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CHAPTER SEVEN

Drive for muscularity as men's body image determinant

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Muscle-mania

Body dissatisfaction is a problem for a large percentage of boys and men, but male body concerns differ from those of girls and women. Specifically, males are significantly more likely to want to increase their size, particularly in terms of muscularity, while females typically want to get thinner in order to match the culturally defined body ideals. Compared to women, men may also be somewhat more invested in how well their bodies function, especially in terms of athletics and fitness than in appearance (SMOLAK and STEIN, 2006).

The ideal of muscularity influences men much in the way the ideal of thinness influences women. Men are often even more preoccupied with body shape and muscularity than women (POPE, PHILIPS and OLIVARDIA, 2000a). In comparison to women, men reported a greater discrepancy between their desired vs. current level of muscularity (VARTANIAN, GIANT and PASSIN, 2001). Men's body image appears to be related to their aspirations for augmented muscle mass (MCCREARY and SASSE, 2000; MORRISON, MORRISON, HOPKINS and ROWAN, 2004). Men's perception of their muscularity impacts their well-being, suggesting that body image is an important topic of empirical and clinical interest for men (POPE, PHILIPS and OLIVARDIA, 2000b). The modern muscular male ideal featured in the media represents a "hypermale" or "more male than male" look,¹ char-

¹ Adult and adolescent males who have adopted traditional male role norms (which emphasize men's power, success, and toughness, as well as the avoidance of anything

acterized by an inordinate amount of muscularity in the shoulders and upper arms (POPE et al., 2000; in SWAMI, 2006). The “muscularity-power schema” for men includes beliefs, such as:

- the ideal shape for an adolescent boy and a “real man” is a mesomorphic build, with a large upper torso featuring well-developed shoulder, arm, and chest muscles, coupled with a slim waist, hips, and buttocks
- being “underweight” or “light” or “flabby” is definitely inconsistent with masculinity, because men are defined in part by size, power, and strength
- a muscular body is impressive and attractive to females
- a muscular body is a manifest sign of power, success, and potential for success in masculine pursuits such as sport
- a muscular body guarantees improved health (LEVINE and HARRISON, 2004).

The drive for muscularity (DFM) is an individual differences variable formulated to account for variations in the desire to obtain an idealized, muscular physique (MCCREARY and SASSE, 2000; MORRISON et al., 2004). Drive for muscularity mirrors dissatisfaction with present-day level of muscularity and preoccupation with performing behaviours geared towards increasing muscularity. Because body image includes behavioural, cognitive, emotional, and perceptual components, drive for muscularity can be classified as an aspect of men’s body image (BERGERON and TYLKA, 2007).

Research by BERGERON and TYLKA (2007)² indicated that muscularity body dissatisfaction was associated with drive for muscularity body image (70.6% overlap), drive for muscularity behaviours (7.3% overlap), and drive for muscularity attitudes (46.2% overlap), suggesting that muscularity body dissatisfaction and drive for muscularity have common characteristics but are not identical constructs. Body fat dissatisfaction and height dissatisfaction demonstrated minimal overlap with drive for muscularity body image (1% and 0.6%, respectively), behaviours (0% and 6.8%, respectively), and attitudes (1% and 0.5%, respectively). Men’s dissatisfaction with muscularity has been associated with lower self-esteem

deemed feminine) have been shown to engage in a expanded range of risky health behaviours for which incidence rates are higher for men (in MCCREARY, SAUCIER and COURTENA, 2005). These include increased use of alcohol, sedatives, and tranquilizers, a greater likelihood of being sexually active, a greater likelihood of having tricked or forced someone to have sex with them, a greater likelihood of engaging in unprotected sex and having had more sexual partners, and a greater likelihood of having been arrested (in MCCREARY et al., 2005).

² Participants were 368 college men (mean age = 19.11, SD = 1.90, age range 18—30). Their average reported weight was 78.88 (SD = 14.33) kilograms, their average reported height was 180.09 (SD = 6.86) centimetres, and the average BMI calculated from these values was 24.3 (SD = 3.9) kg/m².

and lower proactive coping. GRAMMAS and SCHWARTZ (2009) examined predictors of male body image dissatisfaction. The results indicated that socially prescribed perfectionism, internalization (internalizing societal messages), and an Asian ethnic identity were predictors of muscle dissatisfaction. Socially prescribed perfectionism and internalization were the only predictors of low body fat dissatisfaction. Unique aspects of perfectionism seem to predict specific body image dissatisfaction in men. POPE et al. (2000c) have shown that, when comparing men's actual degree of muscularity to their perceived degree of muscularity, men significantly underestimated their percentage of muscle mass. LYNCH and ZELLNER (1999) have investigated body image perceptions regarding male muscle composition. These authors found that men display misperceptions regarding what women find attractive in terms of male muscle composition by thinking that women want men to be more muscular than women actually report wanting.

