Male body dissatisfaction is now approaching parity with female body dissatisfaction, and generally manifests as either a drive for enhanced thinness, as in anorexia nervosa, or more commonly as a drive for enhanced muscularity, as in muscle dysmorphia. However, little research has been undertaken to explicate the factors implicated in the divergence of male body image disorders amongst body dissatisfied males towards either thinness or muscularity oriented body image concerns. We aim to review several constructs which have been explored in attempting to better understand the causal pathway into this divergence, including sexuality and gender role identification. Gender role orientation may be particularly relevant in underpinning this divergence, in that masculinity is likely implicated in the drive for muscularity, whereas femininity is implicated in the drive for thinness amongst body dissatisfied males. Suggestions and implications for future research in further explicating the role of gender role orientation in the divergence of male body image psychopathology are discussed.

Keywords: male body image, masculinity, femininity, gender role identification

While empirical research pertaining to the nature of body image has largely focussed on the female experience, a growing empirical thrust has focussed on illuminating the male experience of body image pathology. Increasing data suggests that males are approaching parity with females in terms of the prevalence of body dissatisfaction (McCreary & Sasse, 2000), which has gone some way to diluting the once held notion framing body image concerns and eating disorders as a predominantly female oriented domain. Estimates posit that up to 95% of college age American men experience some level of body image dissatisfaction (Mischkind et al., 1986), and on average, report a discrepancy between their current and ideal body of approximately 14 kg (Pope et al., 2000). Indeed, a large proportion of men report being prepared to sacrifice years of their life in exchange for their ideal body, and even

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boys as young as six prefer an ideal body which differs drastically from their current body (Olivardia et al., 2004; Ricciardelli et al., 2000).

The less well understood nature of male body dissatisfaction (relative to female body dissatisfaction) holds particular significance given its association with elevated psychological distress, depressive symptomatology, lower self esteem and overall psychological well-being (Bergeron & Tylka, 2007), in addition to potentially harmful behavioural practices including the consumption of steroids and diet pills, and compulsive exercise practices (Tylka et al., 2005). In the context of this body dissatisfaction, many men report a preference for a more muscular physique, which is consistent with the male body ideal frequently portrayed in the Western media, which results in the drive for muscularity (Pope et al., 2000). However, contrasting research demonstrates that some men, in the context of body dissatisfaction, desire weight loss and reduced overall body mass (Olivardia, et al., 2004), demonstrating a drive or thinness. To date, much of the empirical research applied to male body image has focused on illuminating the drive for muscularity, given the preponderance of males experiencing their body dissatisfaction as a drive for enhanced muscularity (McCreary & Sasse, 2000), and relatively fewer comprehensive investigations have attempted to examine the male drive for thinness, despite recent research illuminating that up to one third of boys diet to lose weight (McCreary & Sasse, 2002). The current consensus indicates that research attempting to further explicate the nature of male body image ought to take into account both antonymic facets of male body image; the drive for muscularity and the drive for thinness (Bergeron & Tylka, 2007).

Body image dissatisfaction amongst males is said to aetiologically underpin the development of both anorexia nervosa (Waller et al., 2007) and muscle dysmorphia (Grieve, 2007) alike, which may represent opposing pathological extremes along a dimensional spectrum of body image psychopathology (Murray et al., 2010). In this respect anorexia nervosa can be characterised by a pathological pursuit of thinness and an accompanying fear of weight gain, whereas muscle dysmorphia may be characterised by a pathological pursuit of muscularity and the accompanying fear of weight loss, with both disorders reportedly inclusive of pathological eating and exercise related practices (Murray et al., 2012). Whilst a relative dearth of empirical evidence in this area has precluded a thorough understanding of this process, epidemiological data does illustrate a strong skew in the prevalence of each disorder respectively amongst males. Extant literature suggests that muscle dysmorphia may show the most significant gender skew in favour of male prevalence, with approximately 90% of all reported cases being accounted for by males (Grieve, 2007), whilst somewhat contrastingly males may make up approximately 10% of all reported cases of anorexia nervosa (Carlat et al., 1997).

