



# The tall and the short of it: An investigation of height ideals, height preferences, height dissatisfaction, heightism, and height-related quality of life impairment among sexual minority men



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## ABSTRACT

Human height has attracted empirical interest from a variety of psychological perspectives. However, little research has explored height from the perspective of sexual minority men, inclusive of their height beliefs, height preferences, height dissatisfaction, experiences of heightism, and height-related quality of life impairment. We explored these height variables in 2733 sexual minority men who completed a survey distributed nationwide to Australian and New Zealander users of geosocial-networking smartphone applications. Results showed that men's ideal height ( $M = 182.26$  cm,  $SD = 5.93$  cm) was taller than their actual height ( $M = 178.96$  cm,  $SD = 7.52$  cm). Shorter and taller men reported negative and positive treatment from others due to their height, respectively, with the cross-over (i.e., neutral) point at approximately 175–176 cm. Heightism was reported by 11.0% of men. Height dissatisfaction and heightism were uniquely associated with quality of life impairment; the size of these associations was small.

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## 1. Introduction

Human height has attracted empirical interest from a variety of psychological perspectives. Early psychoanalytical perspectives viewed short stature in childhood as a biological deficiency facilitative of inferiority complexes in adulthood, and, in the United States, frequently resulted in medical intervention for short statured children (Medeiros, 2016). Subsequent (and current) evolutionary psychology perspectives view height beliefs and related mate preferences as the result of adaptive, evolutionary pressures. The “male-taller” norm, in which women prefer their male partners to be taller and men prefer their female partners to be shorter, is theorised to reflect a sexual dimorphism in which tall statured men enjoy greater reproductive success, and has been demonstrated in studies from numerous countries, including Poland and the United States (Pawłowski, Dunbar, & Lipowicz, 2000; Salska et al., 2008). More recently, social psychology perspectives have theorised height norms as reflective of the cultural transmission of

gender-appropriate behaviour, with studies from the United States and the United Kingdom demonstrating that tall stature is constructed as a masculine trait (Helgeson, 1994; Swami et al., 2008). In turn, as shown in at least one study from the United Kingdom, patriarchal pressures enforce male and female adherence to these norms (Swami et al., 2010), thus consolidating widely held beliefs and preferences regarding height.

Theoretical diversity aside, there remain persistent concerns about the medical, psychosocial, and economic impacts of human height differentials, as evidenced by ongoing research (e.g., Lundborg, Nystedt, & Rooth, 2014; Shimizu et al., 2016; Sohn, 2015; Stulp, Buunk, Verhulst, & Pollet, 2013), popular media reporting (Barr, 2016), and the presence of support groups for short statured individuals (r/short, 2017). Intriguingly, there is a paucity of information pertaining to the phenomenon of height among sexual minority men (i.e., men who do not report their sexual orientation as exclusively heterosexual) relative to heterosexual men and women. We note two reasons why examining height among sexual minority men is compelling. First, it is unclear whether beliefs and preferences about height previously established in studies of heterosexual dyads generalise to gay dyads (the ubiquitous male-taller norm, for example, may not generalise to sexual minority men). Second, previous research has shown that sexual minority men are

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more susceptible to body dissatisfaction and appearance-related clinical disorders, including eating disorders and body dysmorphic disorder (Boroughs, Krawczyk, & Thompson, 2010; Feldman & Meyer, 2007; Frederick & Essayli, 2016; Morrison, Morrison, & Sager, 2004), suggestive of the potential for greater susceptibility to height dissatisfaction. Thus, from a social psychology and public health perspective, a case can be made for exploring the phenomenon of height amongst sexual minority men.

### 1.1. Height beliefs and preferences

Little research has examined height beliefs and preferences among sexual minority men. By contrast, studies of the mate preferences of heterosexual men and women have revealed a strong preference for the former to be taller than the latter (Salska et al., 2008; Swami et al., 2008). In one study of 382 undergraduates, just 23% of men and 4% of women would accept an intimate relationship in which the male was shorter (Salska et al., 2008). This preference may explain, in part, why most heterosexual men report that their ideal height (i.e., the height they would most like for themselves) is taller than their actual height. For example, in one study, 62% of men wished to be taller and just 3% wished to be shorter (Jacobi & Cash, 1994). In absolute terms, Swami et al. (2008) reported that, among women, ideal partner height was 179.75 cm, and that this was significantly taller than the average male height in their sample (175.78 cm). In contrast, among men, no difference was found regarding their ideal partner height (167.64 cm) and the average height of females in the sample (166.51 cm). Further, actual height and ideal partner height were positively correlated, such that as one's height increased, there was a corresponding increase in ideal partner height.