MCCREARY et al. (2005) have explored the associations between the drive for muscularity and self-reported gender-typed traits and behaviours, as well as whether those associations varied as a function of the participant's gender.³ Men reported significantly higher levels ($p < .001$) of the drive for muscularity ($M = 2.69$; $SD = 0.95$ vs. $M = 1.99$; $SD = 0.61$) and both agentic ($M = 3.64$; $SD = 0.60$ vs. $M = 3.40$; $SD = 0.58$) and unmitigatedly agentic personality traits ($M = 2.71$; $SD = 0.58$ vs. $M = 2.47$; $SD = 0.51$); they also acted in significantly more male-typed behaviours ($M = 3.25$; $SD = 0.43$ vs. $M = 2.83$; $SD = 0.35$) and gender-specific ways ($M = 3.51$; $SD = 0.26$ vs. $M = 2.66$; $SD = 0.28$). Women, in contrast, reported significantly higher levels ($p < 0.001$) of communal traits ($M = 4.10$; $SD = 0.46$ vs. $M = 3.68$; $SD = 0.60$) and acted in more female-typed ways ($M = 3.17$; $SD = 0.36$ vs. $M = 2.62$; $SD = 0.37$). In the first analysis, gender, gender-typed traits, and their interaction terms were the predictors, whereas in the second analysis, gender, gender-typed behaviours, and their interaction terms were the independent variables. The results from these two analyses revealed four important findings: (1) men scored higher than women on the drive for muscularity, after controlling for gender-typed traits or behaviours; (2) the findings revealed that three of the four male-typed gender-role dimensions (unmitigated agency, male-typed behaviours, male gender-specific behaviours) all were positively associated with the drive for muscularity; (3) the lack of association between drive for muscularity and feminine-typed traits and

³ A total of 157 men and 343 women between the ages of 17 and 78 ($M = 20$ years, with 95% of the sample between 17 and 24 years) participated in this study. Ten percent of the men and 28% of the women reported being on a diet to lose weight, and 17% of the men and 1% of the women reported being on a diet to gain weight.

behaviours indicates that low levels of the drive for muscularity are not associated with greater degrees of femininity (at least as measured by these two dimensions of feminine gender-role socialization). These two points have theoretical significance because they show that it is higher levels of the male gender role, and not lower levels of the female gender role, that are most closely associated with the desire to be more muscular; (4) the last important finding was that the associations between the drive for muscularity and gender-typed traits and behaviours were similar for men and women (McCREARY et al., 2005). Drive for muscularity was positively associated with the indices of masculinity. Both men and women associated male-typed traits and behaviours with the requirements to be more muscular. Men who supported more traditional gender-typed beliefs wanted to be more muscular. In conclusion, men who wanted to be more muscular experienced greater levels of gender-role conflict with respect to (a) society's expectations that they be successful, powerful, and competitive, and (b) balancing work and leisure. This study demonstrated that the drive for muscularity is positively associated with several aspects of masculinity: unmitigated agency, male-typed and gender-specific behaviours, traditional attitudes about men, and two aspects of gender-role conflict (success, power, and competition, work and leisure conflict) (McCREARY et al., 2005).

COHANE and POPE (2001) argued that the pursuit of muscularity might be as dangerous for boys and men as the pursuit of thinness is for women and girls. The drive for muscularity among men tends to be associated with several adverse outcomes, including body image dissatisfaction,⁴ body image disorders (e.g. muscle dysmorphia), dysfunctional eating patterns/maladaptive eating attitudes or eating disorders, abuse of anabolic steroids, harmful weight-control and/or muscle development strategies, and the overuse of nutritional or weight-gaining supplements (in SOULIERE and BLAIR, 2006). Desire to be muscular among men is associated with decreased self-esteem (PALLADINO-GREEN and PRITCHARD, 2003) and physical appearance self-esteem (MORRISON et al., 2004), as well as increased depression risk (McCREARY and SASSE, 2000) and social physique anxiety (DUGGAN and McCREARY, 2004). Men who wish to increase their muscle composition are more likely to diet, to show behaviour designed to increase muscle mass (such as: weightlifting, cardiovascular training) and to use steroids, dietary supplements, and other muscle- and performance-enhancing substances (MORISSON et al., 2004; CAFRI et al., 2005).

