

Title: Young men's minimisation of their body dissatisfaction

Jankowski, G.; Gough, B.; Fawkner, H.; Halliwell, E.; Diedrichs, P.

Abstract

Objective: To examine men's body dissatisfaction qualitatively.

Design: 42 British men aged 18-45 years took part in a 2-session group intervention across 12 groups. The intervention was designed to improve body dissatisfaction by engaging them in a critique of the appearance ideal through written and behavioural exercises.

Main Outcome Measures/ Results: Analysis of the topics discussed during the intervention generated two core themes. Theme 1 showed that, in general, men minimized the existence of their own body dissatisfaction while (somewhat surprisingly) outlining the ubiquity and potency of the appearance ideal for men in general. Theme 2 involved men reporting the problematic impact of body dissatisfaction in their lives (despite earlier minimisation), such as social avoidance, strict eating and supplement regimes, or difficulty in situations where the body was exposed.

Conclusion: The results stress the need to acknowledge that men experience a range of impacts of body dissatisfaction beyond clinical presentations (such as disordered eating) that influence their everyday lives, while also recognising that they tend to minimize this dissatisfaction in conversation. These findings have important implications for advocacy and interventions to improve men's body dissatisfaction.

Keywords: body image; muscularity; qualitative; media; intervention

Word count: 10,310 (inc. Abstract, Table 1 & References).

Young men's minimization of their body dissatisfaction

Men's body dissatisfaction is now so prevalent as to be normative (Frederick & Essayli, 2016; Griffiths, Murray, Mitchison, Castle, & Mond, 2018; Tantleff-Dunn, Barnes, & Jessica, 2011; Tiggemann, Martins, & Churchett, 2008; Tiggemann, Martins, & Kirkbride, 2007). For example, questionnaires assessing dissatisfaction with body fat, muscularity, and other aspects of appearance (e.g., height) typically find around a third of boys and men report body dissatisfaction (e.g., Kruger, Lee, Ainsworth, & Macera, 2008; Silva, Nahas, de Sousa, Del Duca, & Peres, 2011). Broader assessments of body dissatisfaction that assess dissatisfaction with any aspect of appearance have found higher prevalence rates between half and 95% of samples (Frederick & Essayli, 2016; Jankowski & Diedrichs, 2011). As a result, researchers are increasingly directing their attention towards understanding the impact of body dissatisfaction on men's well-being (e.g., Cheng, McDermott, Wong, & La, 2016), and to developing and evaluating interventions to support men with body dissatisfaction (e.g., Brown & Keel, 2015).

The impact of men's body dissatisfaction

The impact of men's body dissatisfaction has predominantly been recognized by its associated psychological health consequences, such as depression, muscle dysmorphia, and suicidal ideation (Griffiths et al., 2016; Kanayama, Barry, Hudson, & Pope Jr., 2006; Olivardia, Pope Jr., Borowiecki, & Cohane, 2004). Men's body dissatisfaction has also been correlated with eating disorder pathology, including bulimia nervosa, anorexia nervosa, binge eating disorder and orthorexia (Hrabosky et al., 2009; Olivardia et al., 2004; Smith, Hawkeswood, Bodell, & Joiner, 2011). Recently the Royal College of General Practitioners highlighted a 66% increase in men presenting with eating disorders in the U.K. (Royal College of General Practitioners, n.d.). Bordo (1999) also reported that men who frequented the gym and reported muscle dissatisfaction often followed strict, limited eating regimes that

interfered with their work and social lives. Recognition of the clinical eating-related impact of men's body dissatisfaction is also reflected in the existence of charities and professional associations dedicated to male eating disorders (e.g., *Men Get Eating Disorders Too* in the U.K.; *National Association for Males with Eating Disorders*; the *Academy for Eating Disorders Special Interest Group on Males*).

A further well-documented consequence of men's body dissatisfaction is the non-medical use of anabolic-androgenic steroids. Specifically, research has found that men's body dissatisfaction is strongly correlated with men's motivations to take steroids and steroid use (Kanayama et al., 2006; Pope, Kanayama, & Hudson, 2012). A recent meta-analysis found that the lifetime prevalence of steroid use among men and boys was 6.4% (Sagoe, Molde, Andreassen, Torsheim, & Pallesen, 2014), and other research has suggested that this prevalence is increasing (Advisory Council on the Misuse of Drugs, 2010). Steroids typically cause fat-free mass gain, but can also bring numerous health risks, including cardiovascular disease, significant psychological disturbances, and cognitive impairment (Advisory Council on the Misuse of Drugs, 2010; Pope Jr., Phillips, & Olivardia, 2000).

Less recognized by researchers, however, are the impacts of male body dissatisfaction that may occur routinely in day-to-day life and are significant in aggregate. Such impacts may include social avoidance, disembodiment, and sexual inhibition (Frederick & Essayli, 2016; Gough, Seymour-Smith, & Matthews, 2015). For example, Frederick and Essayli (2016) found that of 112,000 men, at least 23% admitted that they tried to hide parts of their bodies during sexual intimacy, 5% refused to have sex, and 4% admitted to checking their appearance in the mirror more than four times a day. Other less researched impacts include those *not* associated with muscularity or body fat. For example, research suggests men are increasingly resorting to make up, tanning, and invasive and non-invasive cosmetic

procedures to conceal skin blemishes, reduce visible signs of ageing, and to create a full head of hair (Frederick, Lever, & Peplau, 2007; Fury, 2016).

