Differentiating cis-men's experiences with body dissatisfaction from those of cis-women.

By

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Abstract

The purpose of this study was to explore how men experience body dissatisfaction beyond mesomorphic presentations, which much of the research has been focused on, as well as to explore any potential distinction between cis-men's and cis-women's body dissatisfaction. Highlighting these differences is important as much of the literature and assessment tools used today for body dissatisfaction have been standardized to women, and as such the knowledge base for practicing counsellors may not be sensitive to the experiences of men. The literature review covers several emerging themes that are all synthesized to a distinct main finding that men appear to experience body dissatisfaction in a complex and unique way, with important treatment and cultural considerations uncovered. To conclude, men's experience with body dissatisfaction are largely externalized, and interacts with many moderating variables such as height, endorsement of masculine norms, ethnicity, and sexual orientation. This provides important information for clinicians working with men as to those who are at higher risk for body dissatisfaction, as well as an understanding of where those risks come from and how it contributes to body dissatisfaction among men.

Keywords: male body dissatisfaction, eating disorders, tripartite model, muscle dysmorphia, height dissatisfaction, baldness dissatisfaction

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Chapter 1: Introduction

In this paper men's experience with body dissatisfaction is explored in two aspects; in comparison to what we know of women's experiences and examining body dissatisfaction in men beyond mesomorphic dissatisfaction. A history of body dissatisfaction research being heavily feminine centered has resulted in underrepresentation and even stigmatization of male body dissatisfaction (O'Gorman et al., 2020), and contributes to underreporting of and potentially even misdiagnoses due to differentiating presentations (Murray et al., 2017). In addition, the research on men's body dissatisfaction has been largely focused on muscle dissatisfaction, and even within that focus it is narrowed further to a focus on athletes and body builders rather than the broader general population (Ganson et al., 2023). Research on a more generalized body dissatisfaction among men is less prolific, with scattered studies that within the last twenty years began to compare and recognize differences between men and women with body dissatisfaction (Murray et al., 2010, 2017). Being a common risk factor for later eating disorders, a disorder with significant mortality rates (Quittkat et al., 2019), this is a surprising gap in the literature.

Research Problem Statement

Body dissatisfaction is a broad concept that covers a range of experiences, making it a difficult one to study wholistically. Generally, body dissatisfaction as defined as some disturbance in a person's perception of their own body in some way, specifically in the case of dissatisfaction and not dysmorphia, at levels that are not clinically impairing on their own (American Psychiatric Association [APA], 2013). There is a conceptual link between body dissatisfaction and eating disorders, with a disturbed self-evaluation part of the diagnostic criteria for both anorexia nervosa and bulimia nervosa in the DSM-5 (APA, 2013), and is widely

assumed as a predictor for eating disorders (Karazsia, Murnen, & Tylka, 2017). This association has been a focus of research for decades, with early research establishing a relationship between self/body-esteem and eating disturbance in adolescent girls, with teasing a potential etiological factor (Burrows et al., 2002; Fabian & Thompson, 1989; Fisher et al., 1991). Feminist theories evolved through the research to contribute to theoretical understanding of how this body image is developed in these young women, proposing objectification as a mechanism through which poor self-image grows (McKinley & Hyde, 1996), and the idea of a socioculturally learned thin-ideal and pressures from the major social connections in women's lives (Keery et al., 2004; Puhl & Latner, 2007; Stice, 1994).

Modern research takes this concept and has been applying it to media – social and consumed – expanding the thin-ideal to the "media ideal" (Aparicio-Martinez et al., 2019; Cohen et al., 2017; Rodgers, et al., 2015). The importance of sociocultural influences on body dissatisfaction has been deeply established in the research that it makes up the dominant theories of body dissatisfaction and its relationship to eating disorders (Karazsia, Murnen, & Tylka, 2017). It is so widely accepted that the beauty standards established in western media is influential in the lives of women that there have been shifts in these messages towards body positivity, acceptance of, and celebration of more realistic body types for women (Cohen et al., 2019). Meanwhile, for men there has not been as much movement of the idealized male body in media, or even discussion of men's body dissatisfaction (Karazsia et al., 2017; O'Gorman et al., 2020).

This was, and continues to be, important work that has contributed significantly to our understanding of eating disorders and body dissatisfaction in young women, its course of development, and points of intervention (Cohen et al., 2019; Karazsia et al., 2017). However,

there has been a side effect of this research – the pairing of body dissatisfaction with eating disorders in the research has created an association between body dissatisfaction and weight, where body dissatisfaction has become nearly synonymous with adiposity, where most metrics measuring it are focused on weight (Barnes et al., 2020). What this leaves out of the conversation is dissatisfaction with other aspects of the self than weight; hair, height, and skin for example are other aspects that have been known to be expressed in body dissatisfaction (Chan & Hurst, 2022; Mellor et al., 2014), and even be the main aspect of body dissatisfaction when weight related concerns are controlled for (Mellor et al., 2014).

The research is – or was - also heavily gendered, focusing largely on female populations, and this was reflected in the scales and tools used to measure body dissatisfaction which can fail to capture symptomatology and experiences of males (Murray et al., 2017). While great progress has been made for women because of such vigorous research both in terms of societal shifts as noted earlier (Cohen et al., 2019), but in treatment and prevention as well (Cook-Cottone, 2015), the research for males has been lagging, catching up only recently with the conceptualization of muscle dysmorphia in 1993 and its inclusion in the most recent edition of the diagnostics and statistics manual (Murray et al., 2010). This leaves a lot of unknowns or assumptions of men's experience of body dissatisfaction based on the knowledge from studies conducted with women as the primary participants.

Another aspect to consider is how body dissatisfaction relates to other categorical disorders, such as anxiety disorders or depression. Barnes et al. (2020), Quittkat et al. (2019), and Rapee et al. (2019) discuss the significant correlation between body dissatisfaction and what Rapee et al. (2019) describe as social-emotional disorders which includes social anxiety disorder, generalized anxiety disorder, eating disorders, and major depression. Quittkat et al. (2019) and

Barnes et al. (2020) both note that this association, while quite heavily researched and established for women, is still emerging for men, and that there has been little focus on relationship between body dissatisfaction and social-emotional disorders for them specifically, leaving gaps in our understanding of the exact relationship, or even directionality of the relationship (Barnes et al., 2020).

Considering all of these gaps in the literature leads directly to my research question: how do cis-gendered men experience body dissatisfaction as a whole beyond mesomorphic dissatisfaction, and how does it differ from cis-women's experience of body dissatisfaction? The goal is to look at how men's body dissatisfaction manifests outside of muscle dysmorphia, and to explore any potential differentiation between women and men's experiences with body dissatisfaction. This specific focus on cis-gendered population comes from the increasing complexity of gender identities with body dissatisfaction, which would require a whole study dedicated to just that (Ganson et al., 2023). As noted in O'gorman et al. (2020), the historical assumption of body dissatisfaction as a feminine domain has contributed to significant stigma for discussing male body dissatisfaction in men, despite increasing numbers of men experiencing it. When the research fails to talk about it, this stigma is reinforced on a clinical and professional level, as the field is shaped by the research. Anecdotally it can be likened to heart attacks in biological women in the medical field, where many had gone undiagnosed because of a perception of heart attack symptomology being male skewed. With men, a focus on women in body dissatisfaction research may result in men being misdiagnosed, or their symptoms being misunderstood and misinterpreted (Barnes et al., 2020; Murray et al., 2017).

Justification

To further demonstrate the need for this research, consider that despite much of the research of male body dissatisfaction and dysmorphia being focused on muscle dysmorphia, even within that field the focus is narrow. Ganson et al. (2023) noted in their general population study, it is largely focused on bodybuilders and athletes, leaving a large gap in the understanding of muscle dysmorphia in the general population. This is in direct contrast to the prevalence of body dissatisfaction (BD) seemingly affecting most of the population, with estimates as high as 80% of people reporting some level of BD (Baker et al., 2019), across multiple cultures (Swami et al., 2015). This narrow focus reinforces the claims made in Barnes et al. (2020) of the research of body dissatisfaction being primarily focused on women, a similar message from O'gorman et al. (2020) and Quittkat et al. (2019). Quittkat et al. (2019), Rapee et al. (2019), and Barnes et al. (2020) all discuss the correlation between body dissatisfaction and several mental health disturbances, such as eating disorders, social anxiety, and depression. While a separate issue, eating disorders in males is also critically understudied and misunderstood (Murray et al., 2017), with symptomology seemingly being quite different from eating disorders in women, potentially related to the differential body image pressures males face around muscularity. Given the high mortality rates of eating disorders (as high as 4.4%, the highest rate among all mental disorders (Smink et al., 2012)), any further contribution towards the knowledge base of body image dissatisfaction, a construct considered to preclude eating disorders (Quittkat et al., 2019), is going to be quite important for clinical practice.