⁴ MORRISON et al. (2004) observed that drive for muscularity correlated with the desire for a more muscular body shape, the absolute discrepancy between one's actual and ideal physique silhouette (positive correlation) and global satisfaction with physical appearance (negative correlation).

Figure 1 offers my own proposed model of the factors that contribute to negative body image strongly connected with the drive for muscularity in men and its effects on health consequences.

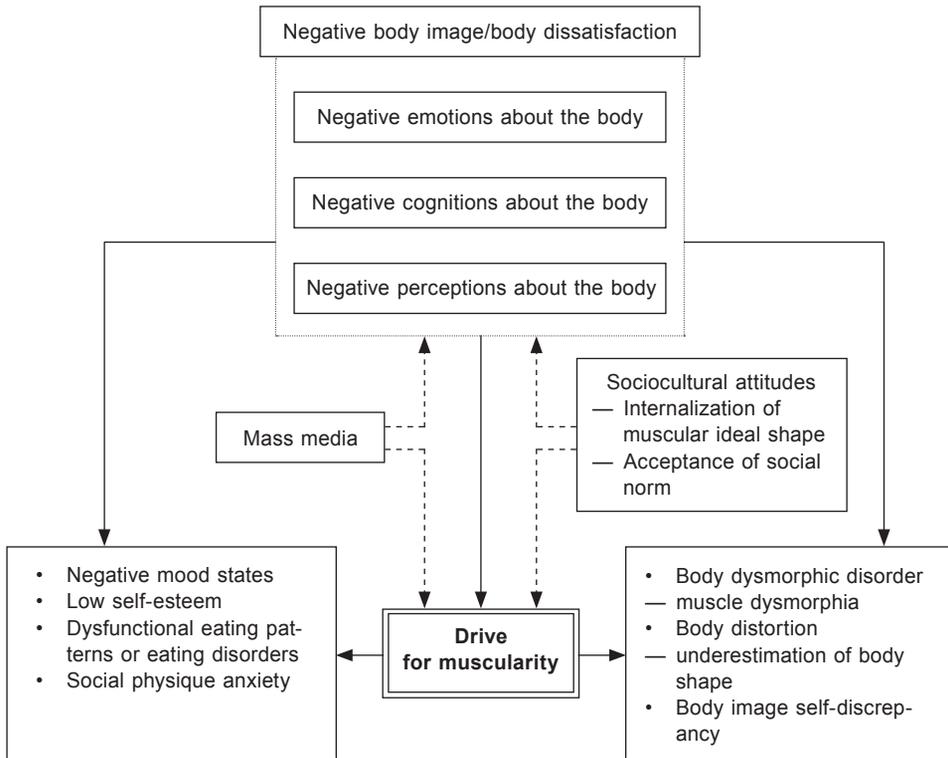


Fig. 1. Model of connection between negative body image and drive for muscularity in men

Sociocultural variables, such as internalization of the muscular ideal, acceptance of social norm and mass media influence (particularly exposure to the ideal male physique) predicted body dissatisfaction which lead to development of the drive for muscularity in men (desire to be muscular is related to body image dissatisfaction). At the same time a negative body image is formed, it influences negative feelings, thoughts and perceptions of the body.

Both, negative body image/body dissatisfaction and drive for muscularity are associated with a various number of psychological variables: depression, anxiety, low self-esteem, dysfunctional eating patterns or eating disorders, social physique anxiety,⁵ as well as body dysmorphic

⁵ Social Physique Anxiety (SPA) describes the anxiety and discomfort people feel when showing their bodies in public (e.g., wearing a swimsuit or other tight-fitting

disorder,⁶ body distortion and body image self-discrepancy.⁷ So body image concerns and excessive preoccupation with muscularity in men, particularly in western cultures, have serious consequences. Indeed, desire to obtain a muscular physique is able to predict not only distorted self-image and disorders of body image, but also body image disturbances.

