Examing the Associations of Physical Appearance Perfectionism with Disordered Eating Behaviors in Young Chinese Gay Men

Yazhi Tan, Rajitha Menon

Graduate Programs of Counseling Psychology, Graduate School of Human Sciences, Assumption University of Thailand, Bangkok, Thailand

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Abstract: Previous research has shown that those with a high level of perfectionism are more prone to the negative effects of body image exposure on self-evaluation. However, the negative effects of physical appearance, an area where individuals may present perfectionism, have not been studied well. This study aims to understand the relationships between the constructs of perfectionism, appearance comparisons, and body dissatisfaction with disordered eating behavior. The current study examined the association between the two sub-dimensions of physical appearance perfectionism scale (i.e., worry about imperfection and hope for perfection) and disordered eating behavior in young Chinese gay men. A total of 234 respondents were selected by convenience sampling and snowball sampling. Four questionnaires were administered (i.e., Physical Appearance Perfectionism Scale, Eating Attitude Test, Physical Appearance Comparison Scale, Multidimensional Body-Self Relations Questionnaire-Appearance Evaluation Subscale). The results indicated that 34% of gay men in the sample met criteria for elevated risk of eating disorders, multiple regression analysis found that worry about imperfections had a direct effect on disordered eating behavior in young Chinese gay men, whereas hope for perfection did not show a significant direct effect on disordered eating behavior. The two sub-dimensions of physical appearance perfectionism have an indirect effect on disordered eating behavior, mediated by physical appearance comparison. However, the results showed that worry about imperfection and hope for perfection did not have an indirect effect on disordered eating behavior with body dissatisfaction as mediators.

Keywords: disordered eating, gay men, physical appearance perfectionism, physical comparison, body dissatisfaction

1. Background

1.1 Disordered eating and vulnerable groups

The public health concern of disordered eating is growing as a result of adverse health consequences associated with such behaviors, such as depression (Fitzsimmons-Craft et al., 2012; Jankauskiene & Baceviciene, 2019), and a high degree of suicidality could be predicted by disordered eating behaviors, even at subthreshold levels (Lipson & Sonneville, 2020). Disordered eating behavior can be characterized as “maladaptive attitudes and behaviors involving food, weight, and body image.”(Steiger, 2004).

Earlier studies suggested that sexual orientation may influence the likelihood of eating problems in both men and women. Homosexual males are more likely than heterosexual males to suffer from clinical eating disorders or report disordered eating, especially teenagers, with little variation in the studies (Bell et al., 2019; Hazzard et al., 2020; Simone et al., 2020; Von Schell et al., 2018). R. J. Watson et al. (2017) indicated that gay and bisexual men were 2.35 to 4.03 times, and 3.01 to 4.07, respectively, more likely to fast than straight men. The study by Von Schell and colleagues found that 28 percent of gay college men suffered from subclinical binge eating, 8 percent experienced self-induced vomiting, in the past 28 days.

Researchers have shown that sexual minorities who suffer from disordered eating behaviors have unique concerns regarding to body image(Nagata et al., 2020). Using previous studies indicating that social pressures pertaining to appearance (particularly emphasizing a lean and muscular ideal) are elevated among gay male communities(Jankowski, Diedrichs, et al., 2014). One qualitative participant reported that “People are out to impress, so when I walk down the street or go to a gay bar I want people to think ‘oh, that’s a good body’” (Morgan & Arceles, 2009, p. 440). Thus, gay men are evaluated based on their appearance rather than their heterosexual counterparts, which leads to engagement in appearance management behaviors and disordered eating. However, in countries where homosexual culture is not well accepted, such as in China, less is known about the profile of disordered eating symptoms among homosexual populations.
1.2 Physical appearance perfectionism and disordered eating

Perfectionism has been determined to be a significant factor in disordered eating behavior (Carter, 2018; Dahlenburg et al., 2019; Limburg et al., 2017; Patterson et al., 2012; Ralph-Neaman et al., 2019; Scappatura et al., 2019). A perfectionist is someone who strives for perfection and has a high expectation of success and distrusts negative information and errors (Frost et al., 1990). Thus, perfectionism has excessive apprehension about gaining weight and is more likely to aim for exceedingly high ideals in the realm of body appearance. Perfectionists burden themselves to match or surpass external expectations of a thin body which is a sign or trigger of unhealthy eating behavior (Habashy & Culbert, 2019; Tng & Yang, 2021; Vacca et al., 2021).