These broader impacts of men's body dissatisfaction are perhaps unsurprising in light of the pressures faced by men to conform to a prescriptive and unrealistic appearance ideal. These pressures do not simply prescribe high levels of muscularity and low body fat, where the impacts of disordered eating and muscle gaining behaviours may be expected (Frederick, Fessler, & Haselton, 2005). Other aspects prescribed in the ideal include a full head of hair, groomed body hair, skin tautness, and being White and young. For example, our content analysis of 4,934 images of men in 32 issues of popular U.K. men's magazines found that 76% of men portrayed had full heads of hair, 79% had no chest hair, 81% had symmetrical and unblemished faces, 89% were White, and 82% were aged under 40 (Jankowski, Fawcner, Slater, & Tiggemann, 2014). Collectively, these appearance attributes are referred to hereafter as the 'appearance ideal'.

The need for alternative methods to assess men's body dissatisfaction

It is important to understand the full range and impact of men's body dissatisfaction for the development of appropriate support. Qualitative methods may be particularly suited to this as they allow participants to speak in their own words (Braun & Clarke, 2013). Specifically, men may be able to describe body dissatisfaction without recourse to a list of prescribed aspects that researchers 'expect' them to be unhappy with. Such prescriptive methods could lead to the underreporting of body dissatisfaction (as noted previously; Cafri & Thompson, 2004; Thompson, 2004). Nonetheless, the difficulty with qualitative research methods is that men may be less likely to disclose body dissatisfaction in front of other people (be that the researcher or other participants), particularly in face-to-face settings. For example, Ricciardelli, McCabe and Ridge (2006) found that in interviews, Australian high school boys routinely disguised their body dissatisfaction as concern for sporting ability:

I would like to be stronger—more so for like sport reasons than anything else, like appearance...I would like bigger muscles first and foremost for its benefits in the sporting arena and I s'pose it would have social benefits as well . . . the whole stereotype, fitting in with the masculine image (Micheal, 17 years; Ricciardelli et al., 2006, p. 582).

Similarly, Diedrichs, Lee and Kelly (2011) noted a reluctance among young Australian men to disclose body dissatisfaction during focus groups. The men reported that they were affected by the appearance ideal and had body dissatisfaction. However, these disclosures were often made reluctantly, and were followed by men qualifying and dismissing their concerns by stating that women have much worse pressures and body image concerns. Diedrichs et al. (2011) also noted that other men in their focus groups sometimes attempted to minimise the concerns disclosed by others. This minimization of body dissatisfaction has also been noted in other studies in the U.K. (Adams, Turner, & Bucks, 2005) and the U.S. (Pope Jr. et al., 2000).

One potential explanation for this is provided by a participant in Adams and colleagues' (2005, p. 275) focus group study: *'[Men] don't want to be seen to be weak by admitting that they don't feel very happy with themselves'*. Admitting body dissatisfaction is difficult for men it seems not because they do not experience it, but rather because (disclosing) it contravenes standards of hegemonic masculinity, which prioritizes strength, stoicism, and self-reliance (e.g., Bennett & Gough, 2013). This is a finding others researching men's health more broadly have long reported (e.g., Lee & Owens, 2002).

One possible way to counter this minimization, and to allow men to speak beyond the confines of a quantitative survey, is to provide opportunities for discussion that are not simply about self-disclosure. Increasingly, qualitative interviews and focus groups invite participants to engage in practices which stimulate discussion of the topics in question by involving visual images (photographs, drawings and paintings), relevant artefacts (e.g. household objects, media quotes) or exercises such as role play (see Braun & Clarke, 2013; Gough, 2014). Stimulating discussion through exercises that prompt resistance and critique of

the appearance ideal could provide men with permission to disregard hegemonic standards of masculinity that are likely to contribute to this minimization. One such opportunity is the group discussion involved in some body acceptance interventions delivered to men.

Specifically, because of the structured nature and ostensible 'health promoting' purpose of these interventions, men may feel freer to discuss body dissatisfaction issues during the intervention as they have tasks to orientate towards (as opposed to just 'opening up' in interviews or focus groups) and a purpose for taking part in the discussion. This is supported by research findings showing that men are uncomfortable with 'self-help' support groups, considering them to be 'feminised spaces' (Seymour-Smith, 2013) preferring non-didactic, shoulder-to-shoulder support while doing an activity instead (White & Witty, 2009).

The study reported here therefore aimed to explore men's body dissatisfaction by qualitatively analysing the discussions generated among men during a cognitive dissonance based body acceptance intervention: *Body Project M*. This intervention consisted of two-sessions delivered face-to-face to small groups of men. Intervention exercises involved men participating in written, verbal, and behavioural exercises that prompt them to critique the appearance ideal, in order to putatively reduce their internalisation of the ideal and improve their body image. This pre-existing intervention was developed after at least six independent research teams provided empirical evidence for the value of cognitive dissonance-based interventions (collectively labelled as *The Body Project*) in reducing body dissatisfaction and related outcomes among women (Stice, Rohde, Butryn, Shaw, & Marti, 2015). Recently, several studies have trialled dissonance-based body acceptance interventions among young adult men (Brown & Keel, 2015; Jankowski, Diedrichs, et al., 2017; Kilpela et al., 2016). Each study has indicated that these interventions, including *Body Project M*, can improve body image and related outcomes in the short-term (i.e., at post-intervention, and in some cases at 3-months follow-up). *Body Project M*, therefore, provides a unique opportunity to

investigate men's body dissatisfaction qualitatively. In sum, the design in this study borrows from quantitative intervention studies as well as focus group methods to create opportunities for young men, who are often reticent to disclose vulnerability, to talk about their body dissatisfaction issues.

Method

Participants

Forty-two men enrolled in psychology degrees at two universities in the South- and North-West of the United Kingdom participated in the intervention. Participants took part in the intervention in 12 groups, with group sizes ranging from two to nine men. Participants were aged between 18 and 45 years ($M = 21.02$, $SD = 5.21$). The majority of the sample identified as heterosexual ($n = 39$; 93%), with few participants identifying as sexual minorities (e.g., gay, bisexual; $n = 3$, 6.9%). Most participants identified as British ($n = 40$; 96%) and White ($n = 33$; 84%). The universities' respective ethics review boards approved the study.

