



## Short Communication

## Relationships between pathogen disgust sensitivity and preference for male facial masculinity in gay men in China



Lijun Zheng\*, Jing Zhang, Yong Zheng

<sup>a</sup> Key Laboratory of Cognition and Personality (Southwest University), Ministry of Education, China<sup>b</sup> Faculty of Psychology, Southwest University, Chongqing, China

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## ABSTRACT

Recent studies suggested that pathogen-related factors were positively correlated with preferences for sex-typical characteristics in heterosexuals. The present study examined the relationship between pathogen disgust and individual male facial masculinity among 295 gay men in China. Disgust sensitivities were assessed by the Three Domain of Disgust Scale. Each participant was then asked to choose a preferred face in each of 10 pairs of male faces presented sequentially, with each pair consisting of a masculinized and feminized version of the same base face. Results showed that preference for male facial masculinity was negatively correlated with pathogen disgust, but not with moral or sexual disgust domain. Chinese gay men with high pathogen disgust showed stronger preference for facial femininity in male faces. Facial masculinity preference was related to pathogen disgust, but not to moral or sexual disgust domain, regardless of sexual orientation.

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## 1. Introduction

## 1.1. Facial masculinity in men

Men's facial masculinity characteristics may be signs of good genes and health and are regarded as more attractive (Folstad & Karter, 1992), which are positively correlated with measures of actual health (see Thornhill & Gangestad, 2006) and are also perceived to be particularly healthy (Johnston, Hagel, Franklin, Fink, & Grammer, 2001; Scott, Swami, Josephson, & Penton-Voak, 2008). One can benefit from a healthy mate in direct ways (e.g., reduced risk of contracting illnesses) and indirect ways (e.g., increased offspring health). Women who are particularly concerned about infectious diseases may show stronger preferences for masculine male facial characteristics due to healthy benefits (DeBruine, Jones, Crawford, Welling, & Little, 2010a; Little, DeBruine, & Jones, 2011; Tybur & Gangestad, 2011). Recent studies revealed that pathogen disgust, a measure hypothesized to reflect individual differences in vulnerability to disease (Tybur, Lieberman, & Griskevicius, 2009), is related to preferences for masculine characteristics in men's faces in heterosexual women (DeBruine et al., 2010a).

## 1.2. Disgust sensitivity and facial masculinity in heterosexuality

Previous studies indicated that disease-related factors are related to preferences for exaggerated sex-typical characteristics (e.g., Tybur & Gangestad, 2011). For example, childhood illness (frequency of diarrhea) was positively correlated with preferences for exaggerated sex-typical characteristics in opposite-sex faces (de Barra, DeBruine, Jones, Mahmud, & Curtis, 2013). Pathogen disgust sensitivity is an important factor related to preference for sex-typical characters in heterosexual men and women (Jones et al., 2013a; Jones et al., 2013b).

Several lines of evidence indicated that women's preference for masculine male faces is positively correlated with pathogen disgust. Studies have found that women with high level pathogen will show strong preferences for masculinity characteristics in male faces (DeBruine, Jones, Tybur, Lieberman, & Griskevicius, 2010b). Other researchers have found that women with poor health or are in poor geographic regions showed particularly significant preferences for masculinity characteristics in men's voice, face, and body (DeBruine, Little, & Jones, 2012; Feinberg et al., 2012; Jones et al., 2013a). However, a recent study indicated that women's pathogen disgust predicting preference for facial masculinity may be specific to age and study design, with the link between women's pathogen disgust and facial masculinity preference was specific to younger adults and the forced-choice preference measure (Lee & Zietsch, 2015).

In addition, men's pathogen disgust is positively correlated with the preference for feminine characteristics in women faces. Previous studies in heterosexual men indicated the pathogen disgust was correlated with preferences for femininity in women's faces (Jones et al., 2013b;

\* Corresponding author at: Faculty of Psychology, Southwest University, Chongqing, China.

E-mail address: [lijuntrue@163.com](mailto:lijuntrue@163.com) (L. Zheng).

Lee et al., 2013). Men preferred more feminine female faces after exposure to pathogen cues than when not exposed to such cues (Little et al., 2011). Moreover, pathogen disgust significantly negatively influenced men's waist-to-hip-ratio (WHR) preference in female bodies (Lee, Brooks, Potter, & Zietsch, 2015). However, the associations between pathogen disgust sensitivity and preference for sex-typical characters are based on heterosexual men and women.

### 1.3. The current study

As described above, individuals with high pathogen disgust tend to prefer sex-typical face characteristics of the opposite-sex, which is a sign of good health and is perceived as healthy. However, previous studies were based on heterosexual men and women. Therefore, documenting the association between pathogen disgust and facial masculinity preference in homosexual sample is also important. In gay men, both facial masculinity and health are important features in partner preference (Rhodes, Chan, Zebrowitz, & Simmons, 2003; Sánchez & Vilain, 2012). Moreover, preference for health is positively correlated with preference for facial masculinity in gay men (Zheng & Zheng, 2015). Gay individuals with high pathogen disgust may also tend to prefer masculine male faces. Therefore, the present study examined the underlying relationship between pathogen disgust and facial masculinity preference in gay men.