One of the domains in which individuals can be considered perfectionists is their physical appearance. Yang and Stoeb (2012) developed the Physical Appearance Perfectionism Scale (PAPS), in which “worry about imperfection” and “hope for perfection” are two sub-dimensions. Worry about imperfection refers to overconcerns about one’s appearance, which leads to a high level of body-related dissatisfaction and disordered eating. Hope for perfection refers to positive striving aspects in one’s appearance; it has been correlated more closely with impression management and perfectionistic self-promotion. Research has supported that physical appearance perfectionism predicts disordered eating among young females (Bergunde & Dritschel, 2020; Czepiel & Koopman, 2021; Stoeber & Yang, 2015). In sum, in order to respond to concerns of the body, physical appearance perfectionists tend to engage in disordered eating in order to address their imperfections. However, further studies on other samples are still lacking.

1.3 Physical appearance comparison and body dissatisfaction

The inclination to utilize other people as information sources to assess how we perform in contrast to others is referred to as social comparison (Wheeler & Miyake, 1992). Upward comparison happens when people compare themselves to someone greater than them, and is generally associated with negative outcomes (Lin & Soby, 2016; Vartanian et al., 2018). It was discovered that the more people participate in upward appearance comparisons, the more they check their bodies and feel body dissatisfaction because of the clear distinction between themselves and a superior other (Aparicio-Martinez et al., 2019; Fuller-Tyszkiewicz et al., 2019; Girard et al., 2018; Xiaojing, 2017).

Despite widespread research linking physical appearance to negative body image and body dissatisfaction, less research has been conducted on how individual differences interact with physical comparison events, and the most susceptible individuals have not been well understood. Indeed, McComb and Mills (2021) suggested that individuals with high levels of perfectionism, especially those who are bothered about imperfections, are highly invested in self-performance. Therefore, it is reasonable to predict that those people will be adversely affected by exposure to and comparison with idealized images, and such a hypothesis needs more empirical validation.

1.4 The current study

It is essential to strengthen our knowledge of the factors contributing to the formation and maintenance of disordered eating behaviors to address the ensuing negative effects. The present study examines whether physical appearance perfectionism affects disordered eating behavior when mediated by physical appearance comparison and body dissatisfaction in Chinese gay men. It addresses the lack of available research on disordered eating issues in non-Western sexual minorities populations among young Chinese gay men.

Figure 1. A conceptual model of the independent (i.e., worry about imperfection; hope for perfection), dependent (i.e., disordered eating behavior), and mediator (i.e., physical appearance comparison; body dissatisfaction)
2. Methods

2.1 Participants

We recruited participants using social media (e.g., WeChat, Weibo), LGBTQ-focused groups, and gay-oriented nightclubs by online advertisements and posters. Purposive sampling (Patton, 2002) was employed to assure the recruitment the gay sample from China, a snowball sampling method was also used (Sadler, Lee, Lim, & Fullerton, 2010), which included asking participants to propose acquaintances who they thought would be interested.

The sample size of N was determined by using G* Power 3. With significance levels of .05, power of .80, and effect sizes of .15 (medium), a minimum sample size of 77 would be required. However, the sample size raised to 250 respondents to improve the external validity of the results. A total of 250 participants completed the online survey. Microsoft Excel of filtering and sorting functions was used to check for missing and abnormal data values. 16 participants were excluded due to the missing data in some questions, Therefore, the final sample included 234 young Chinese gay men aged between 18 and 30 years from all provinces in China.

2.2 Research instrumentation

2.2.1 Physical Appearance Perfectionism Scale (PAPS)

The physical appearance perfectionism scale is a short 12-items multidimensional assessment of perfectionism in physical appearance. The PAPS is a two-dimensional metric with two distinct subscales: “worry about imperfection” and “hope for perfection.” Worrying about imperfections was found to have strong associations with maladaptive perfectionism issues and physical appearance problems. “Hope for perfection” displayed positive associations with positive striving traits. The rating scale is a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). In the current study, to improve the predictive accuracy of physical appearance perfectionism for disordered eating behaviors, two subdimensions were tested separately in the model. “Worry about imperfection” reliability test indicated a Cronbach’s α of .87, and “Hope for perfection” indicated .86 for current study.