Procedure

The majority of participants ($n = 34$) were recruited through their enrolment in a psychology undergraduate course, in which they were offered the option of voluntarily participating in a psychological intervention as part of their coursework. Participants were made aware that choosing not to take part had no implications for their grades. The remaining intervention participants ($n = 8$) were recruited via posters and emails advertising the intervention on campus. Participants were not recruited on the basis of pre-existing body dissatisfaction. Each intervention session lasted between 38-98 minutes ($M = 68$, $SD = 15$) and were delivered one week apart by the first author, a White, gay, male PhD student in his mid-20s.

Participants consented to the intervention sessions being audio recorded. The intervention, *Body Project M*, was an adaptation of *The Body Project* (Becker & Stice, 2011; Brown & Keel, 2015; Stice et al., 2015). The intervention was primarily discussion-based and was structured around certain subtopics relating to men's appearance pressures (see Table 1 for a full list of the activities). Two activities (*Costs of the Ideal* and *Top 10 Activism List*) were worksheet-based, and some activities occurred in participants' own time at home. In addition, the *Role Play* exercise required participants to interact and thus speak in pairs with each other. These parts of the intervention were not transcribed. Whilst the discussions were facilitated, the sessions were akin to semi-structured focus groups as participants were able to depart from the schedule and to contribute their own experiences (e.g., when identifying the male appearance ideal). Men also completed self-report standardised quantitative questionnaires at baseline, post-intervention, and 3-month follow-up to assess the impact of the intervention on body dissatisfaction and related psychosocial outcomes. The quantitative evaluation of the intervention is reported in a separate paper (Jankowski, Diedrichs, et al., 2017).

[Insert Table 1]

Thematic analysis

Braun and Clarke's (2006, 2013) guidelines on thematic analysis were followed. The audio recordings were transcribed verbatim, with transcripts checked for accuracy by listening back to the audio files. After familiarization with the data, the transcribed files were uploaded into N-Vivo before being systematically and manually coded line by line by the first author. Codes were reviewed and a process of collapsing, splitting, and re-ordering the codes into different clusters was undertaken. Themes were then generated from the codes. The final stage of thematic analysis involved defining and refining the themes. Quotes were chosen to illustrate the themes and pseudonyms assigned to all participants to maintain

anonymity. This thematic analysis was performed deductively (Braun & Clarke, 2006, 2013). As mentioned, the aims of this study were to explore the everyday experiences and the impact of men's body dissatisfaction. Because of the intervention approach, which encouraged participants to critique the dominant appearance ideal, the data analysed inevitably covered discussions around these appearance ideals and their impact. In line with this approach, a constructionist approach was taken to the analysis. As defined by Braun and Clarke such an approach:

does not seek to focus on motivation or individual psychologies, but instead seeks to theorize the sociocultural contexts, and structural conditions, that enable the individual accounts that are provided (Braun & Clarke, 2013, p. 85).

Methodological rigour. Inter-rater reliability was not assessed for this analysis. This follows the recommendations of Braun and Clarke who argue that inter-rater reliability merely trains one researcher to replicate another's particular bias or outlook (Braun & Clarke, 2006, 2013). Nonetheless, triangulation of the data was conducted where themes were refined, cross-checked, and agreed upon by the research team (who were also White, aged between their early thirties to their early fifties, and were UK-based psychology researchers with expertise in men's body dissatisfaction).

Results

Theme 1: 'Yes it's rubbish, no we're not affected'

The first theme is made up of two parts. Part one concerns participants' identification of the appearance ideal, and its nature, unattainability, and promotion. The second part of this theme concerns the minimization of the impact of the appearance ideal on participants, where, somewhat surprisingly, participants would deny that the ideal impacted them whatsoever.

Part 1: The ubiquitous and unrealistic ideal. Men described the appearance ideal unanimously as a man who is six-feet tall, mesomorphic in body shape, young (in his mid-twenties), able bodied, and did not wear glasses. He also had a full head of hair, straight

white teeth, a square jaw, blemish-free, tanned and white skin, no body hair (or minimal hair on chest, legs, groin and lower arms, but no hair on upper arms, back or elsewhere), large hands and feet, short, straight and Caucasian hair (that was not ginger and not receding), and a large, straight penis.

Participants noted that any exceptions to this appearance ideal had to be compensated for. For instance, some scars or blemishes on the face were referred to as *'okay'* but only *'as long as it's not overpowering'* (Gordon). Minimal body hair on the chest was acceptable as it *'sort of adds to the masculinity'* (Bishal), but this could not be too long or elsewhere on the body, such as the upper arms or the back. Similarly, some greying hair was acceptable *'if you are George Clooney'* (Peter), although participants were *'not sure [if] balding would necessarily pass'*. As Gordon expanded: *'if he has a shaven head, he has to look like Vin Diesel...if you're going to go for [the bald look], you've got to look good...massive'*. Referring to films, participants elucidated *'you don't see a bald skinny guy being the superhero do you?'* (Lance), and *'everything else has to be decent'* (Ted). In particular bald men need *'muscles to counteract'* (Gagan) their baldness.

The appearance ideal, in its entirety, was perceived by participants to be *'unobtainable'* (Reynold), *'impossible'* (Nathan), and *'unachievable'* (Bill) for all men. Participants articulated that digital retouching, lighting tricks, flattering camera angles, dehydration, and other techniques were used to construct the appearance ideal in imagery. Participants also reported that it was unrealistic because they knew that ageing was inevitable, that they were likely to lose hair, to wrinkle, or to put on weight at some point in their lives, for instance. This cemented to them the impossibility of attaining the ideal.