In addition to this documented divergence, elevated rates of diagnostic crossover between the pathological pursuit of thinness and muscularity may exist, suggesting that this divergence is a fluid process. Research has demonstrated vastly elevated rates of previous anorexia nervosa amongst those diagnosed with muscle dysmorphia (Pope et al., 2000), whereas men with anorexia nervosa report elevated previous behavioural symptoms of muscle dysmorphia (Jolanta & Tomasz, 2000), suggesting a bi-directional transdiagnostic movement.

However, despite illustrating the nature of this divergence and diagnostic crossover little available research has attempted to delineate the factors implicated in shaping the divergence of body image psychopathology amongst body dissatisfied males towards either thin-
ness or muscularity oriented body concerns. Existing research has documented that the same constellation of personality correlates are implicated in both the drive for thinness and the drive for muscularity alike (Davis et al., 2005), underscoring the necessity of a thorough understanding of the factors instrumental in placing some men more at risk for thinness oriented concerns and others for muscularity oriented concerns (McCreary et al., 2007). We aim to examine possible factors implicated in the divergence of body dissatisfaction amongst males, predisposing males towards a drive for a thinner physique or a drive towards a more muscular physique, with a view to informing future clinical and empirical practice.

**SEXUAL ORIENTATION**

Sexuality and gender have long been implicated in discussions around male body image dissatisfaction for several decades (Herzog et al., 1984; Lakkis et al., 1999; Tiggemann et al., 2007). It was initially argued that homosexual men experience greater body image dissatisfaction than heterosexual men, evidenced by a heightened drive for thinness (Silberstein et al., 1989), greater risk for behavioural symptoms of eating disorders (Herzog et al., 1984) and greater risk for disturbances in body image (Kaminski et al., 2005). This is consistent with a well documented overrepresentation of homosexual men in clinical eating disordered populations (Andersen, 1990), a greater endorsement of eating disorder symptomatology amongst community samples of homosexual men (Siever, 1994; Williamson & Hartley, 1998), a reported greater susceptibility to media images promoting thinness (Strong et al., 2001), and greater societal pressure to diet than their heterosexual counterparts (Atkins, 1998). This collective body of evidence concluded that non-heterosexuality formed a direct risk factor in the development of eating disordered psychopathology in males (Wichstrom, 2006).

The reported greater susceptibility amongst gay men to body image disturbance and eating disorder features has been tentatively attributed to the gay male community’s primary emphasis on physical attractiveness (Morrison et al., 2004). Gay men, it is argued, alongside heterosexual women seek to attract men and may come to be objectified by potential partners given that men in general are said to be more concerned with the physical attractiveness of their partners (Atkins, 1998; Siever, 1994). As such, gay men have reported attributing more importance to the physical appearance of themselves and others (Yelland & Tiggemann, 2003), a greater discrepancy between current and ideal body shapes (Siever, 1994), and similar rates of overall body dissatisfaction to heterosexual females (Levesque & Vichesky, 2006).

However, given the supposed greater susceptibility of gay men to body image dissatisfaction, it is not completely understood as to whether this body dissatisfaction predisposes one towards a drive for thinness, or a drive for greater muscularity, or both. Research has evidenced an elevated drive for thinness in male homosexual samples as compared to heterosexual samples (Strong et al., 2001; Williamson & Hartley, 1998), suggesting that homosexual males would likely be propelled towards a thinner body ideal, and experience thinness oriented eating disorder symptomatology. However, contrasting research posits that an elevated pursuit of muscularity may be more important amongst homosexual men (Tiggemann et al., 2007), which may act as a particularly salient indicator of health and physical well being following the impact of HIV/AIDS in the gay male community (Levesque & Vichesky, 2006). This would suggest that homosexual males may likely be pro-
pelled towards muscularity oriented eating disorder symptomatology. Further clouding this issue, contrasting research has evidenced an elevated drive for both thinness and muscularity in homosexual males (Kaminski et al., 2005; Yelland & Tiggemann, 2003). In addition, it is important to note that contrasting findings have reported that homosexual males are no more likely to experience body dissatisfaction than their heterosexual counterparts (Olivardia et al., 1995; Touyz et al., 1993), which suggests that sexual preference may not exclusively mediate the directional divergence of body image dissatisfaction amongst males.

