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Masculinity, body image and eating pathology: A review of eating disorders amongst men

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Abstract

Eating disorders have been historically perceived as conditions predominantly affecting women, leading to a significant gap in understanding men's experiences with these disorders. Men who experience disorders in eating might face challenges when it comes to diagnoses, symptom presentation and sociocultural factors influencing help-seeking behaviour. Stigmatising beliefs, underdiagnosis, and a lack of gender-sensitive treatment options might further complicate experiences of men suffering from eating disorders. Masculinity expectations due to sociocultural pressures and body image norms might influence willingness of men to seek help in relation to an eating disorder. This review article discusses the need for increased awareness and gender-inclusive, tailored approaches to address the needs of men with eating disorders. Finally, it aims to encourage scholars to focus on exploring this phenomenon from males' perspective and challenge sociocultural norms by representing their experiences on eating disorders.

Keywords: Review; Eating Disorders; Masculinity; Body Image

1. Introduction

Eating Disorders (EDs) are a classified psychiatric condition characterised by dysfunctional eating patterns. EDs are associated with feelings of distress and significant anxiety around food and other eating-related habits. (Spratt et al., 2022). EDs are also reported to have high mortality rates due to suicidality, several multi-systemic comorbidities (Berkman et al., 2007), and illness relapse (Keel et al., 2005). Historically, EDs in men have been underdiagnosed, undertreated, and misunderstood (Strother et al., 2012). From a societal and historical perspective, eating disorders have mainly been regarded as female centric. This may be due to the nature of some EDs like anorexia nervosa (AN), and the modern mediatic strive for the 'thinness' ideal, as well as the diagnostic criteria for AN such as amenorrhea, as this does not apply to males. This was later removed in the DSM-V as a core diagnostic criterion to increase generalisability to males (Attia & Roberto, 2009).

This notion perpetuates the stereotype that men remain prevalently unaffected by this condition. While this may be the commonly held belief, from a therapeutic perspective, men have been treated for eating disorders for as long as women (Murray et al., 2017). Indeed, Morton (1964) reports an adolescent male showing symptoms of what will later be termed anorexia nervosa in a seminal report. Additionally, the actual term nervosa was initially coined to differentiate from the female counterpart of the disease, once known as anorexia hysterica. This terminology was initially ruled out for males, as the held belief was that men could not be hysterical (Wooldridge, 2016). However, while the existence of EDs in male patients may have been reported in the past, modern literature is still mainly focused on the female discourse, hence underscoring a potential misinterpretation of men's experiences. For example, less than 1% of peer-reviewed articles focuses on anorexia nervosa in men (Murray et al., 2016). This notion is supported by additional research showing that approximately 1 in 4 cases of bulimia nervosa are male individuals (Hudson et al., 2007).

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The present review discusses this topic with the aim to inform literature on current and core issues in the assessment, diagnosis, and treatment of eating disorders in men. Moreover, with the purpose of informing clinicians of best practices, modifications to diagnostic frameworks, as well as potential issues for future research are considered.

2. Aetiology of eating disorders amongst men

To contextualize the nature of eating disorders in men, theories of its etiology should first be considered. From a biological perspective, research provides evidence for a theory of genetic contributions to the development of eating disorders. Bulik et al. (2019) report that females with relatives diagnosed with anorexia nervosa (AN) are 11 times more likely to develop AN than individuals who do not have relatives diagnosed with AN. Additionally, they found that significant inheritability applies to other EDs such as bulimia nervosa (BN) and binge-eating disorder (BED), although existing research is much scarcer. It should be noted that the aforementioned study reports data collected from female participants, thus potentially limiting its generalizability to men. In fact, a narrative review conducted by Culbert et al. (2021) explored the biological sex differences in disordered eating. They found that genetic contributions in the development of EDs vary among the sexes, and that there are differences in pubertal emergence of genetic effects on eating pathology. This seems to suggest that literature is still currently limited in the exploration of EDs and their biological impact on men.