Participants often characterized mass media as a strong, unremitting, and pervasive transmitter of the appearance ideal. The media were also recognised as something that was

impossible to switch off from, had grown in influence over the last 30 years, and targeted children and teenagers unfairly. As *Lance* demonstrates:

One thing that annoys me is the media's portrayal of the perfect man. For example, in every single advert that you see with a male figure in it [there] is always this muscular bound [man which] is so far flung from the actual real man.

Advertisements limited to traditional forms of media (e.g., television, magazines) were reported as being at least somewhat regulated; product placement would be restricted, for example. However, adverts on newer forms of media such as social networking websites, were seen as unregulated and therefore intrusive. As *Curtis* explains:

I, I just hate like all the ads that come up on the internet and YouTube and stuff. That... just like stuff that I'd never look at, like things like all the protein things and stuff. It's like 'I don't care'.

Participants felt that media influenced conversation and social interactions between people regardless of how they might wish to resist it.

Tristan: Because all we are doing is managing to convince ourselves that the media portrayal...is what we actually think of each other and it's... it's not. It's like I know if the girls saw me I would think 'oh my god she is expecting me to look like that' when actually she is thinking the complete opposite. She is probably thinking the same thing [that] I expect her to look like Angelina Jolie or Katy Perry or whatever. And I am not. That's just media's influence on us'

Raymond: 'Even if you switch off the TV you are going to see an advert on your way to work'

Greg: 'Even in just conversation just conversation because people then just talk about it what they have seen on TV or what they have read.

The promotion of the male appearance ideal was seen as increasingly pervasive.

Companies were perceived to be branching out into the previously 'untapped' men's market to promote and profit from appearance ideals. Participants would discuss parts of supermarkets or entire shops newly dedicated to muscle supplements that would not have existed five years ago: '*you can get, you see [supplements] like [now] at Sainsbury's [supermarket] or at the local'* (*Dean*). Shops were reportedly placing protein shakes and magazines portraying the appearance ideal strategically so that '*they were the last thing you*

see before you leave' (Bill). Gym memberships, hair loss creams, and other products were also criticized for requiring purchase over 'a lifetime' rather than a one-off. As Ned details: 'All the supplements are expensive [especially because] you [can't] stop using them. You have to keep it up'.

Participants traced the promotion of the appearance ideal back to companies, and more broadly capitalism. As Kevin explained: 'There is still like a market for...convincing guys to look like the ideal'. The appearance ideal was seen to be used to sell everything and anything from men's underwear, watches, protein shakes, 'slimming pills...muscle growth, steroids' (Jake), 'hair products' (Rob) 'gym memberships' (Dean), and 'magazines' (Tim). Participants expressed annoyance at this situation. As Curtis noted: 'I'm sure that all the worst people profit from this stupid thing [the ideal] ...you feel a bit like: 'Why? Why should they gain from that?'

Part 2: Minimization of the personal impact of the appearance ideal. The second half of this theme describes the observed minimization of the appearance ideal's impact on participants' own lives. Despite an awareness of the appearance ideal and a readiness to critique it, participants' own vulnerability to it was minimized. This was somewhat surprising in the sense that the ideal was so readily identifiable and powerful, yet it was also described as having no influence on participants or their friends. This was despite participants' expressed frustrations with how unrealistic and pervasive they reported it to be (see above). More specifically, participants would deny having any body dissatisfaction when asked outright; responding that men were not too fussed about their appearance or that they themselves were generally comfortable. As Dustin and Robert demonstrate:

Dustin: To be honest it seems that none of us really care too much about our appearances.

Robert: Yeah.

Dustin: It's like, what's there [in terms of appearance] isn't much that stops us.

The minimization of body dissatisfaction was common across participants. It sometimes translated into a reluctance to participate in the discussions at first, or, most evidently in reluctance to compliment their own appearance (i.e., during the mirror exercise in which participants are asked to stand in front of a mirror at home and list appearance and non-appearance based attributes that they liked about themselves). Participants attributed this minimization to a fear of being seen as vain, feminine, or, indeed because they did not realise the appearance ideal affected them. As *Rob* states:

We don't want to believe that we're actually pressuring ourselves to just become [the ideal. It's become] a part of our thinking and what we do. We don't think of it as being pressured we just think of it as the right thing to do because we have been brought up in a society where we have been told it's the right thing. So we are not aware of it being a pressure. It's just a way of what we do.

Furthermore, this minimization was evidenced by a suggestion that the only impact of the appearance ideal were those related to clinical disorders (such as eating disorders or depression, particularly for women). In contrast, participants would report low self-esteem, anxiety, and spending large amounts of time and energy on their appearance, but did not recognize these as impacts. As *Bill* demonstrates:

I think it's fair to say that we feel like [affected by the corporate ideal] but it's not something we feel we have to do. So it's not a problem. It's you know you have your ideal thing that you could aim for but it's not something that you are under pressure to do at the moment. With some people's anorexia [they] feel they are under pressure and that's why they do it.

To summarise Theme 1, participants described the appearance ideal consistently. They articulated that it was a potent force and were critical of its unrealistic and omnipotent nature. Somewhat surprisingly, however, there was a widespread minimization of its personal impacts, as participants were quick to dismiss that they or other men were affected by it.

Theme 2: 'But affect us it does': The everyday ongoing impact of the ideal

Despite the minimization of the personal impact of the appearance ideal outlined in Theme 1, almost all participants would later or inadvertently indicate that they were impacted by the ideal, that they did experience body dissatisfaction. For example, *Lee* said at the start

of his session: *'I honestly can't think of [any appearance pressure] that annoys me. I was going to think of trying to say something but I can't even'*. Not until later in the intervention did he mention that he was concerned about gaining weight: *'I can more or less eat what I want but if I was... I think the worse, my worst thing would be [to be] overweight, that's what I worry about most'*.