clothes). The anxiety is a result of people feeling that, by displaying their bodies in public, their physiques are being evaluated and they are being devalued as a person (McCREARY and SAUCIER, 2009)

⁶ Body dysmorphic disorder (historically known as dysmorphophobia) is as a preoccupation with an imagined defect in physical appearance (if a slight physical anomaly is present, the individual's occupation is markedly disproportionate) or excessive concern about a slight physical anomaly that causes significant distress, impairment in social, occupational or other important areas of functioning (APA, 2000). Complaints generally involve imagined or slight flaws of the face or head such as hair thinning, acne, wrinkles, scars, vascular markings, paleness or redness of the complexion, swelling, facial asymmetry or disproportion, or excessive facial hair. Other common preoccupations include the shape, size, or some other aspect of the nose, eyes, eyelids, eyebrows, ears, mouth, lips, teeth, chin, cheeks, jaw, or head. However, any other body part may be the focus of concern (e.g., the genitals, buttocks, breasts, abdomen, arms, hands, legs, feet, hips, spine, shoulders, larger body regions, overall body size, or body build and muscularity). The preoccupation may simultaneously focus on several body parts (APA, 2000). It is believed to affect up to 2% of the population (FEUSNER, YARYURA-TOBIAS and SAXENA, 2008).

⁷ Self-discrepancy theory (HIGGINS, 1987; in VEALE, KINDERMAN, RILEY and LAMBROU, 2003) distinguish three basic domains of the Self: (a) *the actual self* — the individual's representation of the attributes that someone believes the individual actually possesses; (b) *the ideal self* — the individual's representation of the attributes that someone would ideally hope the individual to possess; and (c) *the ought self* — the individual's representation of the attributes that someone believes the individual should as a sense of duty or moral obligation possess. It is assumed that a discrepancy between the actual self and the self-guides determine the individual's vulnerability to negative emotional states. For example, in a self-actual/self-ideal discrepancy, the individual is vulnerable to dejection-related emotions (e.g., sadness, disappointment), resulting from the appraisal that one's hopes and aspirations are unfulfilled (through the absence of positive reinforcement). In a self-actual/other-should discrepancy, the individual is vulnerable to anxiety resulting from the appraisal that one has been unable to achieve one's responsibilities and is therefore liable for punishment (the anticipated presence of negative outcomes) (VEALE et al., 2003). MORISON et al. (2004) found that the drive for muscularity was linked to discrepancies in men's ideal and perceived bodies. Whereas, BRYTEK-MATERA (2008) have show that body dissatisfaction in men correlated with the actual physique silhouette (positive correlation) and ought physique silhouette (negative correlation).

Muscular mesomorphic ideal

Society ascribes specific physical characteristics according to gender. The social standard of bodily attractiveness for women reflects being small and thin (thinness is associated with femininity), the social standard for men reflects being big and muscular (muscularity is associated with masculinity).

The current ideal male physique is muscular mesomorphic (well-proportioned and of average build) characterized by broad shoulders, a muscular stomach, chest and arms, and a narrow waist (MORRISON, MORRISON and McCANN, 2006). PETERSON (2007) emphasizes that this body type is preferred to the endomorphic (fat) or ectomorphic (thin) body type. Within the mesomorphic category, the muscular mesomorphic physique is chosen by the majority of men as the most desirable or ideal body type. Characteristics of this body type include well-developed chest and arm muscles complemented by wide shoulders and a narrow waist (i.e., a V-shaped body). Especially, the upper body is a particularly important aspect of the male body ideal, with a large and muscular chest being most desirable. Men report higher levels of body satisfaction when their body shape is closest to the muscular mesomorphic ideal (PETERSON, 2007). Especially, the upper body is a particularly important aspect of the male body ideal, with a large and muscular chest being most desirable.