Significance

As established, body dissatisfaction is a significant precursor to many other mental health disorders, such as eating disorders (Quittkat et al., 2019), depression and anxiety (Barnes et al., 2020), and can on its own become clinically impairing if it develops to body dysmorphia (APA, 2013). Understanding how body dissatisfaction presents differently for men than for women, after much of the research has been focused on women (Murray et al., 2017) will allow better screening and treatment of men's potentially unique experiences with body dissatisfaction, intervening early before it develops into worse disorders. By completing a literature review to answer the research question of how it is different between men and women, we gain a better understanding of what we as clinicians can do to better treat clients that present with body dissatisfaction concerns (Sangha et al., 2019).

Theoretical Framework

I hold a social constructionism theoretical orientation, which believes that meaning and truth are all individually constructed and subjective, and that this creation of meaning is influenced by our social environment (Creswell & Poth, 2018). In terms of how this relates to body dissatisfaction, I consider the individual experiences with their bodies is influenced by the sociocultural norms they have internalized, and so understanding body image dissatisfaction will in part be understanding the broader cultural expectations (Hardit & Hannum, 2012). What this means is that our experiences in the world shape what we believe and how we behave – what we believe is based on what we have learned from our environment and what has been taught to us by those within our culture. While this approach does heavily favour the subjective individual experience, which creates difficulty in generating broad, generalized theories, it allows an important framework for understanding and approaching the question. This is best demonstrated

by calling attention to the unspoken question that follows this approach – how does the norms of masculinity and male body image impact men. This generates a framework for approaching the research question of how male body dissatisfaction is related to anxiety and depression in cis-gendered men, by providing a theoretical assumption of where and how that impact comes from. Again, for clarity, consider the earlier reference to body dissatisfaction as a risk factor for social anxiety (Quittkat et al., 2019) – when unhappy with their bodies, people experience anxiety around social situations, expecting negative interactions because of their departure from the cultural norms.

This theoretical framework also aligns with a prominent theory within the research field for body dissatisfaction – the tripartite influence model (Hardit & Hannum, 2012). The tripartite influence model is a sociocultural theory that proposes there are three sources of influence that contribute to body dissatisfaction, as well as eating disorders: parents, peers, and media (Thompson et al., 1999, as cited in Hardit & Hannum, 2012). The tripartite influence model suggests that people – adolescents and young adults, and women, especially – receive pressure towards a cultural standard of beauty from these three areas that becomes internalized, leading to stress, dissatisfaction with the self, and taking steps to align the self with the internalized standards. This model will serve as a useful framework from which to explore different areas of influence on men's experiences with body dissatisfaction, providing structure to the literature review.

Definitions

Through this paper I will be referring to several concepts that would be helpful to have defined so as to keep the clarity of meaning throughout.

Body Dissatisfaction, Body Dysmorphia, and Muscle Dysmorphia

When I refer to body dissatisfaction throughout this paper, I am referring to the specific terminology as defined in the most recent Diagnostic and Statistics Manual (DSM-5) published by the American Psychiatric Association [APA] (2013). In the DSM-5, body dissatisfaction is described as unhappiness and fixation on certain aspects of the self that fall within normal range of functioning (i.e., not clinically impairing) (APA, 2013). This contrasts body dysmorphia, which includes significant rumination and obsessive behaviours such as mirror checking that significantly impacts the person across several aspects of their life. Such impacts include avoiding social situations because of their perceived body flaws (APA, 2013). Muscle dysmorphia is a sub-type of body dysmorphia, which rather than a more general body fixation involves fixation specifically on muscularity.

Social-Emotional Disorders

I will be borrowing Rapee et al.'s (2019) term which encompasses several clinically similar diagnoses. This term when used will refer to the collective diagnoses of major depression, generalized anxiety disorder, and social anxiety disorder, as they are defined in the DSM-5 (APA, 2013). I will not include eating disorders under this umbrella term, as it will be often discussed individually as its own construct, despite sharing similarities with depression and anxiety disorders.

Positioning Statement

I settled on the topic of male body dysmorphia, for a few reasons. First, a more personal reason is while I never had true dysmorphia as it never interfered with my life in any significant way, I was unhappy with parts of myself for quite some time, something I have thankfully been

able to leave in my past. For me, my fixation was on perceived aesthetic flaws, not muscles, and the same was true for a few clients I have had over the course of my practicum. The literature on male body dysmorphia is heavily skewed towards muscle dysmorphia and athleticism, but this focus by the literature on muscle dysmorphia only perpetuates the beauty standards, pigeonholing the male experience of bodily unhappiness into that of not being muscular enough. This fails to capture the whole experience of men's relationship to their body, from my own experience both professionally and personally. It is important that I disclose this, so as to confront any personal bias I may have that may lead to seeking confirmation for what may be anecdotal experience, cherry picking research to fit that. Being aware of this potential bias allows me to have an objective and clear mind when conducting the research. I have written several papers through my schooling career on beauty standards, and I have seen firsthand the impact that internalizing these norms can have on people's lives. Giving a voice to a missing population in the research is important, because without that voice we are left with research that simply reinforces the norms.

Overview of the Paper

This paper consists of five chapters: introduction, methodology, literature review, clinical application, and conclusion. The research question will be explored through several themes in chapter three, the literature review, that address different aspects of the question, beginning with an exploration following the tripartite model for the first five studies, and the final five studies exploring specific areas of consideration including height dissatisfaction, baldness dissatisfaction, and cultural intersectionality. Chapter three will conclude with the findings being synthesized to provide a wholistic answer to the research question, which will then be examined from a clinical perspective in the fourth chapter. The concluding chapter will cover

recommendations for future research and will provide a summary of the conclusions drawn from the literature review and an exploration of the limitations of this study.

Chapter 2: Methodology of Literature Review

This section will cover a brief overview of my methodology in conducting the literature review, describing the process I used and where I drew my information from, to demonstrate the thorough academic rigor as is befitting of a capstone paper.

Databases and Search Engines

To obtain the articles and research cited for this paper, I began with using Google Scholar linked to my City University account so that it would primarily cross-search with the CityU library. This search would access several large databases such as PubMed, the National Library of Medicine, the American Psychiatric Association's database, SpringerLink, and EBSCO, as well as large publishers of multiple relevant journals such as Elsevier Science Direct, Taylor & Francis Online, PubMed, and ProQuest. Because Google Scholar accesses such a diverse range of databases and journals, it was the primary search engine in my research. Journal access was often provided through my CityU credentials, but for some articles I utilized my University of Alberta alumni account to access them.

Search Terms

My initial search started with quite broad terms to establish patterns in the literature and to find jumping off points to further refine my search. This included searching things such as "Male body dissatisfaction", "Male eating disorder", and "body dissatisfaction". After gathering some more information from these broad term searches and identifying potential gaps I could then focus on, I narrowed my search terms to hone in on that gap. In this case, I identified there are several gaps in the literature that I explored; a lack of broad body dissatisfaction research that did not focus on muscle dissatisfaction for men, and an overall lack of research on men in eating

disorder and body dissatisfaction in general. Search terms for filling in this gap included “non-muscular body dissatisfaction”, “male body dissatisfaction and media”/ “social media and male body dissatisfaction”, “body dissatisfaction and depression in men”/ ”male body dissatisfaction and depression”, “body dissatisfaction caused depression” and “non-muscular male body dysmorphia”. These search terms gave me enough articles to begin the process of narrowing down from a large selection to specific ones that fit the themes I wished to discuss in my literature review. I also utilized the references sections of articles that I had found to find more potential articles to work from, as well as Google Scholar’s feature that allows you to see the articles that have cited an article. For example, my search terms had come up with several meta-analyses, and from those I was able to find specific articles that fit within my inclusion criteria.