Almost all participants referred to having some level of body dissatisfaction; whether it was something about their appearance they disliked, hated, or wanted to change. For example, participants saw gaining muscle and losing body fat as universally important, and desirable to all young men. Therefore, participants felt that admitting they individually wanted to be mesomorphic was strange because to them this was a universal concern. However, body dissatisfaction was not exclusively restricted to concerns about muscularity or body fat. Participants expressed concern about deviating from most aspects of the appearance ideal. Those who already deviated, or perceived themselves to deviate from the ideal, spoke of this with frustration, using strong emotional language. They spoke about how they hated their receding hairline, lack of height, blemished skin, skinny frame, small feet, baby-looking face, or protruding stomachs, etc.

Tim: Because all my life I have always been made fun of [my height] ...So hearing girls say 'I could never go out with a guy that's shorter than me' when I am either the same height as most girls or sometimes a little bit smaller it kind of pisses me off.

Greg: I would say like the kind of hair thing for me... I'm getting a receding hairline which is why I've actually not cut my hair for like 3 months or something because I'm just trying to get it to grow over the receding hairline....it does get to me...it's just the fact that you're losing your hair or going to lose your hair. [It] is just a demeaning thing.

Brad: What I don't like is I got a proper baby face. And that's the sort of thing I don't like. Like I can't grow fuck all facial hair. And if I do grow it comes up as some sort of half-hearted Beppe D'Marco [former British TV character].

Others indicated anxiety about departing from the ideal in the future by getting fat, ageing, or losing their hair: *'I suppose like a lot of us will probably end up going er like bald at some*

point...Yeah I don't think anyone really wants to [laughs] ...to lose their hair' (Raymond).

Participants were acutely aware of the inevitable effect of ageing on the body and the impossibility of stopping it. Participants would see this departure from youth as disadvantaging them in the future. They were aware of the discrimination and stigma that those who were fat, old, disabled, or who visibly deviated otherwise from the ideal faced. Therefore, they were reluctant to join those ranks. This was particularly acute with weight gain, with participants describing with horror how they would feel if they ever got fat.

Participants exhibited appearance concerns through their behaviour, such as refusing to wear certain t-shirts that they felt did not flatter them. Many felt compelled to style their hair every day with some doing it *'every single day for the past two years'* (Jake). As Robin notes:

Researcher: What if your straighteners broke?

Robin: I would cry...I would order a new pair and not go out until they arrive....Mine have actually broken and I didn't go out until my new ones came first class post [laughs].

Body dissatisfaction would manifest itself in participants' lives through a variety of ways.

Some participants, for instance, would discuss their current strict food plans, without using the word 'diet' as it was perceived as an exclusively feminine practice. These food plans were often consisted of food that was high protein, low fat and low carbohydrate. Participants hoped they would achieve substantial muscle gains through these eating regimes. Other participants took supplements, including protein shakes, creatine, or other 'muscle gaining' substances:

Mark: Saying that I spend loads on protein [laughs].

Wayne: Oh yeah of course I spend too much money on protein.

Mark: Yeah I spend about £50 [a month].

Wayne: Yeah I've got protein, creatine in there [the kitchen]. I've got...what else have I got? I've got green tea capsules recently because they're supposed to get rid of body fat but in a natural way.

Many were avoiding or wishing they could avoid alcohol, fast food, and sweets so as to lose body fat. Others reported that they might skip meals, as John explains: *'I've had the*

experience of you know avoiding lunch and dinner and skipping meals'. Others might 'self-medicate' their body dissatisfaction or other concerns by eating comforting food (e.g., takeaways). However, they often reported immediately feeling guilty afterwards for having strayed off their food plans. Most participants did not eat intuitively. This became frustrating as *Tim* says:

You want to have some flexibility [in what you eat]. Like 'oh I want to go eat a chocolate bar' or 'I'm going to eat a takeaway' do you know what I mean? Like it's not fun being like "oh I've got to eat this".

Food practices were not the only realm in which the ideal dictated participants' behaviour.

The impact would occur from day to day, in subtle, pernicious, and significant ways.

Participants, for example, would avoid certain social situations. As *Gordon* says:

I used to be on a swimming team and now I don't dare go into the pool anymore.

Kevin: Yeah. Swimming. With me like a lot of the time I've been stopped by like my spots, like it's just, like, put me off, like, wanting to [swim].

Nathan: Usually it's after [eating] a big Dominos [pizza or something when] I would...just like keep my top on and get into bed.

Other examples included getting changed in the gym and other activities that would involve displaying their bodies. As demonstrated by *Gabriel*:

We were going to this erm hot tub party like last week and erm and I was like 'right I'm going to like I'm going to get in super good shape for this hot tub party'. Because obviously it's like tops off and that and then erm it came up really quickly like this weekend and I was like: 'oh crap [I've got no time; laughs].

Body dissatisfaction reportedly would in turn affect participants' relationships with others, particularly romantic or sexual relationships. Participants would feel unable to approach potential partners in nightclubs or bars for instance, if they did not feel that they conformed to the appearance ideal. Others in relationships might avoid sex in order to not reveal their bodies to their partner. As *Gabriel* states:

If I've like eaten a really big meal or like I've eaten a load of crap that day or like not been to the gym that day erm I would like [not have sex] and like my girlfriend would be like 'why there's no [reason] it's not even a big deal' like and I'd go like 'oh it's just me, I feel shit about [my stomach size]. It's nothing to do with you.

Participants would also avoid wearing clothes that were considered unflattering or would dress to disguise certain aspects of their appearance. For instance, *Peter* described buying T-shirts that *'you don't wear it for a while you buy it and then you just never wear it'*.