2.2.2 Eating Attitude Test-26

The EAT-26 is a worldwide self-report tool for detecting disordered eating behaviors and thoughts (Garner et al., 1982). It has 26 items with three subscales: (S1) dieting, which is the degree of avoidance of fattening foods and preoccupation with weight loss; (S2) bulimia and food obsession; and (S3) oral control, which is the degree of self-control around food and the perception of peer pressure to gain weight. Responses to each item are based on a 6-point Likert scale (ranging from 0 to 3), which is grouped into a 4-point structure (0 = never, rarely, and sometimes, 1 = often, 2 = usually, and 3 = always). The total scores on the EAT 26 were calculated as the sum of the composite items, which ranged from 0 to 78, with a cutoff score of 20 (Garner et al., 1982). The overall Cronbach’s α was .92 for this sample.

2.2.3 Physical Appearance Comparison Scale (PACS)

The Physical Appearance Comparison Scale (PACS) is a self-reporting tool to measure the extent to which people engage in appearance social comparison (Schaefer & Thompson, 2014). PACS is 5 items on a 5-point scale. The items were based on a general assessment of appearance. On a 5-point Likert scale ranging from 1 = never to 5 = always. The overall scores ranged from 5 to 25. The higher the total score for the five items, the stronger the inclination to compare one’s appearance with that of others. The current study showed reliability, with a Cronbach’s α of .71.

2.2.4 Body dissatisfaction scale

The study used the Multidimensional Body-Self Relations Questionnaire-Appearance Evaluation Subscale in the MBSRQ-AE to measure body dissatisfaction (Cash, 2000). The MBSRQ-AE is a commonly used tool for assessing and evaluating overall beauty satisfaction (T A Brown et al., 1990). It is a Likert scale ranging from 1 (definitely disagree) to 5 (definitely agree). From 1 to 5 is a positive score, with higher scores indicating higher body satisfaction. Six and seven are negative scores, which means that a reverse score is required. Lower scores indicated greater unhappiness with physical appearance. The Chinese version from Taiwan was applied to the measurement, it showed good reliability and validity with Cronbach=.87 (Wang, 2004). This study showed good reliability and validity, with a Cronbach’s α of .74.

2.3 Data collection procedure

The data collection process consisted of procedural follow-up steps:

1. Using purposed sampling and snowball sampling by online advertisement to hiring participants.
2. Introducing the study and asking participants to sign the informed consent.
3. Sending online administration of all the 5 questionnaires to the participants through China’s online survey platform tool: Wenjuanxing.
2.4 Data analysis

Quantitative methods were used to investigate the associations between the variables to fulfill the purpose of this analysis. Demographic variables were depicted using descriptive statistics based on the frequency and percentage distributions. A serial mediation analysis via multiple regression applied Hayes process model 6 for 2 mediators (Hayes, 2012). The significance of the indirect effect was tested by Process macro with 5000 bootstrap samples with replacement and 95% bias-corrected (BC) bootstrapped confidence intervals (CIs), where if a zero did not exist in these intervals, the indirect effect was statistically significant.

3. Results

3.1 Demographic profile of respondents

The total number of respondents was 234. The average age was 23.35 ± 2.99. The other information is presented in Table 1.

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>80</td>
<td>34.2%</td>
</tr>
<tr>
<td>Employed</td>
<td>149</td>
<td>63.7%</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>2.1%</td>
</tr>
<tr>
<td>Origin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>31</td>
<td>13.2%</td>
</tr>
<tr>
<td>Town-city</td>
<td>163</td>
<td>69.7%</td>
</tr>
<tr>
<td>First-line</td>
<td>40</td>
<td>17.1%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergraduate degree</td>
<td>119</td>
<td>50.9%</td>
</tr>
<tr>
<td>Technical college</td>
<td>66</td>
<td>28.2%</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>40</td>
<td>17.1%</td>
</tr>
<tr>
<td>High school degree</td>
<td>9</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

Note: The origin and education classifications were based on the concept of administrative regions as defined by China.

Rural: the population is scattered and is mainly engaged in agriculture.
Town-city: More than 250,000 people engaged in non-agricultural industries in the city.
“First-line” city: a strong economic foundation, strong educational resources, and convenient transportation.
College degree: career technical school.

3.2 Descriptive statistics of disordered eating behavior

Disordered eating behavior was measured using Eating Attitude Test. This test had a total score range of 0-78. Generally, a score equal to or more than 20 indicates an elevated risk of eating disorder. The results showed that 87 subjects with scores ≥ 20(37%) reported an elevated risk of eating disorders.