**GENDER ROLE ORIENTATION**

**Femininity**

Such inconclusive and conflicting findings regarding the impact of sexual orientation on body image satisfaction amongst males has lead to an exploration of the role of masculinity and femininity respectively. Such research has contended that gender orientation accounts for significantly more variance in eating and body image concerns than sexual orientation in men (Lakkis et al., 1999), and furthermore that gender role orientation accounts for greater variance in the body image concerns of males than females (Thomas et al., 2000). Specifically, gay men per se are not necessarily more prone to body image dissatisfaction than their heterosexual counterparts (Olivardia et al., 1995), but rather the juxtaposition of masculinity and femininity may mediate this diverging body image psychopathology amongst males (Lakkis et al., 1999; Meyer et al., 2001). Both heterosexual and homosexual men may be prone to greater thinness-oriented body dissatisfaction and eating disordered symptoms should they endorse greater femininity and lesser masculinity (Hospers & Jansen, 2005; Pritchard, 2008).

Indeed, the centrality of femininity in restrictive type eating and body image concerns in men has been described in the ‘femininity hypothesis’, which posits that stereotypically feminine traits such as dependence and passivity give rise to a tendency to seek approval from others and lowered self esteem, leading those endorsing feminine gender roles to pursue dietary restriction and purging behaviours in pursuit of what they perceive to be the ideal body (Lakkis et al., 1999). This body of research illustrates that clinical eating disorders amongst males are consistently inclusive of significantly elevated endorsement of feminine gender roles, and reduced endorsement of masculine gender roles (Murnen & Smolak, 1997), and that boys and adolescent males who report greater endorsement of femininity also report greater dieting behaviour and food preoccupation and (Thomas et al., 2000). Collectively, this body of research postulates that body dissatisfied males who endorse greater feminine gender roles may be likely oriented towards thinner rather than larger body ideals, suggesting a direct link between femininity and thinness-oriented eating disordered symptomatology in males (Meyer et al, 2001). This assertion has been echoed in both undergraduate males and health professionals alike, who similarly conceptualise thinness-oriented eating psychopathology as feminine, and as largely removed from the hegemonic masculine norm (McVittie et al., 2005). Such is argued to be the centrality of femininity in the presentation of anorexia nervosa in males that one group of researchers have suggested that males presenting to services with a primary diagnosis of anorexia nervosa be afforded a rigorous screening for gender identity disorder (Winston et al., 2004).

However, somewhat contrastingly, a recent meta-analysis reported no overall link between femininity and eating psychopathology in men, stating that femininity may be more
critical in predisposing women rather than men towards thinness-oriented eating disorder psychopathology (Blashill, 2011). However, it is important to note that this analysis consisted of several studies which utilised a multitude of both uni-dimensional and multi-dimensional measures of femininity, which has been identified as a potential source of the contradictory findings in the extent literature pertaining to gender orientation and eating psychopathology in males (Pritchard, 2008).

**Masculinity**

In terms of the relationship between masculinity and body image pathology, the role of masculine norm endorsement has recently been investigated and is currently understood to form a protective barrier against the development of eating disorders (Meyer et al., 2001). Recent empirical research has described an inverse relationship between masculinity and the drive for thinness, demonstrating that greater masculinity is associated with reduced risk for eating disorder psychopathology (Meyer et al., 2001; Pritchard, 2008). Demonstrating this relationship, one case study of a transgendered biological male presenting as a female afflicted with a severe eating disorder documented a brief remission of symptomatology whilst briefly attempting to adopt a male identity, consciously endorsing masculine gender roles and reduced feminine gender roles (Surgenor & Fear, 1998).