Mesomorphic men are believed to be more capable, skilful, and psychologically healthy than those who are less mesomorphic (TUCKER, 1987; in PETERSON, 2007). Men with muscular bodies are described by others as happier and more successful, better able to elicit cooperation in conflictual situations, receiving help more often, having more satisfying interpersonal relationships, and having increased success in attaining jobs (MISHKIND et al., 1986; in PETERSON, 2007). Muscular mesomorphs are consistently rated as more attractive than ectomorphs or endomorphs (WIENKE, 1998; in PETERSON, 2007). OLIVARDIA, POPE, BOROWIECKI and COHANE (2004) found that men most often select the muscular mesomorphic shape as their ideal (satisfaction with appearance depends on satisfaction with muscle mass). Men perceived themselves to be more muscular and slightly flatter than they actually were. They chose an ideal body with significantly greater muscularity and significantly less body fat than their actual bodies and their perceived bodies. They also thought that women desired a much more muscular build than women actually did. Muscle belittlement (believing that one is less muscular than one is) was significantly positively correlated with depression ($r = .26$, $p = .001$), and eating disorder inventories, such as: drive for thinness ($r = .20$, $p = .01$),

bulimia ($r = .17, p = .03$), body dissatisfaction ($r = .30, p = .001$), ineffectiveness ($r = .32, p = .001$) and interpersonal distrust ($r = .16, p = .05$). Self-esteem was significantly negatively correlated with many body dissatisfaction variables, including muscle belittlement ($r = -.22, p = .005$), body dissatisfaction ($r = -.40, p = .001$), muscle displeasure ($r = -.18, p = .02$), not liking one's body ($r = -.37, p = .001$), dissatisfaction with bodily proportions ($r = -.34, p = .001$), feeling fat ($r = -.26, p = .001$), and feeling out of shape ($r = -.30, p = .001$).

Images of the new mesomorphic ideal are highly visible in the media. In an analysis of 505 commercials, LIN (1998; in PETERSON, 2007) have showed that 30.4% of male television models displayed a muscular physique, as opposed to 4.4% and 8.7% of models that displayed underweight or overweight physiques, respectively. Similarly, KOLBE and ALBANESE (1996; in PETERSON, 2007) examined characteristics of male models in "Business Week", "Esquire", "GQ", "Playboy", "Rolling Stone", and "Sports Illustrated" magazines (these magazines are regarded as male audience magazines on account of their large percentages of male readers and because the advertisements in these magazines are targeted at male readers). Between 79% and 94.6% of models in 1,158 advertisements embodied a mesomorphic physique. Underweight and overweight models were highly underrepresented in these popular magazines. These studies demonstrated that body types different from the mesomorphic ideal are not as readily depicted in advertisements in the media as are strong and muscular bodies.

FREDERICK et al. (2005; in PETERSON, 2007) compared the portrayal of the muscular male body in male and female audience magazines. The researchers examined the level of muscularity of male models on the covers of "Cosmopolitan", "Men's Health", "Men's Fitness", and "Muscle & Fitness" between 2001 and 2004. These results suggest that the ideal male figure presented to men in male-audience magazines is larger than the ideal male figure presented to women in female-audience magazines. This finding may partially explain why men tend to overestimate the amount of muscle that they believe females find attractive in a man. MORRY and STASKA (2001; in PETERSON, 2007) explored the connections among magazine exposure and body satisfaction, eating behaviours, and self-objectification. Sixty-one men completed measures of eating disordered behaviour, body shape satisfaction, magazine exposure, self-objectification, and internalization and awareness of sociocultural attitudes. Internalization of the ideal predicted self-objectification and body shape dissatisfaction. Men who adopted the male ideal physique placed increasing emphasis on their physical appearance and reported increased body shape concerns. Additionally, magazine exposure predicted body shape concerns, e.g. increased exposure to fitness magazines was associated

with increased body dissatisfaction. The authors also found that exposure to fitness magazines was associated positively with disordered eating behaviour. As such, the pattern of results suggests that adopting the ideal male body is associated with an increased self-focus on physical appearance and greater body dissatisfaction.

Muscle Dysmorphia

Body image dissatisfaction is considered to be the most essential aspect of body image discontentment because it is believed to capture the individual's internal experience (THOMPSON et al., 1999; in PETERSON, 2007). Male body image dissatisfaction is associated with distorted cognition and consequent maladaptive health risk behaviours. Thus, physical disorder stems from pre-existing mental condition.