Studies of sexual minority men have revealed that as sexual minority men's actual height increases, there is also a corresponding increase in ideal partner height (Valentova, Stulp, Třebický, & Havlíček, 2014). However, there exists little-to-no evidence regarding (potential) differences in actual and ideal own height, nor beliefs regarding the heights to which other sexual minority males are most attracted. Information is additionally lacking about what heights are believed to be short, average, and tall, respectively, among the sexual minority male community; information that may help contextualise sexual minority men's height preferences and height dissatisfaction. It may be the case, for example, that sexual minority men's ideal height corresponds to the height range that sexual minority men classify as "tall"; a classification that would grant them access to the societal gender role-linked benefits of male tallness (Helgeson, 1994).

### 1.2. Height dissatisfaction

There is a relative paucity of empirical data relating to height dissatisfaction among sexual minority men. Height is a salient component of body image among heterosexual men (Ridgeway & Tylka, 2005; Tiggemann, Martins, & Churchett, 2008) and height dissatisfaction likely contributes to reductions in heterosexual men's psychological wellbeing (Bergeron & Tylka, 2007). Curiously, recent evidence suggests no differences in height dissatisfaction between heterosexual and sexual minority men (Jankowski, Diedrichs, & Halliwell, 2014), and further, that height dissatisfaction among sexual minority men is not associated with indices of psychological distress, including depression and eating disorder symptoms (Blashill, 2010). With the caveat that these study samples were small-to-moderate in size ( $N_s = 77-228$ ; Blashill, 2010; Jankowski et al., 2014), the suggestion is that height dissatisfaction may not be a salient issue for sexual minority men.

### 1.3. Heightism

Scant research has examined heightism among sexual minority men. The phenomenon of heightism, referring to discrimination and stigmatisation due to one's height, was coined by sociologist Saul Feldman, who argued that "American Society is a society with a heightist premise: To be tall is to be good and to be short is to be stigmatized" (Feldman, 1971). To date, there is little-to-no evidence of whether, and to what extent, heightism is experienced by sexual minority men, and further, whether the experience of heightism is associated with quality of life impairment. Other forms of appearance-based discrimination, including weightism (referring to discrimination and stigmatisation due to weight and/or body size), are associated with quality of life impairment, which suggests the potential for heightism to also impede quality of life via shared stigma internalisation mechanisms (Puhl & Suh, 2015).

### 1.4. Height-related quality of life impairment

The potential associations of height dissatisfaction and heightism with quality of life impairment, as opposed to other measures of psychological functioning, are of particular interest. Quality of life is a useful criterion variable that is increasingly employed to gauge the size and severity of (potential) public health problems, and has been used for this purpose in recent large-scale survey studies of (a) appearance-related disorders, including eating disorders (Mitchison, Touyz, Gonz lez-Chica, Stocks, & Hay, 2017) and body dysmorphic disorder (Schneider, Mond, Turner, & Hudson, 2017), (b) appearance-based discrimination, including weightism (Latner, Barile, Durso, & O'Brien, 2014), and (c) body dissatisfaction (Griffiths et al., 2016, 2017). Hitherto, quality of life has not been examined in relation to height dissatisfaction or heightism. Examination of the potential associations of height dissatisfaction and heightism with quality of life impairment would help characterise both the relative importance of height as a component of sexual minority men's body image and the relative importance of heightism as a component of sexual minority men's appearance-based discrimination.

### 1.5. Study aims and hypotheses

We sought to examine height, inclusive of height beliefs, height preferences, height dissatisfaction, heightism, and height-related quality of life impairment, among sexual minority men. The decision to study height in sexual minority men living in Australia and New Zealand was driven, in part, by the relative paucity of published research on height that has been conducted with sexual minority men living in either Australia or New Zealand (Hosking, Lyons, & van der Rest, 2016; Murray et al., 2017), and evidence from a study in 2008 which found that a majority of sexual minority men living in Australia chose an ideal height that was taller than their actual height (Martins, Tiggemann, & Churchett, 2008). We formulated several hypotheses for these data. First, consistent with evidence of a robust preference among (heterosexual) men to be taller than they are (Jacobi & Cash, 1994), we expected sexual minority men would report an ideal height taller than their actual height. Second, consistent with evidence that tallness is a desired and masculinity-affirming quality (Helgeson, 1994; Jacobi & Cash, 1994; Swami et al., 2008), we expected sexual minority men's actual height would be positively correlated with the height they are most attracted to in other sexual minority men. Third, consistent with evidence from research on heightism (Medeiros, 2016), we expected height-based treatment from others would be associated with actual height; specifically, treatment from others would become increasingly negative as actual height decreased. Fourth, consistent with evidence from studies of men's body dis-

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