3.3 Serial mediation model analysis

Path analysis via regression analyses was used to test the hypothesized direct and indirect relationships indicated by the path model in the conceptual framework. It’s crucial to keep in mind that the total score does not distinguish between positive and negative aspects, according to the authors of the Physical Appearance Perfectionism Scale (PAPS). As a result, when using the PAPS to evaluate physical appearance perfectionism, they advise researchers to assess only the subscale scores rather than the entire score (Yang & Stoeber, 2012). Thus, the regression model tested the two subscale regression paths separately.

The results in Figure 2 indicated that “worry about imperfection” significantly predicts physical appearance comparison (β = .42, se = .03, p<.01), and “physical appearance comparison” is a significant predictor of disordered eating behavior (β=.28, se=.08, p<.05), it also significant predicted body dissatisfaction (β=.28 se=.08, p<.05). However, “worry about imperfection” is not a significant predictor of body dissatisfaction (β=.06 se=.04, p>.05) and disordered eating behavior.
Path Coefficients and Indirect Effects for Mediation Model (Table 2) showed “physical appearance comparison” explained 63.3% effect of total effect in indirect pathology, and “body dissatisfaction” mediation role in serial mediation test is not significant. Thus, “worry about the imperfection” dimension has an indirect effect on the disordered eating behavior of Chinese gay men being partly mediated by physical appearance comparison and body dissatisfaction ($\beta = .27$, 95% CI.07,.48).

![Figure 2. A path model of the direct and indirect effect of worry about imperfection on disordered eating behavior](image)

**Table 2. Path Coefficients and Indirect Effects for Mediation Models for Sub-dimensions: Worry about Imperfection**

<table>
<thead>
<tr>
<th>Indirect path</th>
<th>$\beta$</th>
<th>SE</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAI-PAC&gt;DEB</td>
<td>0.27***</td>
<td>0.09</td>
<td>.09,.46</td>
</tr>
<tr>
<td>WAI-BD&gt;DEB</td>
<td>-0.001</td>
<td>0.02</td>
<td>-.04,.04</td>
</tr>
<tr>
<td>WAI-PAC&gt;BD&gt;DEB</td>
<td>-0.002</td>
<td>0.02</td>
<td>-.04,.04</td>
</tr>
<tr>
<td>Total effect of WAI on DEB</td>
<td>0.41***</td>
<td>0.15</td>
<td>.71,.18</td>
</tr>
</tbody>
</table>

Note: WAI: Worry about Imperfection. PAC: Physical Appearance Comparison. BD: Body Dissatisfaction. DEB: Disordered Eating Behavior. ***p<0.05

As can be seen in Figure 3, “hope for perfection” is a significant predictor of physical appearance comparison ($p<0.05$), and physical appearance comparison significantly predicted body dissatisfaction and disordered eating behavior($p<0.05$). Besides, “hope for perfection” predicted body dissatisfaction ($p<0.05$). Body dissatisfaction is not a significant predictor for disordered eating behavior ($p>0.05$).

According to Table 3, the results provided evidence which “hope for perfection” dimension has an indirect effect on disordered eating behavior, being partly mediated by physical appearance comparison and body dissatisfaction ($\beta = .4$, 95% CI. 09,.79). “Physical appearance comparison” explained 92.2% effect of total effect in indirect pathology. The indirect effects of body dissatisfaction between hope for perfection and disordered eating behaviors is not statistically significant.

![Figure 3. A path model of the direct and indirect effect of worry about imperfection on disordered eating behavior](image)

**Note:** ***p<0.01, **p<0.05**
Overall, our proposed model suggested that only “worry about imperfection” dimension of physical appearance perfectionism can predict disordered eating behavior without mediation factors. In serial mediation model, the results showed there was a significant mediating effect for physical appearance comparisons and no mediating effect for body dissatisfaction.

4. Discussion

Overall, this research’s findings reported that 37% of participants obtained scores ≥ 20, revealing the possibility of an elevated risk of eating disorders among Chinese gay men. These findings corroborated empirical data that suggest that gay men are vulnerable to eating disorder symptomatology (Boisvert & Harrell, 2009; Brown & Keel, 2012; Calzo et al., 2017; Cohn et al., 2016; Katz-Wise et al., 2015). The current study is the first to examine the disordered eating behavior of gay men in China, suggesting that, as in other countries, the phenomenon of eating disorders among homosexuals is a serious problem.