The drive to improve physique can lead to the development of muscle dysmorphia. When body image dissatisfaction becomes extreme and the focus of the preoccupation is with body size and muscularity, the resulting disorder is called muscle dysmorphia (POPE, GRUBER, CHOI, OLIVARDIA and PHILIPS, 1997; POPE et al., 2000a). This body image disorder was originally termed "reverse anorexia" or "bigorexia" (POPE, KATZ and HUDSON, 1993). POPE et al. (1997) maintain that muscle dysmorphia is a subcategory of body dysmorphic disorder, however other authors prefer to draw parallel with eating disorder. CHUNG (2001; in MORRISON et al., 2006) conjectures that muscle dysmorphia is closer to anorexia nervosa which also features specific behaviour motivated by a distorted perception of one's body. CONNAN (1998; in MORRISON et al., 2006) argues that the male focus upon exercise in muscle dysmorphia is similar to the focus on weight concern in bulimia nervosa. The author proposes to use the term "machismo nervosa". In this disorder, body shape and weight excessively influence self-evaluation, and the behavioural manifestations include excessive weight training, abnormal eating behaviours as well as cognitive distortions comparable to bulimia nervosa.

OLIVARDIA (2001) argues that the prevalence of muscle dysmorphia is underestimated. If we assume that 9% of men with body dysmorphic disorder have muscle dysmorphia (at least one million men have BDD) (POPE et al., 2000a), 90,000 men with BDD might have muscle dysmorphia. An estimated 100,000 individuals worldwide meet criteria for muscle dysmorphia (POPE et al., 2000a). Figure 2 presents criteria for muscle dysmorphia.

1. The person has a preoccupation with the idea that his or her body is not sufficiently lean and muscular.
2. The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning as manifested by at least two of the following four criteria: (a) the individual frequently gives up important social, occupational, or recreational activities because of a compulsive need to keep his or her workout and diet schedule; (b) the individual keeps away from situations in which his or her body is exposed to others, or copes with such situations only with marked distress or intense anxiety; (c) the preoccupation about the inadequacy of body size or musculature results in clinically significant distress or impairment in social, occupational, or other important areas of functioning; (d) the individual continues to work out, diet, or use performance-enhancing substances even with knowledge of adverse physical or psychological consequences.
3. The fundamental focus of the preoccupation and behaviours is on being too small or inadequately muscular, and not on being fat, as in anorexia nervosa, or on other aspects of the appearance, as in other forms of body dysmorphic disorder.

Fig. 2. Criteria for muscle dysmorphia (after OLIVARDIA, 2001)

PETERSEN (2005) emphasizes that men with muscle dysmorphia try to amend their appearance in accord with the idealised physique, regardless of what long-term health consequences might follow. By trying to achieve their goals, they experience self-efficacy, body satisfaction and increase in body-esteem, which seems to compensate for the lack of self-esteem. An additional factor in the establishment of higher self-esteem might be the social support muscle-dysmorphic men find in their gyms (HURST et al., 2000; in PETERSEN, 2005). This includes the need to maintain a high amount of training to stay accepted there. Men who initially had low self-esteem become more muscular and they may overcome inferiority feelings and become dependent on feeling good about their physiques through working-out (Figure 3).

Muscle dysmorphia (also called “Adonis complex”) and the associated misperception of insufficient muscularity and leanness, can result in compulsive behaviours that impair social and occupational functioning: extreme dieting, rigorous weight lifting, eating large amounts of food, constant comparison with others, excessive mirror checking,⁸ reassurance-seeking, wearing extra layers of clothing to increase appearance size, camouflaging the body with clothing, giving up relationships and job opportunities, and reduced standard of living due to high costs of performance enhancing drugs and supplements (POPE et al., 1997). Consequences of muscle dysmorphia can include anabolic steroid use, cosmetic surgery, eating disorders, anxiety as well as major mood disor-

⁸ OLIVARDIA, POPE and HUDSON (2000) found that men with muscle dysmorphia reported checking mirrors 9.2 ± 3.4 times per day.