## 2. Methods

### 2.1. Participant

Participants in this study consisted of 295 self-reported gay men aged from 16 years to 56 years (mean = 21.31,  $SD = 5.48$ ). In the participants, 17 (5.7%) have junior high school education or less, 110 (37.7%) have senior high school education, 150 (50.8%) have college education, and 18 (6.1%) have postgraduate education. Sixty-five percent were students and the remaining 35% were employed.

### 2.2. Measures

#### 2.2.1. Preferences for facial masculinity

We used the masculinized and feminized faces from a previous study (Zheng, Hart, & Zheng, 2013). There are 10 pairs of images in total, with each pair consisting of a masculinized and feminized version of the same base face. For each pair of images, participants were asked to choose the image they found most attractive. Fig. 1 shows an example of a masculinized and feminized face used in this study. We calculated the proportion of masculine faces chosen as more attractive than feminine faces among the 10 pairs of images. The internal consistency reliability (Cronbach's alphas) of facial masculinity preference was shown in Table 1.

#### 2.2.2. Disgust sensitivity

In this study, we measured disgust sensitivity using the Three Domain of Disgust Scale (TDDS), which included 21 items, where each item describes a situation, act, or concept related to the three domains of disgust. These three dimensions are pathogen disgust (e.g., stepping on dog poop), sexual disgust (e.g., performing oral sex), and moral disgust (e.g., stealing from a neighbor) (Tybur et al., 2009). The participants were asked to rate each of the 21 actions using a 7-point scale (1 = not at all disgusting, 7 = extremely disgusting). The disgust sensitivity scores were defined as the mean score of the seven items of each disgust domain. The Chinese version of TDDS used in the current study was translated into Chinese. The internal consistency reliabilities (Cronbach's alphas) of the subscales were shown in Table 1.

### 2.3. Procedure

This study was conducted online through a Chinese survey website ([www.sojump.com](http://www.sojump.com)). Participants were recruited through a number of Chinese websites that serve gay individuals, mainly including gay forums, QQ groups. Participants should complete the personal basic information, mainly including age and sex orientation, followed by the Three Domain of Disgust Scale. After the disgust scale, 10 pairs of male faces were sequentially shown to the participants. The participants were then asked to judge which face in each pair was more attractive.

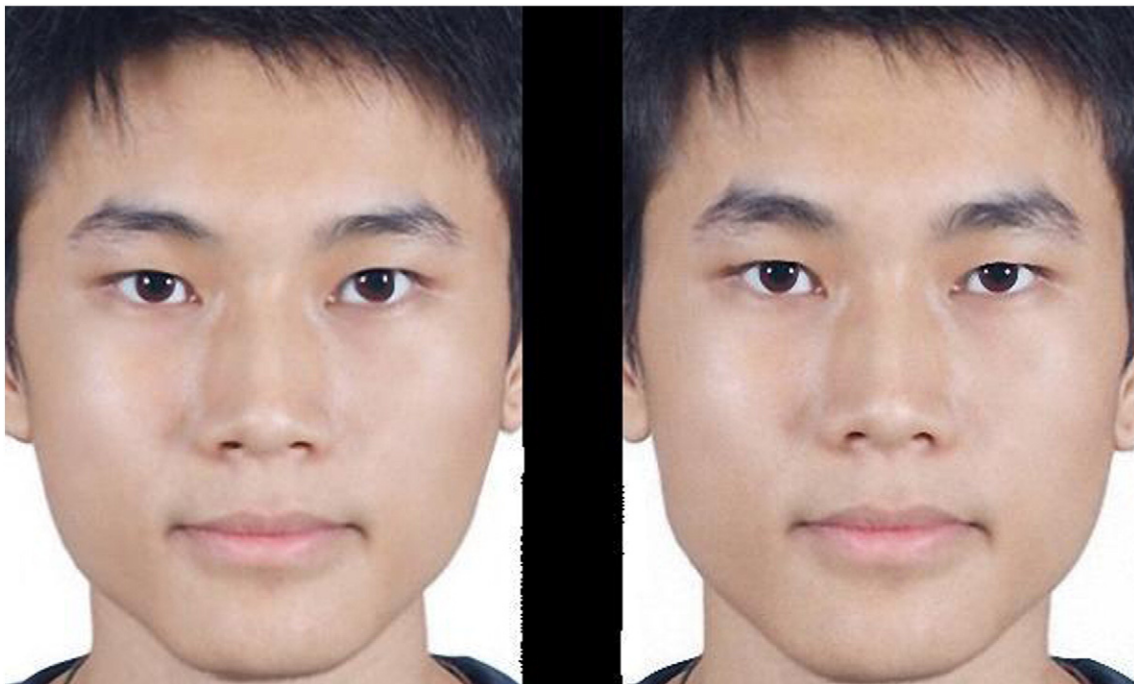


Fig. 1. Examples of feminized (left) and masculinized (right) versions of a male face image used in this study.

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