While biology and genes may play an important role in determining the development of disordered eating patterns, environmental factors cannot be ignored as triggering events for EDs. For example, research found that child maltreatment is a significant contributing factor to the development of the condition. Afifi et al. (2017) found that sexual abuse and physical neglect among men were the strongest contributors to future onset of eating pathologies. This notion is further supported by research that underscores the impact of childhood abuse on the development of anorexia nervosa (Rai et al., 2019), bulimia nervosa (Monteleone et al., 2015), and binge-eating disorder (Grilo & Masheb, 2002). Once again, the aforementioned literature is prevalently focused on women. A possible reason for the prevalence of female-based studies is because they tend to report EDs more often than men, thus making them easier participants to collect data. Striegel-Moore et al. (2009) found that while few studies of eating disorders include men, a substantial minority of men report dysfunctional eating patterns. The lack of studies may be heavily influenced by the stigmatization of EDs in the latter gender, leading to a tendency to underreport their conditions. Importantly, this highlights the limited knowledge of the impact of male-specific environmental and biological factors.

3. The gym culture and eating disorders

When considering gender-specific issues experienced by men in relation to their bodies and their body weight, several factors need to be considered. Firstly, a key point is the societal pressure for men to achieve a muscular body rather than a slander figure, in contrast to women. Indeed, some men report body dissatisfaction when comparing themselves to the body types depicted in the media, wishing their physique was more athletic (Baird & Grieve, 2006). This starkly differs from the female experience, which is mainly focused on reducing daily calories to achieve thinness. On the other hand, recent research shows that concerns for men with regard to their body image may be more complex than a simple desire to build muscle. That is, men report feeling shame at openly expressing discontent with their bodies, while also experiencing external pressures to achieve perfection (Adams et al., 2005).

Research has recently focused on muscle dysmorphia in men, also referred to as bigorexia (Mosley, 2009). This is mostly observed in bodybuilders, and it is characterised by spending hours in the gym, excessive money spent on sports supplements, dysfunctional eating, and sometimes substance abuse. Indeed, the current pervasiveness of steroid use and performance-enhancing drugs (PEDs) has been found most prevalent withing gym users, particularly in body builders (Perry et al., 2005). Further studies consider struggles experienced by bodybuilders with regard to body image, specifically exercise dependence, disordered eating, and other psychological symptomatology that characterises other EDs (Mangweth et al., 2004). Literature also suggests more investigation is necessary to determine whether bigorexia is a new expression of eating pathology, and whether diagnostic criteria should be included to establish formal guidelines for future diagnoses.

4. Other presentations of eating disorders in men

While male-specific presentations of eating disorders should be further examined, it is also important to highlight that there are many cases where EDs in both genders present similarly but are still underreported in men. For example, Gueguen and colleagues (2012) analysed data collected from hospitalised patients in a Parisian ward between 1988 and 2004. In total, 23 males and 601 females were admitted for anorexia nervosa. Results show that men presented at a

later stage of onset, and they were more likely to have a history of premorbid overweight than women. This finding may indicate that weight loss is perceived differently by men and women. For women, weight loss may be seen as a warning sign of ED, whilst for men it may be overlooked due to the social standards of leanness and athleticism. Raevuori et al. (2009) found that anorexia nervosa in young men is more prevalent than previously suggested by research. Additionally, they found that their results supported the theory argued by Strober et al. (2001), i.e. that males need a stronger genetic predisposition and more adverse environmental factors to develop AN than women. This suggests that EDs may be triggered by a combination of extreme stressors, and it aligns with previous research indicating that men are less susceptible to societal pressures alone, but more vulnerable when biological and environmental factors accumulate.