Due to the pervasive minimization, revealing that they were being affected by the ideal and more significantly hearing that other participants were too, appeared to be relieving for participants. To disclose that appearance pressures affected men was to break an unwritten rule (as in Theme 1). Participants would therefore admit to being embarrassed or ashamed not only of their appearances, but also for having the shame in the first place, for being impacted, and for being vulnerable. Being affected was described as *'ridiculous'* (*Lee*) as there was *'no real reason'* (*Brad*) and participants would chastise themselves: *'I said to myself what the fuck's the matter with you, sort yourself out'* (*Brad*). *Andrew*, who went to a pub without his cap (for the behavioural challenge) indicated this reluctance here: *'I did [the exercise] for you [the interventionist] ... just for you. I did that just [to show] a bit more commitment for you'*.

To summarise Theme 2, despite earlier minimization, participants reported that the appearance ideal did indeed affect them whether through influencing their behaviour, having feelings of body dissatisfaction, or, through worrying about deviating from the ideal. These effects were keenly and intimately felt, and spoke to the appearance ideal's potency in men's lives.

Discussion

This study aimed to qualitatively examine the extent and everyday impact of men's body dissatisfaction by analysing the discussions that they participated in during a body acceptance intervention that encouraged them to critique the appearance ideal. Two core themes were identified. Men's accounts initially revealed a strong tendency to discount body dissatisfaction and the influence of the appearance ideal on them personally. However, in

subsequent discussions men reported substantial impacts of body dissatisfaction on their health behaviours, psychological well-being, and social interactions.

More specifically, Theme 1, '*Yes it's rubbish, no we're not affected*', comprised two parts. First, participants expressed a consistent and ready critique of the ideal for men. The ideal was regarded as so powerful to be inescapable and to have an intimate, everyday impact on most people. However, surprisingly there was a widespread denial of the ideal having any impact on participants themselves. This denial forms the second half of Theme 1. Theme 1 showed that participants felt the ideal was arbitrary and an unfair standard. Its entirety was seen as unobtainable, with few aspects that were within an individual's control (e.g., hair loss, height), and although some exceptions to the ideal were permitted these had to be strictly compensated for. This compensation was in the form of masculine capital, in which men are allowed to depart from certain domains of hegemonic standards of masculinity if they are perceived to have sufficient capital in other domains (De Visser, Smith, & McDonnell, 2009; Gough, 2013). For example, David Beckham's occasional dressing up in a sarong was acceptable and even impressive to participants in De Visser and colleagues' focus group study because of his sporting prowess and subsequent masculine capital. However, just as exceptions do not disprove the power of hegemonic masculinity, so too do they not disprove the power of the appearance ideal. Despite having the sporting capital of David Beckham, professional rugby player Ian Robert's homosexuality was, according to the participants in the De Visser et al. (2009) study, an unacceptable breach of hegemonic masculinity. He had gone too far.

Participants in the present study were highly media literate and often sceptical of advertising and companies. Many were angry about perceived appearance pressures to conform to the appearance ideal without the prompting of the intervention, reflecting the pervasiveness of body dissatisfaction and how every person is, in some form or another,

contending with appearance ideals (Frederick & Essayli, 2016; Jankowski & Diedrichs, 2011). Literacy, however, was not immunity and a strong tone of resignation characterized the discussions.

Theme 1 also showed how men minimized the personal impact of the appearance ideal. Despite consistently and readily identifying the ideal and acknowledging its heavy promotion, participants were quick to dismiss any suggestion that it impacted them. This relates to the tendency to imagine oneself immune from cultural or corporate influence and to situate responsibility for wellbeing at the individual level (Gill, 2008). This has been previously documented as the 'third person effect' in body dissatisfaction research, that is the tendency for participants to describe the media as having great influence on others but none on themselves (Davison, 1983; Diedrichs et al., 2011).

Irrespective of the 'third person effect', men face a gendered barrier in disclosing body dissatisfaction, whereby dominant hegemonic masculinity stipulates that men must be stoic, non-emotional, and not vulnerable (e.g., Adams et al., 2005; Diedrichs et al., 2011). This does not mean, however, that men do not want to talk about body dissatisfaction or indeed other issues (Oliffe & Mroz, 2005). Men need receptive spaces to talk, and this was clear when participants later revealed their experiences of body dissatisfaction and its impact, despite having minimized appearance pressures earlier in discussions. One study sheds light on the importance of these spaces (Cruwys, Haslam, Fox, & McMahon, 2015). Specifically, Cruwys and colleagues conducted a similar intervention to the *Body Project M* among women. They found that the intervention was effective for participants' body dissatisfaction because it changed groups norms by highlighting how appearance ideals impacted other women and how other women were frustrated with it too. Feminists' utilisation of consciousness raising groups (Bordo, 2003) and health promoters using football stadium settings to promote men's health (White & Witty, 2009) are examples of how group spaces

have been harnessed helpfully in the past. Bordo (2003, p. 30) offers insight as to why this might be beneficial:

In our present culture of mystification- a culture which continually pulls us away from systematic understanding and impels us toward constructions that emphasize individual freedom, choice, power, ability – simply becoming more conscious is a tremendous achievement.

Theme 2, 'But affect us it does': *The impact of the ideal*, described how men were affected by the appearance ideal; despite the extant minimization in Theme 1. Specifically, participants reported myriad impacts of the ideal, including anxiety about varied aspects of their appearance. The participants referred to intimate daily consequences including social withdrawal, concerns about exposing their bodies to others, including romantic partners, and poor self-esteem. In various pernicious ways, participants suffered because of the ideal despite their extant minimization (as occurred in Theme 1). The everyday impacts ranged from disordered eating and expensive supplement regimes, to social anxiety, and avoidance of revealing their bodies. This was pervasive with almost all participants revealing some body dissatisfaction, which follows other research that has documented the myriad and highly prevalent impact of the ideal on men (Bordo, 1999; Gough et al., 2015; Pope Jr. et al., 2000).