Inclusion and Exclusion Criteria

Exclusion criteria for my literature review was straightforward, as my focus was mostly on men and their experiences with body dissatisfaction, I already had a narrow range of focus. Therefore, articles that did not have a significant population sample of men or a research focus on men were excluded, with the exceptions of several studies for the purpose of the comparative themes of my literature review. In that case, those articles had to be focused on exploring any potential differences between women’s and men’s experiences with body dissatisfaction or eating disorders in some capacity. Another important exclusion criterion was that the papers were mainly limited to being from the last 7 years of research – 2015 onwards – to ensure that they are up to date in the field as psychology is a rapidly evolving discipline. The selection of articles was quite narrow because of the relatively recent and under-researched topic, so inclusion criteria was quite lenient – as seen with the 7-year range rather than a 5-year range. Inclusion criteria was simply that the paper spoke of the constructs I was examining in this paper

(body dissatisfaction, eating disorders, and depression and anxiety disorders) within men, there was no restriction based on population as far as culture or country of origin of the papers. One important inclusion criterion was that the papers used must be peer-reviewed, to ensure the validity and legitimacy of the research. There was no preference given towards either qualitative or quantitative research, as both contributed equally important information for the purpose of answering my research question.

Difficulties Encountered

By and large the primary difficulty encountered was the limited amount of research that addressed my research question. Through the process of research, my question had to be reshaped and formulated anew to fit the evidence that was available in the literature without conducting a novel study of my own. This resulted in a more thematic rather than specific research question, looking at a broader overview of male body dissatisfaction as a whole and how it relates to what we know of female body dissatisfaction which has been heavily researched. This lack of research also resulted in utilizing studies across different cultures with quite different populations – while beneficial for providing a broad overview of how it affects men globally, does raise difficulties in synthesizing the findings across the studies as what is relevant in some populations may not be in others. This is especially true with the topic of body satisfaction given the influence of cultural beauty standards and its complex interaction with globalized beauty standards.

Chapter 3: Literature Review

With the research goal of investigating the differences between men and women's experiences with body dissatisfaction, this section will cover several emerging themes from the literature. This exploration provides clinically important knowledge for the treatment and understanding of body dissatisfaction, and how it emerges within the cis-gendered male population in general. Special consideration will be given to an exploration of areas of body dissatisfaction identified as gaps in the research where possible, specifically non-mesomorphic dissatisfaction given the wealth of literature covering this.

Overview of the Literature Review

In the process of researching the topic there were some emerging themes that appeared across the literature. The literature review will therefore be organized by themes, beginning with a brief discussion of the prevalence of body dissatisfaction rates, and flowing in a logical sense from there to the themes of tools and assessments, minimization of their experiences, sources of pressure, and finally the complex interaction of actionable and non-actionable forms of body dissatisfaction. Following the review of the literature, there will next be sections that discuss the gaps in the literature and ethical considerations. This chapter will conclude with a final summary and synthesis of the findings, expressing the main findings drawn from the literature. Throughout, certain key studies may receive deeper exploration to highlight and enhance the discussion, providing a more in-depth discussion of the themes found within those studies.

Before getting into the literature review it is worth establishing an understanding of the constructs examined within. Body dissatisfaction, or body image disturbance (BD; BID), is described as a disturbance in a person's attitude and self-perception of some aspect of their body,

specifically at levels that are not clinically impairing on their own (APA, 2013). As a common precursor to eating disorders (Fallon et a., 2014; McLean et al., 2022; Quittkat et al., 2019), as well as an array of categorical disorders such as the socio-emotional disorders (Baker et al., 2019, Barnes et al., 2020; Rapee et al., 2019), exploring body dissatisfaction as a construct despite its subclinical disturbance is still clinically relevant.

Prevalence of Body Dissatisfaction

Body dissatisfaction impacts men and women across many cultures, with a globalized body ideal present among most socioeconomically developed urban centers globally (Swami, 2015). It is present in both western and non-western cultures (Ahmadi et al., 2018; Ganson et al., 2023; You & Shin, 2020), as well as across religious cultures (Ahmadi et al., 2018; Feinson & Hornik-Lure, 2016). There is a lot of variance in reported prevalence rates of body dissatisfaction noted within the literature, with some papers reporting up to 80% of men experience some level of body dissatisfaction (Tiggemann et al., 2008, as cited in Baker et al., 2019), and other studies reporting body dissatisfaction rates in men as low as 9%-28.4% (Fallon et al., 2014). It is noted that men often underreport their own body dissatisfaction, due to masculine norms and stigma of it being a “feminine problem” (Burlew & Shurts, 2013; Jankowski et al., 2018; O’Gorman et al., 2020), making estimates of prevalence difficult.

In a longitudinal study with a sample of United States adults by Brown et al. (2020), the point prevalence of eating disorders decreased in the 20-30 years of age range for women, and after decreasing remained stable from 30 years onwards, while for men the point prevalence remained stable across the entire period of the study. By 50 years of age, there was no gender difference in prevalence of eating disorder between men and women. Related to this, the drive for thinness decreased for women as they aged, while for men it increased, while bulimic

symptoms decreased for both men and women as they aged. A similar pattern of stability was found for body dissatisfaction in adolescents in a second longitudinal study conducted with a Canadian sample (Dion et al., 2015). For the girls in Dion et al.'s study, as they aged, they perceived their bodies as being larger than desirable, while for the boys their perception of their body remained stable, while for both, the proportion of body dissatisfaction remained unchanged. Related to this, the majority of girls wanted a thinner shape, with a few wanting a bigger one. The boys had mostly wished to be thinner (just over a third), but a far larger proportion of them than the girls wanted to be larger. There was a strong link between body dissatisfaction and self-reported BMI for both boys and girls, with most girls who were overweight wanting a thinner shape, and a sizeable majority of the boys who were underweight wanting to be larger. Boys were mostly satisfied with their weight when at a normal level, but about a third did report wishing they were larger, whereas for girls two-thirds wanted to be thinner when at a normal weight.

Among adolescents, the rates seem to be higher, ranging from roughly 40%-80%, depending on the construct measured (Baker et al., 2019; Dion et al., 2015). For example, in Baker et al. (2019) 33% of their male participants from Sweden reported height dissatisfaction, while 79% reported muscle dissatisfaction – a similar pattern seen in Dion et al. (2015) who reported 49%-82% for boys in their Quebec sample. A recent meta-analysis examining the prevalence of body weight dissatisfaction in adolescents puts the current estimates from a global sample of studies at 18-56.6% for both sexes (Martini et al., 2022). For adult women, the rates were slightly higher (13.4%-31.8%; Fallon et al., 2014), as well as for the adolescents (57%-84%; Dion et al., 2015), but still very close to the rates observed in boys. The low end of these scores is a similar rate seen in an Australian sample of moderate levels of BD, where 37.9% of

boys and 20.7% of girls expressed moderate levels (McLean et al., 2022). At clinical levels, Mclean et al.'s prevalence rate dropped to 6.8% of their sample of boys, and 19.6% for the girls. I highlight this specifically, as it is an interesting contrast between the moderate and clinical levels of BD, where the boys seems to have a rather drastic drop – which does contrast their secondary measure of depression which found similar rates between the boys and girls of their sample without the drastic drop to correspond with the drop in clinical BD (26.7% boys, 33.15% girls subclinical; 40% boys, 47% girls moderate to severe levels). This speaks to the earlier discussion in the introduction of clinical scales and measurements of BD being insensitive to the male experience (Murray et al., 2017), and leads into the next section of the literature review.