4.1 Direct effect of physical appearance perfectionism on disordered eating behavior

First, the path analysis showed that the sub-dimensions of worry about imperfection in physical appearance perfectionism directly affected disordered eating behavior, which showed that greater worry about imperfection could predict disordered eating behavior significantly. However, hope for imperfections did not have a direct effect on disordered eating behavior. The current finding confirms the study by Stoeber and Yang (2015) that disordered eating is predicted by only worry about imperfection. The effects of perfectionism on eating disorders are somewhat inconsistent because of the inconsistent delineation of the dimensions of perfectionism. Domain-specific perfectionism, like global perfectionism, has multiple dimensions (Haase et al., 2013). Physical appearance perfectionism also includes maladaptive aspects (worry about imperfection) and adaptive aspects (hope for perfection) (Yang & Stoeber, 2012b). Some studies demonstrated that both adaptive and maladaptive aspects are linked to disordered eating behavior (Downey et al., 2014; Macedo et al., 2007). However, when measuring perfectionism categorically, the findings indicated only maladaptive perfectionism is related to disordered eating (Choo & Chan, 2013; Paulson & Rutledge, 2014). Thus, this study’s results are consistent with studies that claim that only maladaptive behaviors (worry about imperfection) can predict disordered eating behavior. Some researchers have explained that maladaptive perfectionists believe that they fall short of their expectations, leading them to harsh self-criticism. As a result, they may restrict their diet to feel as though they are in control of their bodies (Enns & Cox, 2002; Murphy et al., 2010). Consequently, they may restrict their diet to compensate for their imperfections and participate in disordered dieting to reach their ideal weight or shape.

Yang and Stoebter (2012) indicated that hope for perfection correlated positively with the striving aspects of perfection (e.g., striving for high goals), and it is described as adaptive perfectionism. A previous study by Richardson et al. (2014) found that when compared to participants with maladaptive perfectionism, those with adaptive perfectionism endorsed healthier emotion regulation techniques and a moderate level of stress reactivity. Therefore, it is reasonable that individuals with adaptive perfectionism traits have improved adaptive coping abilities and the ability to self-regulate their eating habits in a more healthy way (Haase et al., 2002).

4.2 Indirect effect of physical appearance perfectionism on disordered eating behavior mediated by physical appearance comparison

The current study’s findings provide initial evidence that appearance-based perfectionism can predict appearance comparison behavior. Cepikurt et al., (2020) explained that individuals with hope for perfection are more focused on “comfort with appearance” and “negative appearance comments,” so people who strive to achieve perfection and feel uncomfortable about their appearance are more concerned about being negatively evaluated. To prevent this, they may engage more in physical appearance comparisons to ensure they do not receive negative comments. For worry about imperfections,
it could be explained that those people emphasize the importance of appearance, which may lead them to reinforce the ideal appearance shaped by their external environment and associate it with their own appearance and make comparisons.

Several previous studies have shown that compared to heterosexuals, gay men report more pressure in maintaining their appearance (Frederick & Essayli, 2016; Grogan et al., 2006; Jankowski, Fawkner, et al., 2014; Tran et al., 2020). According to Legenbauer et al. (2009), when it comes to finding long-term relationships, gay men are even more concerned about attractiveness than women. Thus, comparing appearances might be related to higher body anxieties, which may result in more disordered eating behaviors daily.

4.3 Indirect effect of physical appearance perfectionism on disordered eating behavior mediated by body dissatisfaction

The current study did not find any evidence that body dissatisfaction mediates the relationship between PAP and DEB, either in “worry about imperfection” nor in “hope for perfection”. Despite this, our results still found that appearance perfectionism (worry about imperfection and hope for perfection) was positively associated with body dissatisfaction, which is consistent with the previous study by Yang et al. (2017). As Yang and Stoeberr (2012) mentioned, worry about imperfection is positively associated with socially prescribed perfectionism, and it could be observed as maladaptive perfectionism individuals having high expectations or feeling like a failure (body dissatisfaction) if they did not meet those expectations. Hope for perfection is considered to be associated with self-perfectionism and adaptive perfectionism (Yang & Stoeberr, 2012). Similarly, self-oriented perfectionists tend to set high standards for themselves, which leads to dissatisfaction when they fail to achieve them. In short, the current study demonstrated that both adaptive and maladaptive perfectionism are positively linked to body dissatisfaction.

