 20s that he suffered a number of health consequences including damaged ligaments in his shoulders, chronic digestive trouble, and male pattern baldness.

Clinical Implications

By understanding more of the sociocultural and behavioral relationships that foster body image dissatisfaction in gay men, social workers, in their role as clinicians, can use various therapeutic methods to create more positive conceptions of self and can assist gay men with body image issues in addressing and ameliorating the negative effects of media imagery.

According to Waller et al. (2007), the empirical evidence regarding the treatment of body image dissatisfaction is not overwhelmingly clear. Research is not explicit as to which treatment modality to employ, the type of patient that would benefit the most by a particular approach, or at what stage in the treatment process the intervention should be utilized. Additionally, past studies have not taken pivotal steps in addressing intervention techniques to be successfully used within minority populations (i.e., gay males), men, the elderly, and children (Cash and Strachan 2002). Nonetheless cognitive-behavioral therapies (CBT) have been used to treat body image dissatisfaction within general populations and can be effective modes to assist gay men with body image issues.

The established efficacy of CBT has made it one of the most widely used of psychological theoretical frames (Granvold 1997). The empirically supported research that lends credibility to CBT interventions and modalities extend its broad base support across diverse populations of clients and professional providers. Thompson et al. (1999) stated that CBT was one of the two main treatment approaches (the second being Feminist based psychotherapy) for body image dissatisfaction that received high endorsement from clinically controlled studies. Cash (1996, 1997) and Rosen (1996a) developed cognitive behavioral strategies to address body image dissatisfaction and their work has gained significant empirical support and is therefore recommended in treatment settings. A cognitive-behavioral approach has also been supported and proven efficacious in the treatment of Body Dysmorphic Disorder (Phillips 2001; Rosen 1996b).

The rationale for utilizing CBT in addressing body image and eating disorders runs directly with the mental thought processes that gay males with body image issues are understood to possess. Maladaptive thought patterns are believed to keep the individual tied to cycles of feeling dissatisfied with his appearance and eating in an unhealthy manner. Psychological issues are consistently centered on the body's muscularity, shape and overall appearance. It is believed that the obsession with such issues stem from poor self-esteem and the internalization of sociocultural messages (Beren et al. 1996; Levesque and Vichesky 2006; Russell and Keel 2002). The low self-esteem induces

devaluation in physical appearance, which may motivate the individual to partake in behaviors (e.g., dieting, excessive exercising) aimed at improving appearance.

There are various CBT techniques used to treat body image dissatisfaction and disordered eating patterns. The Socratic method assists patients in identifying and challenging the thoughts that lead to negative body image and poor eating behaviors. Within the Socratic technique there are elements of psycho-education that may be used to further facilitate the learning process (Fairburn 2008; Whitfield and Davidson 2007), although the primary function is to raise dissonance between the entrenched belief and evidence from real life that contradicts this belief or its value. As was noted in John, some gay men do engage in dieting behaviors related to negative body image, therefore it would be important to assess whether foods are being consumed in a healthy manner. Food records provide the opportunity to achieve "regular eating," while endeavoring to also establish cognizance with certain dietary marks and the feelings that they induced (Fairburn 2008, pp. 75–77), especially when assessing body appearance. This effect often occurs when weight undergoes little measureable change after weeks of stabilized regular eating that includes adequate variety and the absence of rigid dietary rules.

Exposure exercises using media imagery can facilitate cognitive restructuring. The clinician should gauge the patient's thoughts and feelings and the behavioral responses they elicit (O'Brien and LeBow 2006; Parent 2013), particularly about the self and the cultural messages related to attractiveness and the body. Throughout the exercise of viewing different images, patients should be asked to elaborate on their internal experience. Cognitive distortions should be acknowledged and assessed. Cognitive restructuring will help build a new set of values about the self in relation to one's appearance, and will also assist in modifying the associated behaviors (Cash and Strachan 2002; Parent 2013). Additionally, if patients' eating patterns are being affected by body image issues, therapists may explore patients' feelings in the presence of both food and media imagery. Patients will be instructed to eat food while looking at specific media photos, and then be asked to reflect on the thoughts and feelings being experienced. Both therapists and patients will sift through the cognitive schemes and emotive responses, and pay particular attention to those that motivate harmful behaviors (e.g., excessive dieting and exercise) (Fairburn 2008). Therapists will work to help the patient restructure some of the destructive thinking that keep patients in a looping mode.

CBT therapists also use mirrors to address feelings and thoughts patients experience in viewing themselves. Patients may be specifically asked to uncover parts of the body that are deemed problematic or shameful in order to better

process underlying emotions (Cash and Strachan 2002). Homework assignments such as *journaling* and *log keeping* are also prescribed in order to further identify the patterns of dysfunctional cognitions and behaviors as they relate to body image. The therapist and patient review the diary entries and attempts are made to restructure the cognitive interactions between self and situational triggers (Cash and Strachan 2002). The cognitive process is tracked by (1) noting the contexts that particularly triggered a dysfunctional thought, (2) identifying the thought and all its cognitive tags, and (3) challenging the thought itself (Wilson et al. 1986). Mirror exposure is a potent technique used to train individuals how to process their visual image in a neutral and accurate way (Hildebrandt et al. 2012). Individuals stand in front of a mirror and describe themselves to a sketch artist who draws them with precision, without seeing them. This focus shifts attention from unwanted aspects of appearance to a more gestalt conceptualization of the body. Because this type of evaluation involves equal attention to visual inputs often ignored by the patient, the output results in a more normalized and healthy view of one's appearance.