Tools and Measures

As alluded to, the assessment tools that have been developed for examining body dissatisfaction (Baker et al., 2019; Barnes et al., 2020; Ralph-Nearman & Filik, 2018) as well as eating disorders (Brown et al., 2020; Murray et al., 2017) have been standardized to a women-centric understanding of body dissatisfaction (BD) and eating disorders (ED) – which means they often miss the presence of ED and BD in men (Barnes et al., 2020; Murray et al., 2017). When they are captured, they often meeting clinically significant levels of disturbance, but without fully meeting diagnostic criteria for specified eating disorders, and as such are classified as "Non-Specific/Other Eating Disorder" according to the DSM-V (APA, 2013) (Murray et al., 2017). This is in part due to the emphasis of eating disorder inventories on constructs that were validated when these measures were being developed with women, such as a focus on thinness, questions based on the hips and buttocks, and a general focus on adiposity (Barnes et al., 2020; Murray et al., 2017). In Baker et al. (2019) there was several significant findings that differentiated muscle and height body dissatisfaction from the women-centric general body

dissatisfaction measures, suggesting that using the knowledge we have of body dissatisfaction for women that has influenced the development of these inventories and knowledge base are not entirely applicable to men. They discussed the complexity of boy's experiences with body dissatisfaction, with around half of boys wanting to be thinner and meeting a more traditional form of body dissatisfaction, but the other half wanting to be larger and whose pathology follows a different route. These findings are reinforced by Dion et al. (2015) who also found competing pressures for thinness and muscularity, and suggests tools that measure and focus on adiposity are not going to accurately assess men's body dissatisfaction. Baker et al. (2019) notes a complex relationship between height and muscle dissatisfaction in men that is missed by scales that assess for these constructs as standardized with women, noting that for men body dissatisfaction is etiologically and phenotypically distinct from women's experiences with body dissatisfaction. There is evidence for these long-term pathological differences from Brown et al.'s (2020) longitudinal study, which suggests women age out of eating disorders, while for men the rate of eating disorders remains stable across the 30-year period they followed their participants, from 20 years of age to 50 years of age.

Even within inpatient settings for eating disorder clinics there was lower endorsement on what are considered the gold standard measurement tools for the men compared to the women, which would indicate lower severity despite the contradictory evidence, and when presenting to specialist treatment centers they were often misdiagnosed (Murray et al., 2017; Sangha et al., 2019). Men often develop eating disorders later than women do (Brown et al., 2020; Murray et al., 2017), and later onset eating disorders too are missed by the diagnostic tools and criteria, often falling under the "other-specified eating disorder" diagnostic umbrella of the DSM-V, further evidencing the need for tools that are more accurately assessing men's experiences with

eating disorders. One interesting finding from Brown et al.'s (2020) study, although in too small of numbers to be significant from, was that over half of the eating disorder diagnoses in men at 50 years of age were newly onset eating disorders, while only a minority of women had newly onset eating disorders at 50. Another finding of note was that later onset eating disorders were diagnosed as "other specified" eating disorders from the DSM-V (APA, 2013) in their sample, meaning they have clinically significant symptoms that do not match with other named eating disorders.

One such tool that is commonly used is the Eating Disorder Inventory (EDI) scale (Baker et al., 2019; Ralph-Nearman & Filik, 2018). As noted already, in Baker et al. (2019) they found evidence for muscle and height dissatisfaction (MD; HD) in men being distinct from women's muscle and height dissatisfaction, with the EDI's body dissatisfaction subscale (EDI-BD) having poor association with men's reported MD and HD – less than 10% of the variance of HD/MD was explained by the EDI-BD. The EDI-BD having measures pertaining to aspects of body dissatisfaction that are common for women but not for men leads to men having lower mean scores on the assessment, often interpreted as not experiencing body dissatisfaction as much (Baker et al., 2019). This failure of measures that include more weight towards constructs standardized with women in accurately assessing men's body dissatisfaction is echoed by Jankowski et al. (2021) who note that the scoring of these measures means total dissatisfaction with aspects that are weighted lower would be indistinguishable from someone with no body dissatisfaction at all. Jankowski et al. (2021) also noticed that a quarter of the responses on the open response scale of BD they used could not be captured by a closed response scale that was designed for men specifically, reinforcing the idea that the use of closed response scales may miss specific forms of BD. Ralph-Nearmen and Filik (2018) note that another widely uses scale

– Stunkard Figure Rating Scale (SFRS) – has very similar problems as the EDI-BD scales, focusing on weight and drive for thinness, and offer alternative scales standardized for the use with men that more accurately capture body dissatisfaction.

It is worth noting that while these scales do not fully capture men's experience with body dissatisfaction, they are still found to be useful for those who struggle primarily with a drive for thinness (Baker et al., 2019; Ralph-Nearman & Filik, 2018). However, as discussed in the prevalence section, thinness is a minor part of men's BD experience, and as such a focus on tools that assess purely for the drive for thinness creates an illusion in the literature that men do not experience body dissatisfaction or eating disorders at the same rate as women (Barnes et al., 2020; Murray et al., 2017). This further stigmatizes body dissatisfaction in men and misunderstanding of prevalence has led to primary care providers either misdiagnosing or failing to acknowledge the risk of these constructs in men (Murray et al. 2017; Sangha et al., 2019). Failure to discuss and acknowledge the risk also contributes to men's own misunderstanding of body dissatisfaction and eating disorders, where some men have expressed a lack of awareness around their own symptoms in qualitative studies (Jankowski et al., 2018; O'Gorman et al., 2020; Sangha et al., 2019).

Minimization of their Experiences

Many men seem to minimize their own experience with body dissatisfaction, causing difficulty not only in prevalence estimates, but in the understanding of their experiences on the part of researchers and practitioners (Jankowski, 2019; Jankowski et al., 2018, 2021; O'Gorman et al., 2020). There are several overlapping reasons men minimize their experiences with body dissatisfaction. One, as touched on already, is the lack of knowledge in the general population and the pervasive belief that men do not experience body dissatisfaction nearly at the levels

women do (Jankowski et al., 2018; O'Gorman et al., 2020; Sangha et al., 2019). When men are unaware of their behaviours as a symptom of body dissatisfaction, they do not understand where the negative consequences on their life are coming from. This is seen in Jankowski's (2019) case study where the men in his study tend to blame others and society for problems they face as a consequence of underlying body dissatisfaction of their own – to the point of highly misogynistic beliefs. Relatedly, men simultaneously report having no or minor body dissatisfaction, and then describe situations where BD has negatively impacted their life (Jankowski et al., 2018; O'Gorman et al., 2020), either unaware of or denying the impact BD has on their lives. To that last point, part of the masculinity norms many men endorse is stoicism and non-reporting of anything that may be perceived as weakness or feminine (Jankowski et al., 2018; O'Gorman et al., 2020, 2019), consequently men face acculturated pressures to not discuss or acknowledge their own BD. It creates a feedback loop of stigmatized BD and eating disorders in men not being reported or discussed, which then puts estimates of prevalence at low or negligible rates, which reinforces the norms and lack of knowledge not only in the general population, but in the professional field and research (Sangha et al., 2019). In a study examining baldness, another aspect of the masculine beauty standards, Frith and Jankowski (2023) note that men simultaneously endorse stigmatic views of baldness and bald men, reporting no personal baldness dissatisfaction, and measures of quality of life reporting a negative impact on their quality of life from baldness.

Another reason men minimize their own body dissatisfaction is in part how they view and engage in it. For men, body dissatisfaction is largely externalized, despite internalization of masculine norms and beauty standards (Jankowski, 2019; O'Gorman et al., 2020). As noted in the literature, the body is the primary way men are able to display masculinity (Frith &

Jankowski, 2023; Talbot & Mahlberg, 2023), and as such for men BD is informed largely by how they are perceived by others, rather than how they themselves perceive their body. This explains the disconnect outlined above, where men endorse masculine ideals, including the importance of height (O'Gorman et al., 2019; Talbot & Mahlberg, 2023), baldness stigma (Frith & Jankowski, 2023; Jankowski et al., 2021), and muscularity (Dion et al., 2015; Murray et al., 2017), while underreporting their own body dissatisfaction – they do not perceive themselves as unhappy, but rather, that others do not perceive them favourably. This may be in part a result of a positive association of common body dissatisfaction behaviours observed in men – the pursuit of muscularity (Jankowski et al., 2018; O'Gorman et al., 2020), where it is seen as an admirable trait, and something good to strive for. Further evidence for this external experience of body dissatisfaction comes from Dion et al. (2015), who found that at 18 years of age, sexual experience and self-esteem were risk factors only for the boys in their sample, and not the girls, for development of body dissatisfaction. For men, masculinity and the body are performative, they are an expression of the masculine norms they endorse, while being disconnected from a personalized concept of the self incongruent with those norms. As we will discuss shortly, this is then reinforced by the sources that most impact men's development of body dissatisfaction – peers (Allen & Mulgrew, 2020; O'Gorman et al., 2020 You & Shin, 2020).