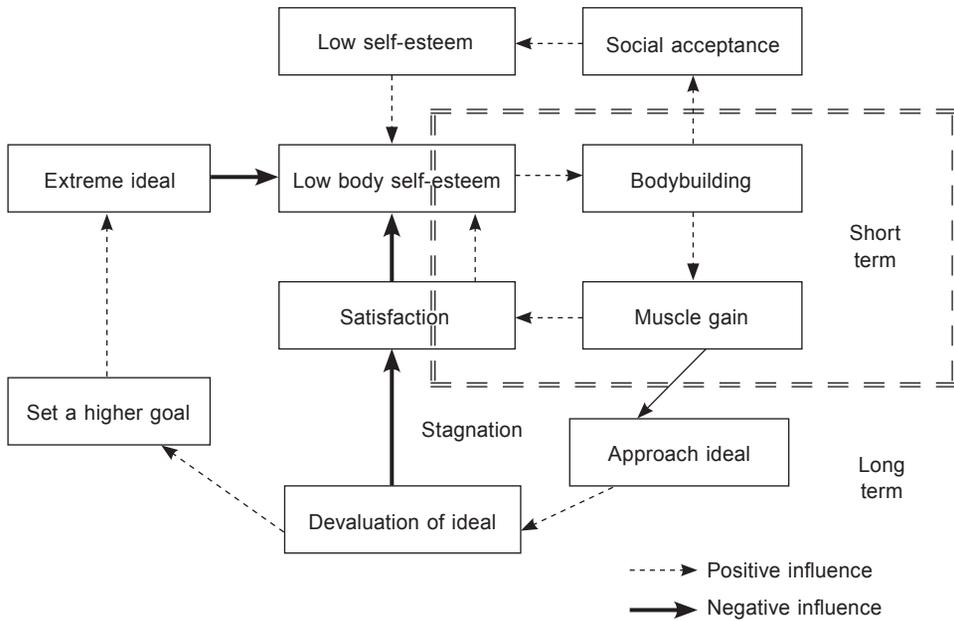


Fig. 3. "Vicious circle" in muscle dysmorphia (PETERSEN, 2005)

ders, and social physique anxiety (OLIVARDIA et al., 2000; HILDEBRANDT et al., 2004).

Influence of the media

The media's omnipresent idealised description of muscular male figures may influence men's body image in a number of ways (TIGGEMANN, 2002). Male body image is, like female body image, open to the influence of the media (McCABE and RICCIARDELLI, 2004). In Western society, growing pressure to embody the ideal shape found in the media is affecting levels of body image dissatisfaction. A single exposure to muscular and athletic male bodies can produce body dissatisfaction in males (AGLIATA and TANTLEFF-DUNN, 2004). VARTANIAN et al. (2001) found that exposure to certain types of male-oriented media has been connected with higher drive for muscularity. An inability to obtain the ideal body is associated with negative affective, behavioural, cognitive and perceptual consequences (TIGGEMANN, 2002).

The addition in male body dissatisfaction is related to the rising visibility of ideal male bodies in popular culture (MORRISON and MORRISON,

2003; POPE et al., 2000; in BLOND, 2008). BLOND (2008) argued that the connection is explained through modern interpretations of the Festinger's social comparison theory. According to the theory, humans juxtapose themselves to others in order to appraise characteristics that have personal or social importance. In westernized societies where physical appearance is emphasized and idealised images are plentiful, it is assumed that most people occasionally compare their appearance to the media standard. When such comparisons are made, the majority of people will judge themselves as less attractive than the ideal, which can cause body dissatisfaction (LORENZEN et al., 2004; in BLOND, 2008).

LEIT et al. (2002) suggested that media exposure to the male body ideal is associated with increased body image dissatisfaction and negative affect and increased body dissatisfaction is associated with even relatively short exposure to the cultural ideal body. This research demonstrates that internalization of the male ideal is predictive of body shape dissatisfaction in men. Additionally, the studies show that even short-term exposure to the male body ideal is associated with men's self-reported, negative feelings about their bodies.

Media images of the male body tend to emphasize muscularity. DUGGAN and MCCREARY (2004) found that exposure to muscle and fitness magazines was related to the desire to be muscular in gay and heterosexual men. SCHOOLER and WARD (2006; in SOULLIERE and BLAIR, 2006) noted the surge in media portrayals of the muscular male ideal contending that media images of men's bodies have become "increasingly muscular and V-shaped, emphasizing broad shoulders, developed arm and chest muscles, and slim waists." Men and boys may internalize media images of the ideal male body in much the same way as women and girls internalize the "thin ideal" promoted in various media. For example, analysing the relationships among media exposure, self-objectification, and body shape dissatisfaction in male and female university students, MORRY and STASKA (2001; in SOULLIERE and BLAIR, 2006) have showed that women who read beauty magazines that promoted the thin ideal and men who read fitness magazines that promoted the muscular ideal tended to internalize these social body ideals. Similarly, as revealed through interviews with both readers and non-readers of fitness magazines, LABRE (2005; in SOULLIERE and BLAIR, 2006) argued that college men might be internalizing the lean and muscular male body ideal featured in men's fitness magazines and other media.