John received treatment for his persistent body image concerns following the core CBT strategies described above. The first goal involved developing a mutually defined case-conceptualization of how is body image disorder functioned. The purpose was to identify key aspects of his thinking and behavior that maintained poor body image. For John, this involved conceptualizing his own self-worth via outward appearance and integrating his learning history (i.e., being praised for aspects of his appearance, seeing others praised for aspects of their appearance, cultural endorsement of appearance standards, etc.) into day-to-day experiences with his body. The connections to his history included how the sociocultural environment reinforced the view of his outward appearance as deterministic of his self-worth. The sequelae of specific events or memories of engaging in the sociocultural environment (peers, media, family, and partners) are all integrated into a flow-chart summarizing how these experiences contribute to the core disturbances expressed presently. Behaviors involving diet, shape and weight control were further connected to this functional description via their temporary value in reducing distress, but their added cost of further investment in the fitness ideal. In other words, the more he worked out, rigidly controlled his diet, and took drugs to change appearance, the more strongly he held to the belief that the appearance he desired had immense value. Over time, this type of investment weakened his resilience and adaptability to the normal life demands inherent in development (e.g., professional identity, aging and disease, interpersonal relationships, etc.). Consequently, he became depressed and hopeless that he would ever achieve an adequate level of self-worth.

In traditional CBT approaches, it is common to have patients explicitly seek to expand the sources of self-evaluation from body-focused to a broader range of domains including relationships, profession, religion/spirituality, family, friendships, and hobbies or interests. By expanding the sources of self-evaluation, the patient aims to create a more resilient and stable internal view. For John, this process involved identifying his negative emotional response to these messages, memories, and experiences and labeling them as his "toxic self". This labeling process facilitates the separation that lies between pathological and healthy experiences and reduces shame related to his current adoption of many unrealistic body standards. Once there was a clear distinction between healthy and unhealthy selves, goals were set to engage in meaningful things unrelated to body image that were consistent with his healthy self. For John, many of these actions involved small daily events that were consistent with his overall values. For example, he made a point of smiling to strangers, making extra calls to family and friends, and writing notes to his cousins with life updates. This expanded set of schemas related to a healthy self allows for variability and imperfection in appearance without the threat of low self-worth. Consequently, systematic goals are set to achieve greater time, energy, and investment in these other domains.

Gay men may also benefit with partaking in cognitive dissonance interventions similar to the *Body Project* (Stice and Presnell 2007). Originally, the *Body Project* focused on teaching adolescent girls how to navigate through and resist along the way the sociocultural messages to be thin. In assessing the *Body Project*'s efficacy in a large randomized trial of 481 adolescent girls, Stice et al. (2006) found that participants demonstrated a significant reduction in body image dissatisfaction compared to the control group. By modifying certain aspects of the intervention to be used for gay men (i.e., lean and muscular images instead of thin), the cognitive dissonance related to sociocultural values would be addressed (see Feldman et al. 2011). Gay men would be engaged to critique lean and muscular images through written, verbal and experiential exercises. The primary purpose would be to target the cognitive dissonance, and reduce the person's valuation of idealized male physiques (Feldman et al. 2011). Stice and Presnell (2007) indicated that the *Body Project* was adapted successfully by different populations without impacting the program's efficacy. Therefore, it could very well be an intervention tool utilized within the gay community.

Practical Implications for Implementation of CBT for Body Image

Despite stereotypes about the lack of depth obtained in treatment, CBT offers the flexibility to filter almost any

relevant experience of a patient through a process of thinking, feeling, and action. The divergence from insight oriented therapies occurs most clearly in the focus on achieving new learning. Consequently, insights obtained through transference-countertransference, objective assessment, or experiential work must be adapted to a sequence of thinking, feeling, and action in order to be meaningfully used in treatment. For instance, John's initial idealization of the therapist as a confident and attractive man was broken down into the initial thoughts (e.g., 'He must be very confident in his appearance'), feelings (e.g., fear of not being able to achieve this standard), and action (e.g., avoiding discussion when experiencing difficulty in completing exercises on body image outside of session). Counter-transference is also dealt with through the same framework, breaking down the therapist reaction to inconsistent attendance as a sequence of thoughts (e.g., "He is afraid of doing the work he needs to do in treatment to get better"), feelings (i.e., "worried that I am not doing enough"), and action (e.g., "making extra calls outside of session to remind him of the assignments or to check that he does not need extra support). The functional output of these experiences is then applied to basic learning theory as either being maintained through classical or operant conditioning. In classical conditioning, the co-occurence of two independent things (e.g., empathy by therapist and discussion of changes in body image) lead to perceived associations that reflect anticipation and response. In other words, the therapist begins to anticipate that empathizing will increase discussion of body image change. A second form of learning, which often co-occurs with associative learning, is operant conditioning. In this form of learning there is a clear cause-effect sequence of events. For instance, calling John outside of session to check on him leads to decreased attendance and homework completion, than the functional interpretation includes the basic understanding that something about calling John elicits poor attendance/compliance with treatment. From this understanding, the therapist can begin to alter the functional relationship via changes to the system. For instance, not responding to the initial urge to call John and letting him struggle with the CBT assignments until he develops his own mastery over the skills.

Conclusion

Objectification theory can adequately mark a pathway by which media imagery are internalized by gay men and consequently negatively affect their body image. Objectification theory frames the internalization process in a manner that references various facets that contribute to gay men's body image scheme. By understanding these specific nuances, we are better able to address the sociocultural factors that play a role in creating body dissatisfaction. The implications of body dissatisfaction are broad but particularly impact eating patterns and exercise behaviors. Social workers can therefore utilize treatment techniques to both minimize and prevent the effects that viewing idealized physiques portrayed in the media have on gay men. Additionally, their treatment work can positively influence future research endeavors by providing information on which facets of the media and socioculture are particularly impactful on gay men's body image.

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