This experience of men minimizing their body dissatisfaction, and the interplay of masculine norms in their experience of body dissatisfaction is of course different from how women experience body dissatisfaction, not having those masculine pressures. For women, their experience with body dissatisfaction has been openly discussed, and it is accepted that it is a negative experience (Cohen et al., 2019; Karazsia et al., 2017). This of course has led to shifts in the discussions of body images for women towards body positivity and promoting healthier

views of the body (Cohen et al., 2019; Cook-Cottone, 2015; Karazsia et al., 2017). It is established that body dissatisfaction and eating disorders are pervasive and have connections to social-emotional disorders for women, promoting open discussion and significant importance placed on diagnosis and treatment for women (Quittkat et al., 2019; Rapee et al., 2019).

Sources of Pressure

As discussed in the introduction, the tripartite model which proposes body dissatisfaction is developed from the pressures faced by people from three sources: parents, peers, and media (Thompson et al., 1999, as cited in Hardit & Hannum, 2012), provides a framework for exploring how body dissatisfaction may differ between men and women by examining the sources of body dissatisfaction. To that end, it's worth taking a deeper dive into a study conducted by You and Shin (2020) doing just that – using the tripartite model with a Korean sample to examine the differences between men and women's body dissatisfaction.

You and Shin (2020) found that in their sample there was significant gender differences in the expressions of body dissatisfaction, with women having a higher drive for thinness and a lower drive for muscularity compared to the male participants. As for how media specifically influenced body satisfaction, they found that media pressures have a significant effect on the drive for thinness and body dissatisfaction among the female undergraduate participants, and for the male participants media as well as peer influence had significant effects on the drive for muscularity and body dissatisfaction. Further, they found that for the female participants parental and media pressures has a mediating effect on body dissatisfaction through a drive for thinness, and for males, peer and media pressures mediated body dissatisfaction through the drive for muscularity. For the women in their study, parental pressure and media pressure influenced their drive for thinness primarily, which then affected their body dissatisfaction – although media

itself also directly contributed to body dissatisfaction. Peers mainly influenced the women in their sample towards a pursuit of muscularity, which had no impact on body dissatisfaction. This contrasts the males, for whom a pursuit of muscularity was a vulnerability factor for body dissatisfaction, and this pursuit of muscularity was directly increased by peer and media pressures. Interestingly, with men peers as well as media directly contributed to body dissatisfaction, contrasting the finding with women whose body dissatisfaction scores were only directly impacted by media pressures.

Two important things can be drawn from You and Shin's (2020) research: women are not as influenced by peers, and men experience most pressure from peers. The findings that peers have the strongest correlation as a risk factor for men is also reinforced from qualitative and case studies in which men reported they most often compared themselves to their peers (Jankowski et al., 2018; O'Gorman et al., 2020). This is also reinforced from the findings that media, while impactful on men's body dissatisfaction, mostly comes from realistic depictions of men in television commercials, rather than unrealistic or posed models (Allen & Mulgrew, 2020). These realistic models are considered more achievable, and as such enhances the rates of social comparison men engage with – similar to how peers would be a realistic and achievable standard. Another difference between men and women's experience with body dissatisfaction pressures from media is that for women, the rate of the "idealized body" is decreasing in media, while for men it is remaining stable (Karazisia et al., 2017; O'Gorman et al., 2020). The fact that peers had a direct impact on body dissatisfaction in You and Shin's (2020) findings, rather than being moderated by a third variable such as the drive for thinness in women, further suggests the etiological difference between men and women's experience with body dissatisfaction, and may

be indicative of the previous discussion of men having a more externalized experience with body dissatisfaction.

Complex Interplay of Actionable and Non-Actionable Body Dissatisfaction

As has been thoroughly discussed, Baker et al. (2019), as well as You and Shin (2020) demonstrate etiologically and phenotypically distinct body dissatisfaction in men compared to women – especially around height and muscle dissatisfaction. Baker et al. (2019) speak on there being a complex relationship between height and muscle dissatisfaction, where there seems to be some link between them. This is further explored in papers assessing height dissatisfaction among men, and how it relates to masculinity and muscularity (O'Gorman et al., 2019; Talbot & Mahlberg, 2021). Again, we will take a brief deeper look into these two papers to draw out some key findings.

O'Gorman et al. (2019) found that shorter men not only experienced height dissatisfaction, but greater overall body dissatisfaction – including especially muscular dissatisfaction, which seemingly was moderated by an increased conformity to masculine norms found among shorter men. It is worth noting that the correlation between height dissatisfaction and conformity to masculine norms was small, but does mirror the results of previous research that examined the relationship between muscle dissatisfaction and conformity to masculine norms. It is also interesting that their study did not find a linear relationship between muscularity dissatisfaction and conformity to masculine norms, contrasting previous research, although their sample was largely focused on height dissatisfaction which may have detracted from the relationship. The inverse of the relationship between height dissatisfaction and masculine conformity was also found – the men with near-zero endorsement of masculine norms, there was no relationship between height and height dissatisfaction – meaning that height dissatisfaction

appears to be significantly tied to masculine conformity. Another interesting finding that came because of their sample including a surprising number of taller men was that the taller males had overall lower body and height dissatisfaction than shorter males, but also had higher conformity to masculine norms – another deviation from previous research findings. This further reinforces the moderating effect of masculinity on height satisfaction, demonstrating the importance placed on height as a heuristic of the ideal male body.

Talbot and Mahlberg (2023) then examines height dissatisfaction among a more general population, rather than using a purposive sample of men they recruited students from their home institute in Australia. Using a self-report survey collecting information on the participants body attitudes (muscle, fat, and height satisfaction), what their perceived ideal body image is (body fat and muscularity), and eating disorder symptomology. The goal of the paper was to examine the relationship of height dissatisfaction to muscle and fat dissatisfaction, body ideals, and eating disorder symptoms – in other words – how, if at all, height dissatisfaction contributes to overall body dissatisfaction and eating disorders in men. Before examining those findings, it should be noted that Talbot and Mahlberg (2023) did find evidence supporting the findings of O’Gorman et al. (2019) – shorter men in the university sample tended to have higher height dissatisfaction. As for the link between height dissatisfaction and other aspects of body dissatisfaction, there was evidence that men who are more dissatisfied with their height were more likely to be dissatisfied with their muscularity. Similarly, higher reported muscular ideals were predictive of greater height dissatisfaction – again mirroring O’Gorman et al. (2019) in that masculinity and the masculine ideal has a direct impact on men and their satisfaction with height. Talbot and Mahlberg (2023) propose that this relationship comes from the fact that height being such an important aspect of the masculine ideal, yet unchangeable or actionable, drives men who

experience height dissatisfaction to compensate in other aspects of masculinity that are actionable, such as muscularity.

Overall, the findings of both Talbot and Mahlberg (2023) and O'Gorman et al. (2019) support height dissatisfaction as a significant part of men's experience with body dissatisfaction, as a direct result of it being a significant part of the male beauty ideal. As a consequence of it not being actionable, men may present behaviourally with an alternative form of body dissatisfaction – muscularity, especially – and as such recognizing the importance of height dissatisfaction and its role on men's experience with the self is important to keep in mind when working with men experiencing dissatisfaction. The main point that is drawn from this, and is seen in other areas of the body as well such as minority identities (Ganson et al., 2023) and to a lesser extend, baldness (Frith & Jankowski, 2023; Jankowski et al., 2021), is that non-actionable body dissatisfaction in men has a significant relationship to more actionable forms of body dissatisfaction – muscularity and the pursuit of muscularity. This is especially salient in Ganson et al. (2023) where South Asian men in Canada were among the most at risk for muscle dissatisfaction and anabolic-androgenic steroid (AAS) abuse – an increased desire to acculturate and fit in with the western beauty ideals, where their skin colour is unchangeable, so they choose to pursue muscularity to compensate.