The idealistic male bodies are predominant in popular men's magazines. For example, LABRE (2005; in MORRISON et al., 2006) reported that approximately 96% of image (N = 2.426) (in men's magazines "Men's Health" and "Men's Fitness") were deemed to possess a low level of body

fat. The proportion of image deemed to be “very muscular” was approximately 82% ($N = 2,306$). The author also found that articles ($N = 515$) were more likely to focus on leanness and muscularity (25.2%) than on health (17.8%) or fitness (14.5%). MORRISON, MORRISON and HOPKINS, (2003) explored media exposure and drive for muscularity in 310 men from a community college. The results indicated that desire to be muscular was correlated positively with magazine exposure and social comparison with global targets (such as models or celebrities). Men who reported never having read male-oriented magazines had significantly lower levels of the drive for muscularity than men who sometimes or often read the magazines. GILES and CLOSE (2008) examined the relationship between exposure to “lad magazines”⁹ and the drive for muscularity, along with other variables relating to cognitions about appearance in a sample of young adult males. It was hypothesized that the use of, or exposure to, lad magazines would be associated with higher drive for muscularity, and that this association would be mediated by the internalization of sociocultural attitudes towards appearance.¹⁰ The inclusion of internalization as a mediating variable was found to significantly reduce the lad magazine-drive for muscularity path. However this path was notably stronger for the behavioural subscale of DMS than for the attitude subscale in the first instance.

Research has also determined that internalization of the muscular ideal is associated with concerns about being too small in adolescent males (SMOLAK and STEIN, 2006). BOTTA (2003; in PETERSON, 2007) explored social comparison, magazine reading, and body image and eating disturbance in a combined sample of 196 college and high school males. Social comparison (i.e. frequency of comparison with models in magazines, the level of motivation to attain the physiques of models in magazines, and contemplation regarding how models attained their physiques), reading fashion magazines, and reading health/fitness magazines were predictors of commitment to attaining a muscular physique and thinking about or taking pills or supplements to gain muscle. Increased commitment to

⁹ “Lad media” in general have been associated with higher body surveillance (AUBREY, 2006; in GILES and CLOSE, 2008).

¹⁰ Participants were 161 males between the ages of 18 and 36, with a mean age of 22.17 ($SD = 3.45$). A magazine exposure scale (MES; MORRY and STASKA, 2001) was developed for this study. Respondents were asked to indicate, on a six-point scale from 5 (always) to 0 (never), how frequently they read each of these titles (“FHM”, “Nuts”, “Maxim”, “GQ”, “Esquire”, “Zoo”, “Loaded”, “Bizarre and Stuff”). Sociocultural attitudes towards appearance were measured by the 21-item Sociocultural Attitudes Towards Appearance Questionnaire — Revised: Male Version (SATAQ-M) (HEINBERG, THOMPSON and STORMER, 1995). Drive for muscularity was measured using the 15-item Drive for Muscularity Scale (DMS) of MCCREARY and SASSE (2000; in GILES and CLOSE, 2008).

muscularity was associated positively with reading fitness/health magazines. However, reading fashion magazines was related to decreased focus on muscularity. Social comparison was also predictive of the drive to be thin and behaviours designed to decrease weight, which may be indicative of a desire in males to not only be muscular but lean as well. Finally, there was an interaction between social comparison and sports magazine reading in predicting body satisfaction. Decreased body satisfaction was reported by males with increased time spent comparing their bodies to images in sports magazines. For those who did not spend much time engaging in comparison to the images in sports magazines, reading the sports magazines was related to increased body satisfaction.

According to MORRISON et al.'s (2004; in MORRISON et al., 2006) version of Sociocultural Theory:

- mass media depict and promote a muscular mesomorphic ideal
- conterminous with the presentation and promotion of this ideal is the view that muscularity is desirable and non-muscularity undesirable
- the emphasis placed on the muscular mesomorphic ideal and the imbuelement of this physique with properties of desirability and goodness has implications for how individuals view the male body.

The latter tenet suggests that men may be inclined to perceive themselves as a constellation of parts that are to be evaluated aesthetically (body-as-object) rather than instrumentally (body-as-process). Further, men who internalize (extent to which messages disseminated by media concerning the muscular mesomorphic ideal are incorporated into men's self-identity) the idealistic body standards promoted by mass media may be particularly likely to adopt a body-as-object orientation (MORRISON et al., 2006).

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