Striegel and colleagues (2012) showed that while research on binge eating disorder is mainly focused on women, prevalence of the pathology in the general population is equally spread among men and women. However, women tend to report feeling more anxious and stressed, likely reflecting higher concerns compared to men. This may indicate that due to societal expectations, women tend to be more concerned with the implications of gaining weight than men, who do not face as much societal pressure to control their body weight. On the other hand, men may express psychological distress in different ways, thus not exhibiting clear signs of anxiety.

Recent research of bulimia nervosa (BN) and its presentation in males is worryingly scarce. Goldfield et al. (2006) used questionnaires to review bulimic habits among professional and recreational male bodybuilders, and they found high rates of body preoccupations and bulimic behaviours, with 30% of participants meeting criteria for a BN diagnosis at some point in their life. The lack of research on BN in males may have significant consequences in terms of misdiagnosing men with BN as having excessive exercise behaviours or other compulsive disorders. This underlines the need for male-specific screening tools for gender differences in symptoms and emotional responses to EDs.

5. Gender differences in the treatment of eating disorders

According to the reviewed literature, men's remission time from eating disorders is reportedly shorter than for women. Støving and colleagues (2011) highlight that remission time from AN was 7 years for females and 3 years for males. In this context, remission was defined as body weight restoration to at least 85% of ideal body weight and no purgatory behaviours in 6 months. This notion is supported by further research which investigates the gender-specific outcomes for the treatments of EDs. Halbeisen et al. (2022) found that men with AN showed marked improvements in weight gains during treatment. Additionally, they found that men with binge-eating disorder also showed marked improvements during treatments compared to females. These findings may suggest that there are no significant differences in recovery outcomes from eating disorders in men and women, and that current treatments for EDs also produce successful results in men. However, while men may show better weight gain outcomes, this does not necessarily translate into long-term recovery in terms of relapse rates and psychological distress. To date, no scientific research investigates this notion further. Additionally, it is well known men are less likely to seek treatment for EDs due to the gender-specific stigmatisation of the disorder (Maloney et al., 2024). This may suggest that those who do seek treatment are particularly motivated to recovery, hence explaining the better treatment outcomes.

Moreover, there is little consensus at present on the treatment of muscle dysmorphia between clinicians. Martenstyn et al. (2022) found that a combination of psychoeducation and/or psychotherapy yielded small reductions in compulsive exercise, however the optimal combination of treatments component is currently unknown due to a lack of empirical evidence on this topic.

6. Conclusion

Men's EDs remain underrepresented in research despite evidence indicating that men and women are equally affected by the condition. Societal and clinical biases may affect the misinterpretation of men's experiences, further limiting access to proper treatment and intervention. The aetiology of EDs in men is complex, and it includes a combination of biological, environmental and sociocultural factors. While genetic predisposition plays a role, most of the current literature focuses on women, thus potentially limiting generalisability.

The gym culture plays a significant role in the male presentation of EDs, particularly in muscle dysmorphia, where males feel pressure to achieve an exaggerated muscular physique. This can be linked to excessive exercise, disorder eating patterns, and in some cases performance-enhancing substance abuse. The overlap between muscle dysmorphia and eating disorders raises questions as to whether it should be recognised within traditional diagnostic frameworks.

Eating disorders often present differently in men and women. Research suggests that men with AN may have a history of premorbid weight, making any subsequent weight loss less noticeable. Additionally, while binge-eating disorders seems to be equally prevalent in both genders, men may showcase distress in different ways, leading to more difficult identification. Bulimia nervosa remains significantly under researched, thus increasing the risk of misdiagnosis. Finally, treatment outcomes for EDs appear more favourable for men, with research reporting shorter remission times and improvements in weight restoration. However, these findings do not necessarily link to long-term recovery or relapse rates, which are currently understudied. The reluctance of men to seek treatment may also mean that individuals who do engage in therapy are more highly motivated, hence leading to better outcomes in recovery than women. The treatment of muscle dysmorphia remains largely unexplored with little consensus among clinicians. Further research is necessary to identify optimal treatment approaches for this condition.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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