Gaps in the Literature

Baldness dissatisfaction had rather inconclusive results (Frith & Jankowski, 2023; Jankowski et al., 2021), there was still findings supporting the existence of hair dissatisfaction, and it having an impact on men – the exact demographic information of who it impacts, and how, however is still unclear and needs further research. Regardless, there was support for the stigma towards baldness, and while it may not be enough to lead to clinically significant distress

alone, it may play a role in a greater picture. It should also be noted the level of bias reported in baldness research, where an alarming number of studies either had biased samples or conflicts of interest with authors or funding being tied to hair-loss treatment facilities (Frith & Jankowski, 2023). This makes drawing conclusions out of hair dissatisfaction research with men difficult, and this warrants further research. Similarly, the research from Ganson et al. (2023) is very new, but has important implications for who is at risk for body dissatisfaction among men, and the complex interplay between the various presentations of BD. Due to the scale of the interactions that would come from including an investigation into such intersectional identities, it is again worth exploring further as the research develops, and should be watched as a practitioner working in a culturally diverse country such as Canada.

Ethical Considerations

All the studies examined in this literature review were selected with consideration to the ethical standards as outlined in the federal regulations for research in Canada, the tri-council policy statement (Interagency Advisory Panel on Research Ethics, 2022) and the Canadian Psychological Association's professional code of ethics (CPA, 2017). Of these standards, the most important are those pertaining to the welfare and respect for all persons involved in the research, especially as many of the studies gathered demographic information from the participants, it was important to ensure that the studies chosen were ethically sound and the data sourced ethically. Especially relevant is the inclusion of research that was working with adolescents, where informed consent from the parents as well as participants was important, as aligning with principle I (respect for the dignity of persons and peoples) as outlined in the CPA code of ethics (CPA, 2017) – especially pertaining to privacy and confidentiality, informed consent, freedom to consent, and protections of vulnerable groups. This of course extends to all

of the participants, however when consideration adolescents there are extra layers of consent to be obtained from the parents, assent from the participants, and from the schools the participants were drawn from (CPA, 2017).

Another important ethical consideration is principle III of the CPA code of ethics (CPA, 2017), which pertains to an integrity in relationships and research. To that end, all studies included an ethics statement disclosing no conflicts of interest, where any potential funding came from, and completion of ethics reviews by their respective ethical review boards. For the studies using home institution samples they often cited receiving ethics approval from those institutions to sample from their university population. This is especially important as noted in the literature review, where baldness dissatisfaction research was found to have a lot of unreported or non-disclosed bias on parts of funding and research (Frith & Jankowski, 2023). Somewhat related, it is important to consider the populations of the studies examined in this paper, and the cultural sensitivity of this knowledge, as outlined by principles II and IV (CPA, 2017) which speak to the importance of using culturally relevant and sensitive knowledge and interventions with our clients. Many of the studies included were examining western, heterosexual, and Caucasian participants primarily, and as such some of what has been learned in this research may not apply cross-culturally. This was an important consideration made in including You and Shin (2020), which applied these ideas and theories established with a western culture to an eastern culture of Korean participants, finding support and evidence of these constructs cross-culturally.

Finally, as a relatively new area of research, an important ethical consideration to be made on the part of the writer pertains to principle IV: responsibility to society, as well as principle II: responsible caring (CPA, 2017). These principles outline the importance of maintaining up to date and accurate knowledge of the research and the current conclusions and

understandings of any mental health issue we may be presented with in our work with clients. As new research, this is likely to be rapidly evolving and our understanding of it may change, and as such it is important to keep up to date and review the current findings. The importance of this was again demonstrated within the literature review extensively, where measurement tools that are used by counsellors to assess for body dissatisfaction are often inaccurate (Murray et al., 2017; Ralph-Nearman & Filik, 2018) and that a lack of knowledge can result in misdiagnoses or further stigma faced by men in their experience of body dissatisfaction and eating disorders (Sangha et al., 2019).

Summary and Synthesis

Men's pathology and symptomology with body dissatisfaction differed from women's (Baker et al., 2019; Brown et al., 2020; Dion et al., 2015; You & Shin, 2020) such that for men it appears that they face largely externalized forms of body dissatisfaction, concerned largely with how they present to others and how they will be perceived by them, rather than a more personalized internal concept of self. Men seem to engage in more externalizing symptomology, such as steroid use and excessive working out (Baker et al., 2019; O'Gorman et al., 2019; Talbot & Mahlberg, 2023), as well as high levels of social comparison and externalized pressures from peers (Allen & Mulgrew, 2020; You & Shin, 2020). The results of the hair dissatisfaction studies provide a potential view into this distinction of self-concept versus perceived concept, where despite finding moderate levels of internalized baldness stigma, there was rather small amounts of hair dissatisfaction (Frith & Jankowski, 2023; Jankowski et al., 2021). The resistance to internalizing this stigma neatly follows the findings of externalized body dissatisfaction contributing the most to men's experience.

Height dissatisfaction playing a moderating role on muscle dissatisfaction was also a significant finding (O'Gorman et al., 2019; Talbot & Mahlberg, 2023), and the relationship between actionable and non-actionable body dissatisfaction in men may have been what contributed to the findings that men's experience of body dissatisfaction is not adequately captured by the scales and constructs established from research with women's body dissatisfaction (Baker et al., 2019; Brown et al., 2020), reinforcing the importance of distinguishing men's body dissatisfaction from women's. The cultural intersectionality as uncovered in Ganson et al. (2023) also provides further evidence for the externalized body dissatisfaction of men, and its complex interaction with actionable and cognitive forms of body dissatisfaction that come from a result of the masculine beauty pressures in western culture. In sum, the main finding of this literature review is that men's body dissatisfaction is largely externalized, largely in part from masculine norms from peers and media, and that men engage in social comparison. This contrasts the experience for women, where body dissatisfaction is often internalized, moderated but not directly impacted by peers and social comparison (You & Shin, 2020), often does not express as height or muscular dissatisfaction and when it does differently than it does in men (Baker et al., 2019), and where women almost entirely have a desire to be thinner whereas men face competing pressures to be both thinner and more muscular (Dion et al., 2015). As for eating disorders, women seem to have a higher rate of eating disorders at younger age but tend to "age out", while men remain stable across the lifespan (Brown et al., 2020), and height seems to have a moderating effect on eating disorder in women where shorter women are at higher risk, but not for men (Talbot & Mahlberg, 2023).

The focus of research historically on women has contributed to standardized tools and measures of body dissatisfaction and eating disorders that fail to adequately capture the

constructs of body dissatisfaction that most impact men (Barnes et al., 2020; Murray et al., 2017; Ralph-Nearman & Filik, 2018). Scales have been developed specifically for men that are more accurate in their assessments (Ralph-Nearman & Filik, 2018) but it is important to recognize that closed-response scales may still fail to capture body dissatisfaction in aspects that may be considered less impactful (Jankowski et al., 2021). This focus on women has also contributed to a lack of knowledge and stigma in the professional (Murray et al., 2017; Sangha et al., 2019) and public (Jankowski et al., 2018; O'Gorman et al., 2020). This contributes to difficulty in estimating prevalence and further reinforces the continued lack of attention on men and their experiences.

Overall, men experience body dissatisfaction quite differently from women – they face masculine pressures that include simultaneous pressures for thinness and muscularity (Dion et al., 2015), and results in complex overlap and interplay between various forms of body dissatisfaction, most notable of which is height and muscle dissatisfaction (O'Gorman et al., 2019; Talbot & Mahlberg, 2023). These masculine norms also result in men largely underreporting and being unaware of the negative impact body dissatisfaction has in their lives (Jankowski et al., 2018; O'Gorman et al., 2020), resulting in endorsed behaviours that are risky such as steroid abuse (Ganson et al., 2023) or socially impairing such as high levels of misogyny and blaming others (Jankowski, 2019). Men have an externalized view of body dissatisfaction, internalizing a masculine ideal while not endorsing any personal body dissatisfaction, while reporting negative life impacts (Jankowski et al., 2018; O'Gorman et al., 2020) and being influenced largely by peers (You & Shin, 2020) rather than an idealized self-concept.

