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To be Superman

The male looks obsession

Background

It is widely recognised that body image dissatisfaction is experienced by both men and women, and in extreme cases can lead to the onset of debilitating body image disorders such as body dysmorphic disorder and muscle dysmorphia, the latter predominantly occurring in men.

Objective

This opinion piece provides a discussion specifically around the social factors influencing the increasing male looks obsession and highlights some recent local and international research in this area.

Discussion

Implications for general practitioners and clinicians are discussed together with the need for further local research in this area to enhance our understanding of the implications of extreme body image dissatisfaction in men, its prevalence, manifestations and treatment outcomes.

■ It has become widely recognised that body image dissatisfaction is a significant issue for both women and men. Indeed, increasing numbers of men are becoming concerned with their physical appearance.¹ The Psychology Today serial surveys reported that 47% of men were dissatisfied with their overall appearance in 1997 compared to 15% in 1972.² In 2000, Pope¹ reported similar results and found that 43% of men sampled were unhappy with their overall appearance.

Things are no different today – from magazine icons and sporting heroes to Hollywood movies stars, men (and women) are constantly bombarded with images of 'perfect' men. Instead of acknowledging these idyllic images, which are often airbrushed and enhanced, as unrealistic, many continue to aspire to this unattainable ideal believing the false illusion portrayed by advertisers that a lean buff body equates to success and happiness.

The Psychology Today survey revealed that the majority of men were dissatisfied with their abdomen (63%), muscle tone (45%) and chest (38%), while 17% said they would give up 3 years of their life to be their ideal weight.² According to the 2007 Mission Australia results, out of almost 29 000 young Australians surveyed aged 11–24 years, 32.3% ranked body image as their top issue of concern, over family conflict and coping with stress.³ Similarly, the 2008 National Youth Poll reported that 54% of young Australians aged 15–20 years were concerned about body image.⁴ These results were consistent across gender groups and represented a marked increase from the results reported in 2006.

Body image disorders

Although the emphasis on physical appearance promoted in the media may make us all feel a little insecure about some aspects of our bodies, for some people this can become an obsession and lead to unhealthy weight and appearance related behaviours. Indeed, problematic and extreme weight control behaviours are increasing. Hay et al⁵ reported a significant ($p < 0.01$) and over twofold increase in the prevalence of binge eating, purging and strict dieting or fasting

for weight or shape control in two sequential community surveys conducted in South Australia in 1995 and 2005. This finding occurred in both men and women and was also consistent with the findings of a national comorbidity survey replication study in the United States.⁶

Body dysmorphic disorder

Body dysmorphic disorder (BDD), previously known as dysmorphophobia, is a debilitating condition characterised by an extreme preoccupation with an imagined or slight defect in physical appearance unrelated to weight. It affects as many men as women and causes clinically significant distress or impairment in work, studies and social relationships.⁷ Men who suffer from BDD are most commonly concerned about their skin (acne or scarring), hair (thinning or too much), nose (size or shape), or genitals.⁸

Muscle dysmorphia

Muscle dysmorphia (MD), also known as reverse anorexia or bigorexia, is a form of BDD and is almost exclusively a male phenomenon. It is characterised by a preoccupation with muscle size and build and the persistent belief that one's muscles are too small and puny. In many cases, sufferers are objectively muscular and often extremely so. Sufferers engage in extreme behaviours, spending hours in the gym, following special 'bulking' diets, and some may resort to anabolic steroids.⁸ In its extreme form, cosmetic surgery (pectoral implants) may be sought.

As in the case of BDD, many people with MD experience significant impairment in work, studies and social relationships and may also suffer from comorbid mood and anxiety disorders.⁹ Pope et al's¹⁰ study found greater psychopathology in those with MD compared to a sample of BDD patients, reporting a greater incidence of attempted suicide, poorer quality of life, and a higher frequency of substance use disorder.

Although the exact aetiology of MD is unknown and probably biopsychosocial in nature, the influence of social pressures and the role of the media are undeniable. Studies have found that men exposed to images of muscular men were more dissatisfied with their own bodies and desired to be more muscular than those who viewed neutral images.^{11–13} A number of Australian based studies have found that parental messages and media exert the strongest influence on body image and body change strategies in young males.^{14–16} Similar trends have been reported in American based studies, reporting a direct relationship between perceived pressure from the media and body dissatisfaction in undergraduate men.^{17–19} A study of 129 men aged 18–40 years also reported on the pursuit for the muscular ideal, and found a positive relationship between fear of deviating from the masculine gender role and drive for muscularity.²⁰

The pressure to be muscular

Pressure to reach this muscular ideal often starts at an early age and can be seen in the evolution of boys' action figures and superheroes from humble origins into giant hulks with completely unrealistic

and unattainable muscular figures. The physique of the 1998 'GI Joe' was so unrealistic that an adult man with the same physical dimensions would have a 140 cm chest, a 69 cm bicep and a 91 cm waist.¹ Similarly, the Superman, Batman and Star Wars heroes of the 21st century are much more buff and muscular than their 20th century counterparts. During focus group discussions with boys aged 12–16 years in two schools in Melbourne (Victoria), it was clear that physical size was associated with success and heroism. Students unanimously agreed that the less muscular action figures looked nerdy, while the more muscular versions were more believable as superheroes.

A similar reaction was evoked when comparing the muscular physique of today's sports heroes with the leaner sportsmen of the past. One student said that when you are younger you 'want to look like your superhero', but when you get older you want to look like your sporting heroes so that you 'fit in'. Today, sport is no longer just about sport, but also about appearance, with many sport stars becoming fashion icons.

In this pursuit of the muscular ideal, many men and young boys turn to weightlifting and bodybuilding. While regular exercise is normal, and should be encouraged, a compulsive obsession with muscle size and shape is not. Research indicates that male weightlifters and bodybuilders are particularly vulnerable to developing MD as they are generally more emotionally invested in their appearance than other men and perceive themselves to be smaller than they actually are.²¹ Hallsworth et al²² reported a higher level of body dissatisfaction and drive for muscularity in a sample of Australian bodybuilders (n=31) compared to nonathletic controls (n=35). Although the exact prevalence of MD in weightlifters is unknown, research suggests rates as high as 10%.²³ This, together with the increased probability of anabolic steroid abuse and psychiatric comorbidities in this group,^{9,10} makes MD a particularly concerning psychiatric condition.

Discussion

It is important that health practitioners are familiar with the common signs and symptoms of body image related disorders in young men and are mindful of those individuals particularly at risk, such as weightlifters and bodybuilders in the case of MD. Comorbid mood and anxiety disorders are common and can often be presented by someone suffering from BDD or MD as their primary area of concern due to shame and embarrassment of their perceived defect or small musculature. Due to the debilitating nature of BDD and MD, failure to recognise the signs and symptoms and make appropriate referrals can have far reaching and serious consequences. Therefore it is important that clinicians ask the right questions to inform an accurate diagnosis, and in turn enable an appropriate referral and treatment plan.

Finally, although some studies have been conducted exploring male body image issues in an Australian context, the far reaching and often dangerous implications of extreme body image concern necessitate that more research be conducted to further our understanding of this condition, its prevalence, manifestations and treatment outcomes in a local context.

Conflict of interest: none declared.

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