The impacts of the appearance ideal among participants mimicked those widely documented among women. Women have long suffered in their relationships with their body size, youthfulness, food, and revealing their bodies (Bordo, 2003; Rumsey & Harcourt, 2012). Men face body dissatisfaction then as women do. This is also mirrored in other research finding that men's dissatisfaction increasingly mirror women's (Gough et al., 2015; Griffiths et al., 2016). Nonetheless, it is important to acknowledge that men may still find it easier than women to gain value beyond their appearance (Bordo, 2003), and certainly are able to find more representations of men that do not conform to appearance ideals in mass media (Buote, Wilson, Strahan, Gazzola, & Papps, 2011; Jankowski et al., 2014). The greater pervasiveness of the appearance ideals for women should not be forgotten. Moreover, as

Bordo (2003) has noted, the promotion of the appearance ideal effaces differences; increasingly it does not discriminate in who it targets and profits from.

We found that body dissatisfaction impacted men on a day-to-day basis, in intimate and subtle ways. A particular way in which men are impacted by the ideal is demonstrated by the use of protein shakes and other substances taken for muscle gain (e.g., creatine, ephedrine). For example, Karazsia, Crowther and Galioto (2013) found that 61% and 32% of their 438 American male sample reported using protein shakes and creatine, respectively at least once. Globally the lifetime prevalence rate of steroids among men is estimated to be 6.4% (Sagoe et al., 2014). Whilst protein and creatine are substances that are not known to have the severe physical side effects steroids do, they may nonetheless precede steroid usage with evidence to support a gateway hypothesis (Karazsia et al., 2013). Regardless, men are increasingly using these substances and their availability is becoming more normative in men's lives, particularly with whole sections and shops dedicated to their sale (Hall, Grogan, & Gough, 2015; Karazsia et al., 2013). Nonetheless, participants were somewhat cynical about these products' efficacy, often believing them to be overpriced. Furthermore, the physical side effects associated with steroids, such as cardiovascular problems, were well known. This also highlights the attendant role of companies, through the selling of products such as protein shakes, in driving these participants' body dissatisfaction.

Furthering the minimization of the ideal (as seen in Theme 1), participants would characterize its impacts as mundane and not necessarily a problem. Subsequently this could easily have been mistaken as trivial by researchers. Each instance, for example, of men avoiding social situations so as not to reveal their bodies were described by participants as sensible, obvious and/or inevitable. Participants perceived these behaviours as something everyone does. Researchers and health professionals could collude in this minimization too as these impacts would not be classified as clinical disorders and therefore may be more readily

dismissed as harmless. Nonetheless, these impacts ultimately form a part of the same suffering around appearance. The only difference is that their recognition is more pernicious.

As mentioned, the intervention facilitator was a White gay male PhD student in his mid-twenties. It is important to reflect on the influence this may have played in the discussions. For example, at times some of the discussions were sexist. Specifically, a minority of participants, some of whom were particularly dominant, characterised women as vacuous, superficial, and judgemental towards men in the intervention sessions. In particular, participants referenced women pressuring men to conform to the appearance ideal. For example, *Mark* argued that “*I think woman are actually worse than men for [being superficial]*” whilst *Wayne* claimed: “*It’s the...women [who] introduced [appearance pressures] though I think*”. Although women were seen as being inherently invested in the appearance ideals, the costs associated with this investment were dismissed by some participants as “*whining*” (*Greg*) or as self-created as “*all women create their own problems*” (*Wayne*). Occasionally this would spill over into misogyny in which women were referred to as having “*nothing between the ears [and] slid[ing] through life on their back[s]*” (*Brad*).

Such open sexism may have been more likely to occur in an all-male group. In contrast, homophobia did not. This was probably because the interventionist and some participants were gay (though the interventionist did not intentionally declare his sexuality, it may have been apparent nonetheless). For example, one participant cut himself off from using a homophobic slur in one session: “*You’ve got fag[s]...you’ve got lads doing the... pretty boys doing the tanning beds and stuff like that*” (*Cal*). As the interventionist, the first author recalls feeling very uncomfortable in both of these sessions when this occurred; wishing to challenge this without discouraging any participant discussion. For further discussion of the sexist accounts of men’s body dissatisfaction see Griffiths and Murray (2017) and Jankowski (in press).

Race was also largely unspoken in the sessions. The intervention required participants to identify as many aspects of the appearance ideal as possible. However, it was only when prompted about the appearance ideal's ethnicity by the interventionist, or by the few Black Asian Minoritized Ethnic (BAME) participants that took part in the research, that the appearance ideal's whiteness would be specified. Demonstrably in one group, one participant who was of South Asian descent commented:

Researcher: "Can you describe [the appearance ideal] for the purposes of the tape?"

Laurence: "I don't want to sound offensive, but white".

Whiteness is a component of the appearance ideal (Jankowski, Tshuma, Tshuma, & Hylton, 2017). In this study, this was demonstrated in three ways. First, by participants' readiness to respond 'white' when asked about the ideal's ethnicity. Second, by participant's naming of all White celebrities as exemplars of the ideal (including Brad Pitt, George Clooney and Gerald Butler). Finally, by the typically 'white' features the ideal had (e.g., Blonde straight hair, blue eyes, light tanned skin etc.). That the participant, *Laurence*, felt he had to couch this with a disclosure ("*I don't want to sound offensive*") indicated this aspect of the appearance ideal, unlike others, was transgressive. This may relate not only to the whiteness of most of the other participants and the researcher, but also 'colour blindness' (Delgado & Stefancic, 2017), where discussions themselves about race or racism are viewed as racist. Though as critics note, colour blindness impedes anti-racist efforts (Delgado & Stefancic, 2017). With reference to the appearance ideal, if its whiteness is not identified then it is unlikely to be challenged.