Chapter 4: Clinical Application

As discussed before, and as established in the research, there is significant clinical impacts of body dissatisfaction, as it contributes to lower self-esteem (Dion et al., 2015; Rapee et al., 2019), social impairment (Ganson et al., 2023; Jankowski et al., 2021; O'Gorman et al., 2019), and is linked as a risk factor for eating disorders (Barnes et al., 2020; Quittkat et al., 2019; Rapee et al., 2019; Talbot & Mahlberg, 2023). There is also evidence that body dissatisfaction in men who are otherwise healthy contributes to social-emotional disorders (Barnes et al., 2020). A lack of understanding has been seen to cause primary care providers to misdiagnose or mistreat body dissatisfaction and eating disorders in men (Sangha et al., 2019). As such, it is important that we draw out clinically relevant findings from the literature review that might assist in the practice as a counselor working with potential clients presenting with body dissatisfaction concerns.

Prevalence, Accurate Tools, and Social Justice

First, one very important finding from Baker et al. (2019) is that the measures that have been standardized for body dissatisfaction largely with female populations does not accurately capture male body dissatisfaction, echoing that of Murray et al. (2017). Even scales measuring muscle dissatisfaction may not capture the extent of body dissatisfaction among clients, given the complexity of its relationship to multiple factors, such as sexuality and ethnicity (Ganson et al., 2023) and other forms of body dissatisfaction such as height (O'Gorman et al., 2019; Talbot & Mahlberg, 2023) and baldness (Frith & Jankowski, 2023). This extends even to the "gold standard" scales that have been established in the field, such as the EDI-BD and Stunkard Figure Rating Scale (Ralph-Nearman & Filik, 2018). An informed practitioner would rely on more than standardized scales when assessing for body dissatisfaction with men knowing this. Examples of

such scales would include those proposed in Ralph-Nearman and Filik (2018) such as the Male Body Scale (MBS) and the Male Fit Body Scale (MFBS), which offers better assessment of male-focused forms of body dissatisfaction for both weight and muscularity. Using proper assessment tools will go a long way in reducing the stigma of body dissatisfaction and eating disorders in men (Murray et al., 2017; Sangha et al., 2019), and allow more accurate estimates of prevalence.

As noted by men in O'Gorman et al. (2020) and Jankowski et al. (2018), men are unaware of their own body dissatisfaction. Part of our work as counsellors that extends beyond our client hours is a dedication to uplifting issues in our community and raising awareness (CPA, 2017). Knowing the prevalence of body dissatisfaction among men is as high as women, yet clinically they do not present at the same rates (McLean et al., 2022), on top of the positive endorsement of masculine norms and an unhealthy focus and pursuit of muscularity, it would be important for counsellors to extend the knowledge of men's body dissatisfaction and eating disorders to their communities in whatever way they can. Providing seminars, especially to high-risk populations, would be one such beneficial example.

Not all research and theories modeled with female participants is unapplicable to men, indeed there is strong evidence for the use of the tripartite model as a conceptual framework, even across cultures (You & Shin, 2020). Having a conceptual framework such as the tripartite model eases the practitioner into points of intervention and exploration with clients – how much pressure do they face from their parents and peers, what sort of media do they consume, etc. Taking this a step further by understanding which branches are especially relevant for a lot of men helps focus on specific interventions or treatment plans to be explored – findings from Allen and Mulgrew (2020) aid in this, highlighting for example the role of social comparison and the

types of consumed media that contributed to increased feelings of body dissatisfaction. Promoting men to engage in healthier ways with depictions of the idealized masculine beauty standards, similar to how body positivity movements have been done with women (Cohen et al., 2019; Karazsia et al., 2017), with a focus on men's relationships with peers and, to a lesser extent, media, would be another way a counselor may work with men presenting to them with body dissatisfaction.

It is indeed imperative that counselors understand the research and are up to date on what does and does not work with clients – it is an ethical duty as outlined in the CPA's code of ethics (CPA, 2017). As such, knowingly using scales that may not be accurate, or intervention plans that are mismatched because of the populations they were developed would be a breach of professional ethics. Included in the CPA code of ethics as well is the importance of implementing culturally appropriate interventions, again, highlighting the importance of Ganson et al.'s (2023) as well as You and Shin's (2020) findings. Part of that is also recognizing that while the results of these studies contribute important knowledge to men's body dissatisfaction, they all use conceptualizations, scales, and beauty standards that are rooted in western culture. As such, even with some evidence supporting the cross-cultural application of these, and in the context of living and working in a western country, a prudent practitioner would nonetheless keep this in mind when working with clients from a non-western cultural background.

The tripartite model having strong evidence as applicable to both western and eastern cultures (Baker et al., 2019; You & Shin, 2020) provides a conceptual framework from which counsellors can work from to design targeted intervention programs or support groups for those at heightened risk, such as gender and sexuality minorities or South Asian men (Ganson et al., 2023). Knowing which branches of the tripartite model have the most impact on the population

you are working with allows honed in and targeted interventions. Further research and keeping up to date on the tripartite model among men and specific populations would be beneficial for any practitioner looking to work with men's body dissatisfaction and eating disorders.

Working with Men Specifically

Second, the main finding of the literature review of men's experience of body dissatisfaction being largely externalized, and the importance of masculine norms provides a strong point from which to begin intervention work with a client presenting with body concerns. This would be like the work done with women, where promoting body positivity and deconstructing learned beauty ideals is a large part of the treatment plan (Cook-Cottone, 2015). Working with the client to untangle the masculine norms and pressures, promoting other, healthier aspects of masculinity would be beneficial, as noted in Frith and Jankowski (2023), appearance is often the only way men have of displaying masculinity. An important finding in O'Gorman et al. (2019) where the men who had near-zero masculine norm endorsement experiencing little to no height dissatisfaction is very strong evidence for a treatment plan that might challenge the internalized masculine norms. One such therapeutic modality that works for this would be cognitive behavioural therapy, specifically cognitive dissonance challenging (Jankowski et al., 2017, as cited in Alleva et al., 2018) and physical-activity behaviour plans to help men refocus on the functionality rather than the aesthetic of their bodies (Alleva et al., 2018). Early intervention programs would also be worth investigating given the increasing numbers of adolescents experiencing body dissatisfaction (Ganson et al., 2023). One such program, *Healthy Me*, has shown promising results when utilized with primary school children in Australia with reducing the endorsement of masculine ideals and promoting healthier body image esteem (McCabe et al., 2017).

Several of the studies also note in their own clinical recommendations the increased risk and prevalence of anabolic-androgenic steroid (AAS) use (Baker et al., 2019; Ganson et al., 2023; You & Shin, 2020) especially among adolescents and young adult men. Ganson et al. (2023) especially notes a troubling increase of muscle dysmorphia and AAS use among Canadian youth following the COVID-19 pandemic. As they all recommend, it is important to recognize this increased risk as a practitioner as there is significant health risks of AAS use, including several internal organ disorders and psychiatric disorders (Goldman et al., 2019). Understanding these risks and being able to provide psychoeducation and monitor the potential use of them among clients is an ethical duty of counselling psychologists practicing in Canada, per the CPA code of ethics (CPA, 2017).

As noted in Sangha et al. (2019), the current stigma of body dissatisfaction and eating disorders among men leads to decreased help seeking from men even when they become an immediately obvious problem for them, as they fear judgement and a loss of masculinity when they do. There is evidence that men do in fact face stigma from primary care providers, where men presenting with eating disorder AAS use were rated less favourably than those presenting with a cocaine addiction (Yu et al., 2015). Sangha et al. (2019) thus discuss the importance of initial contact as a primary care provider with men, where safety and compassion must be established quickly with men so as to not discourage follow-up appointments. Establishing this therapeutic alliance before moving into treatment planning allows the client a safe area to explore what he may experience as a highly stigmatizing struggle, depending on how much of the masculine norms he endorses (Sangha et al., 2019).