However, the unexpected null findings could be explained by the fact that body dissatisfaction influences disordered eating behavior while being mediated by cognitive distortions (Wyssen et al., 2016). Specifically, past research has proposed that susceptibility to body-related distorted cognition could be linked to a degree of cognitive rigidity during cognitive fusion. Therefore, high body dissatisfaction does not have to necessarily result in disordered eating behavior if a person can separate them from the intrusive thoughts caused by stimuli (e.g., food and body ideals), and only such a tendency can lead to an ideal that favors pathological eating and body-related behavior. More research into the relationship between body dissatisfaction and disordered eating would be beneficial in the future.

4.4 Relationship between physical appearance comparison and body dissatisfaction

Additionally, evidence was found for a positive correlation between physical comparison and body dissatisfaction, which is in line with previous studies (Fuller-Tyszkiewicz et al., 2019; Modica, 2020; Rodgers et al., 2015; Xiaojing, 2017; Dakanalis et al., 2015; Fitzsimmons Craft, 2017). Research has indicated that upward comparison could lead to psychological disturbance, including dissatisfaction with one’s body, due to the perceived gap between the actual and ideal self (Arroyo, 2014; Blechert et al., 2009). Furthermore, gay men also appear to place a higher value on body image in defining their own sense of self and physical attractiveness (Jankowski, Diedrichs, et al., 2014). As a result, gay men will make a stronger effort to achieve an ideal body image as shown in social environment through body management behaviors, such as dieting and fasting (Austin et al., 2004).

4.5 The implication of the study

This study had several clinical implications. First, our study demonstrated the relevance and role of physical appearance perfectionism in relation to eating disordered behavior. Thus, if future research confirms a longitudinal association between these constructs in gay men, then future research should consider targeting perfectionism in disordered eating behaviors prevention programs. In addition, cognitive behavior therapy (CBT) aids individuals in achieving cognitive reconstruction, identifying negative information and thoughts, coping with automatic thoughts, monitoring negative inefficient thoughts, and setting realistic goals. Therefore, CBT could be considered an effective intervention for individuals attaining physical appearance perfection to prevent the onset of eating disorders.

Second, given the impact that physical comparisons of body appearance have on eating behavior, it demonstrated a potential target for treatments aimed at improving their self-esteem and reducing unhealthy comparison, which may lead to harmful behaviour. As a result, self-compassion has been found to predict low body preoccupation and high body appreciation (Wasylkiw et al., 2012). Ferreira et al. (2013) added to the explanation that self-compassion is the ability to nurture oneself, cultivate self-kindness, feel compassion for one’s body, respond non-reactively and without judgment, and reduce self-absorption and self-criticism. Thus, it may be useful as the basis for interventions aimed at reducing body image concerns associated with appearance pressures to achieve unrealistic ideals and the stigma of being overweight. In particular,
self-compassion buffers the adverse effects of upward comparisons on appearance evaluation. Neff et al. (2005) suggested that individuals, compassionate about their appearance, might be less inclined to engage in upward comparisons. Given these reasons, it would be beneficial to raise self-compassion, and reduce appearance comparison and body dissatisfaction.

5. Limitation of the study

Several limitations should be considered when interpreting this study. First, self-report questionnaires were used to measure all variables and self-reported responses may be inflated and biased. As the subject group of this study is a sensitive and vulnerable group in China, respondents may have felt embarrassed to provide personal information. The Multidimensional Body-Self Relations Questionnaire-Appearance Evaluation Subscale and Eating Attitude Test was limited to traditional thinness-oriented which only focus on thinness body image and related eating concerns. This scale does not measure dissatisfaction with specific body parts, nor does it measure muscle dissatisfaction. The use of muscularity-oriented eating pathologies and body dissatisfaction in future study should be replicated.

The findings of this study and methodological limitations suggest several directions for future investigations. First, we recommend more research methods to be considered in future studies, such as a combination of qualitative and quantitative studies. The body parts of gay men that are dissatisfied with affect disordered eating behavior should be examined in depth. Future research should also consider the measurement of muscle dissatisfaction. It is unclear whether gay men emphasize muscularity in the same way as heterosexuals. Earlier research reported that men had more muscle dissatisfaction (90%) and 50-71% reported body fat dissatisfaction (Frederick et al., 2007). Muscle dissatisfaction and muscle dysmorphia are significantly associated, and several studies have found that muscle dysmorphia is more likely to exacerbate the risk of disordered eating behaviors (Klimek et al., 2018; Lopez et al., 2015; Mitchell et al., 2017).

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