The discussion above indicates just a few of the ways in which certain accounts may be shut down and others opened up by the researchers' and participants' social positioning. Indeed, it is important to highlight that this study was based on a small sample of educated, young, mostly White and heterosexual men. This remains the most studied population in psychology today (Arnett, 2008; Henrich, Heine, & Norenzayan, 2010). Men who are not

heterosexual and/or are BAME experience body dissatisfaction in addition to racism, homophobia etc. These experiences and their intersections need to be understood, in line with recent work in this area doing so (Cheng et al., 2016; Jampel, Safren, & Blashill, 2015).

Of note is that this study did not comprise focus groups, but discussions recorded during an intervention. The intervention was designed to encourage a critique of the appearance ideal from participants. In other words, there was a clear effort to influence participants' accounts. Whilst we feel this study design had significant advantages over others designed to assess men's body dissatisfaction, we are mindful that it also had its disadvantages including in potentially restricting participants' accounts and perhaps not fully exploring the lived experience of men's body dissatisfaction compared to other qualitative work on men's body dissatisfaction (Bordo, 1999; Gough et al., 2015). The discussions that might have been avoided in the intervention included the obvious – anything unrelated to body dissatisfaction such as participants' lecture/seminar schedule, gossip relating to the module, general discussions of their psychology degree (participants took part in a seminar scheduled during the BSc psychology programme run by an interventionist whose PhD is on psychology). Beyond this, the intervention encouraged a critique of the appearance ideal. Thus discussions about how family members, friends etc. pressured men around their appearance were always led back to what the interventionist believed to be the origins of this. This aim was to do this in a 'Socratic questioning' way mindful of the way in which the cultural origins of the ideal was so commonly elided and individuals were held responsible for structural events under neoliberalism (e.g., 'So why do you think your mother doesn't want you to get fat? What might she be influenced by?').

This often was not effective. At the end of the intervention, the solutions to undoing body dissatisfaction participants gave were largely about people changing their attitudes, beliefs or behaviours. For instance, participants recommended that it would help if people

“stopped comparing themselves to others” (Cole), became “positive role models” (Rob), “talk[ed] more about appearance in this sort of way” (Tim) or “focus[ed] more on the personality [rather] than appearance” (Dustin). The discussions tended to individualize these issues. This might have reflected the tenacity of the participants, the pervasiveness of neoliberalism, and/or the openness of the intervention sessions. Ultimately, participants were able to – and did – steer the discussion, disagree with the facilitator, and contribute their own ideas. For example, at the end of the sessions the researcher would ask “*Is there anything you wanted to say in this session that you didn’t?*”. In one session, John, replied: “*No, just that sort of you can’t blame the corporations that put up the adverts. It’s more about educating people then putting the blame on how people make money*”. Others at times for instance endorsed the appearance ideal, arguing that it was beneficial. Some participants were openly critical of the intervention. For example, Gordon noted:

I think the first questionnaire we did made me feel like utter shite...I have to say that...I was like [when answering it]: ‘Oh my god’ [laughs]... I was reading about it and it kept going [like] ‘I feel horrible about myself...I dislike myself’ and I was like ‘okay. I’ve always answered four questions truthfully’ and then there were several more.

Two other participants mocked an aspect of the intervention they considered to be unrealistic:

Laurence: I’m struggling a bit [to come up with ways to change the ideal].

Andrew: Yeah. Like what [can I write]? Like ‘stop watching TV’ [sarcastically]?”

Researcher: [laughs] Yeah. ‘Live in a hut’.

Laurence: Yeah ‘stop watching films’.

Another participant indicated he agreed with the intervention’s aim but felt it was unrealistic:

To be fair though we’re, we’re sat here and like chatting we’ve all got, we’ve all got these ideals [i.e., rejection of appearance ideals] but there will come a point in the near future where we will reinforce this [indicates appearance ideal] ourselves (Peter).

Based on this study’s findings, the following recommendations for men’s body image advocates (researchers, clinicians and others working to ultimately undo body dissatisfaction and related issues) are made: First, it is important to recognize that body dissatisfaction may impact men in ways other than leading to clinically diagnosed psychological and physical

disorders. Second, advocates would benefit from not accepting men's pronouncements that they are 'body dissatisfaction free' at surface level. For many men this is not the case; body dissatisfaction impacts most people, sometimes unknowingly. Researchers should, as Ros Gill (2007) advocated 'critically respect' participants' accounts; honouring their own expertise in their experiences whilst being wary of the norm for men to dismiss body dissatisfaction concerns due to the bounds of pervasive gender and social norms.

Undoubtedly there is a fine balance to be struck: not to patronise, not to be naïve. As a start, advocates should be willing to gently dig a little deeper, reveal their own body dissatisfaction and the ubiquity of the appearance ideal, before accepting men's accounts of being unaffected. Third, body dissatisfaction advocates should explore online data, where men are increasingly, under the relative anonymity of the internet, sharing their own body dissatisfaction experiences (see Hall et al., 2015; Singleton, 2012). Free from all of the messy biases a researcher brings to the interview/focus group, online data can serve an important part in showcasing (and later, undoing) the now so normative suffering that is men's body dissatisfaction. Finally, advocates need to move beyond the individual level to make change at a structural level, where the ideal is most potently promoted. From the results of this study it is evident that the participants were aware businesses are profiting from the ideal, change then must come at this corporate level. Such efforts could involve boycotting, petitioning and campaigning against companies that promote the ideal.

In conclusion, this study demonstrates that taking part in body acceptance interventions may give men the permission to discuss body image. However the findings also demonstrate the cultural ubiquity of the appearance ideal, and the limit in treating it as something that can be mitigated via individual action or intervention. Broader efforts are needed.

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