A final recommendation as related to the findings of Ganson et al. (2023) of the identification of specific groups of men across several different sociodemographic membership

being at increased risk would be the development of focus or support groups for those at higher risk. Understanding who is at risk allows more effective targeted early interventions, tailored to the specific concerns and lifestyles of those at risk. For example, using Ganson et al.’s (2023) theorizing of South Asian men facing acculturative stress leading to increased muscle dissatisfaction and AAS use, some programs that might benefit them would be those that promote healthier, and support, integration of their cultural identities. Having knowledge of culturally relevant resources and immigration programs that are designed to aid in acculturation are important tools for a counselor who works with a diverse population such as we have in Canada, and unsurprisingly, it is ethically required for Canadian psychologists and counsellors to be culturally sensitive and knowledgeable practitioners (CPA, 2017).

Summary of Clinical Applications

The first of the big take aways for a clinician from this paper should be that with men it is important to recognize that body dissatisfaction and eating disorder scales that are commonly used have been standardized with a women-centric population (Barnes et al., 2020; Murray et al., 2017), and that they should be mindful to use scales that are instead standardized for use with men (Ralph-Nearman & Filik, 2018). Failure to use properly standardized tools can lead to missing the true extend of men’s experience with body dissatisfaction, or eating disorders, and lead to misdiagnosis and enforcing further stigma and unethical care of their clients (CPA, 2017). The second major takeaway is the importance of masculine norms across several presentations of body dissatisfaction in men, and how as a point of intervention, reducing endorsement of unhealthy masculine norms can significantly reduce body dissatisfaction in men (O’Gorman et al., 2019).

Finally, there were many social justice considerations to be taken from this literature review, such as the importance of elevating the discussion of men's BD into our communities to reduce stigma (Sangha et al., 2019), understanding the intersectionality with minority identities (Ganson et al., 2023), identifying who is at highest risk and developing early intervention programs for them (Ganson et al., 2023; Sangha et al., 2019), and recognizing the increased use and risk of AAS among adolescents experiencing MD (Ganson et al., 2023). Related to ethical duties as outlined in the CPA code of ethics (2017), as a new field of research it is important to keep up to date, as it is likely to be ever evolving, with such findings of who is at most risk in Canada being published as recently as this last year (Ganson et al., 2023).

Chapter 5: Conclusion

Summary

The focus of this paper was to examine how men experience body dissatisfaction and differentiate it from how women experience body dissatisfaction, as much of the literature historically has been centered around women and their experiences, which has contributed to many of the standardized tools being used in the field failing to adequately capture male body dissatisfaction (Murray et al., 2017; Ralph-Nearman & Filik, 2018). A secondary goal was to explore men's body dissatisfaction beyond the heavily researched mesomorphic presentations of body dissatisfaction to better capture the whole picture so that counselors may better treat any clients presenting with body image concerns. Through the literature review process, both research goals were met, with findings supporting a significant difference between men and women's experiences with body dissatisfaction in many ways, which is clinically important as it informs different treatment approaches to be taken with clients as well as the tools used to assess for clinically significant disorders. The literature review also highlighted many important ways body dissatisfaction presents in men beyond muscle dissatisfaction, and provided important insight into the complex interactions between the different forms of body dissatisfaction and the male experience of masculinity.

Overall, the main finding from this paper is that men experience body dissatisfaction in a largely externalized way. They are significantly impacted by masculine pressures from their peers as well as media. For men, there are limited options for displaying masculinity beyond highly specific appearance standards. As such, for those who place high importance on the western masculine norms, they experience significant stress if they do not meet these appearance standards, which then can contribute to the development of social-emotional disorders (Barnes et

al., 2020), or even eating disorders (Quittkat et al., 2019). Addressing and disenfranchising men from the masculine norms that contribute to these unhealthy thoughts, feelings, and behaviours is important in the treatment of men's body dissatisfaction, and arming oneself with the understanding of what sources contribute the most to these masculine norms and what forms of body dissatisfaction are most impacted by and interact with them allows effective interventions backed by research.

The second main finding is that the consequence of men's experience with body dissatisfaction having this complex interaction between masculinity and their body is that tools designed to assess body dissatisfaction that were standardized with women do not adequately capture the experiences of men. Assessment tools that are designed for use with men are important not only in accurately capturing body dissatisfaction and eating disorders, but in reducing overall stigma of body dissatisfaction in men and promoting open discussion of what is an equally prevalent problem for men as in women.

Recommendation for Future Research

Due to the already large scope of the research question, as well as the relative infancy of the research into male body dissatisfaction, a lot of granular details have been missed or glossed over. This leaves open room for much more specific research questions that really hone in on the complex interactions and intersectional facets of men's experience with body dissatisfaction.

One such research question I would recommend would be exploring further the exact relationship between cultural background and male body dissatisfaction, and uncovering more details on that. Based on the findings from Ganson et al. (2023) there appears to be a significant moderating effect of ethnicity with body and muscle dissatisfaction in Canada, but once again

due to the scope of their research and the scope of this paper, the exact mechanism of that relationship is unclear. As such, I could only theorize based on the findings from other papers as well as Ganson et al.'s own findings how ethnicity contributes to body dissatisfaction. Testing this theory would be the next step in expanding the knowledge we have of men's body dissatisfaction, and one that I would argue is incredibly important, given the increased risks of anabolic-androgenic steroid use in these populations.

Related to ethnicity, sexual orientation and gender were also significant moderating variables noted throughout the research, and were also largely the side note rather than the focus of the studies. Like ethnicity and cultural backgrounds, sexual and gender minorities were found to be at increased risk in Canada (Ganson et al., 2023), but without research focusing on the mechanisms through which these identities contribute to and impact body dissatisfaction, no definitive conclusions could be drawn. Indeed, many of the papers did include this same recommendation for future research on how gender and sexuality-identities specifically interact with body dissatisfaction. For example, transgender men may experience a heightened pressure to conform to masculine norms, whether because of gender dysphoria or cultural pressures (Ganson et al., 2023) – again, without the research to support this, one can only theorize.

Some other research questions worth exploring came up in the literature review section related to baldness dissatisfaction specifically as well. First, in general there seems to be inconclusive and biased research (Frith & Jankowski, 2023), and so more reputable and unbiased research should be conducted in general, but more specific questions would include an exploration of just who exactly are experiencing baldness dissatisfaction. There was no demographic information collected in these studies, and knowing now the importance of

sociodemographic identities on body dissatisfaction in men, it is important to explore this further.

There are certainly other areas of future research that can be explored from what I have seen in the literature, but these three are some of the most consistently noted and largest gaps to be filled, and it would be difficult to generate an exhaustive list of future directions.

Limitations

Perhaps the single largest limitation of this study was how general the research question was, which did not allow a more specific investigation into some of the above identified gaps in the literature. However, as a literature review and not novel research, it would be difficult to fill in those gaps, as this is a relatively new area of research to begin with (Murray et al., 2010). It was also not exhaustive of all forms of body dissatisfaction, focusing only on two forms outside of muscular dissatisfaction in height and baldness, missing on other areas that may have similar or greater impacts on men. Another limitation is the samples of the studies selected being for the most part from countries other than Canada. Although there are shared cultural values between Australia, Canada, and the United Kingdom where many of the studies sampled from, there may be subtle differences in masculine norms and beauty standards that can influence the expression of body dissatisfaction. Finally, this paper was limited by the research available as a literature review and not novel research, as such, specific hypothesis and conclusive results cannot be drawn, rather this serves as a launching off point for such studies to explore the theories generated from an exploration of the literature.

Personal Reflections

Through this process I have learned just how pervasive body dissatisfaction is among men, and how it presents in a complex and unique way from women. As a cis-gendered man myself, I can relate with some of the findings regarding the masculine norms and how my own non-endorsement has protected me from feeling dissatisfied with being on a skinnier side of body types for much of my life. I also appreciate the importance of destigmatizing body dissatisfaction among men, and believe that in doing this paper I have developed a deeper understanding of the importance of disseminating this knowledge beyond just my client base where I can, and the importance of community-based outreach in my work as a counsellor.

From a perspective of research, I appreciate the difficulty that goes into research and the development of these papers. I have also seen firsthand the importance of being up to date in this process, noting throughout my literature review the very real consequences of research not being up to date in promoting stigmatization and promoting the norms that may be harmful to our clients and society.

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