However, in light of the notion that masculinity may form part of a protective barrier against the development of eating disorders (Meyer et al., 2001), a contrasting and reportedly aetiological effect of masculinity endorsement is found in the development of muscularity-oriented psychopathology such as muscle dysmorphia (Mishkind et al, 1986, Pope et al., 2000); which has also been described as a possible eating disorder phenotype (Murray et al., 2010; Raevouri et al., 2008). In stark contrast to the ‘femininity hypothesis’, empirical research pertaining to muscularity-oriented concerns has described a ‘theory of threatened masculinity’ which states that a pursuit of hyper-muscularity is underpinned by a vulnerability to feeling threatened with respect to one’s masculinity (Mischkind et al., 1986; Pope et al., 2000). This threatened masculinity, which has occurred upon the backdrop of increasing parity between the genders, has reportedly left fewer domains through which males can assert ascendancy and may result in a compensatory desire for greater masculine role endorsement, which is overtly embodied by a hypertrophied and muscular body (Mischkind et al., 1986; Pope et al., 2000). Specifically, those reporting elevated adherence to masculine norms will likely demonstrate a propensity for muscularity oriented as opposed to thinness oriented body image concerns, in attempting to overtly embody and bolster one’s sense of global masculinity (Pope et al., 2000).

In support of this assertion, males who report elevated masculinity typically report a desire for a larger ideal body (Pritchard, 2008). Furthermore, a direct and significant relationship between endorsement of masculine behaviours and attitudes and the drive for muscularity has been demonstrated, in that the greater masculine behaviours and attitudes one adopts, the more elevated the reported drive for muscularity (McCreary et al., 2005; Smolak & Murnem, 2008), and furthermore that fear of deviating from masculine gender role results in a compensatory drive for greater muscularity (Mussap, 2008). Further empirical support has demonstrated that following failure when pitted against females on non-physical tasks, males are more likely to feel less masculine, less physically capable and less muscular, resulting in a compensatory drive for muscularity amongst males (Mills & D’Alfonso, 2007).
Thus, the notion that masculinity forms a protective barrier against the onset of eating disorder psychopathology may require further elucidation. Recent research has demonstrated that the pathological pursuit of muscularity is inclusive of a central eating disordered component, which is largely oriented towards the over-regulated consumption of protein-rich foods, rather than the restriction of caloric foods (Murray et al., 2011). In a similar vein, masculine gender role endorsement is also associated with the use of androgenic anabolic steroids, which forms part of a wider constellation of muscularity-oriented psychopathology. Muscularity oriented eating pathology reportedly serves similar psychological and physiological functions to those reported in thinness-oriented body image concerns (Murray et al., 2012), although current methods of indexing such eating pathology are insufficiently sensitive (Darcy et al., 2012). Thus, it appears that whilst masculinity endorsement may represent a protective barrier against the onset of thinness-oriented eating psychopathology, it may serve as a predisposing construct in the developmental pathway of qualitatively different, muscularity-oriented eating psychopathology.

**Future Research**

Masculine and feminine gender role endorsement appear to occupy significant and opposing roles in the well documented divergence of body image psychopathology amongst males. The extant research suggests that thinness-oriented body image concerns in men are inclusive of greater femininity and reduced masculinity (Meyer et al., 2001; Pritchard, 2008), whereas somewhat contrastingly masculinity oriented body image concerns are inclusive of greater masculinity (Mishkind et al., 1986; Pope et al., 2000). This finding remains to be fully explicated and validated, and may further our preliminary understanding of how migration between thinness and muscularity oriented body image psychopathology is facilitated. This is a particularly important endeavour given that approximately one third of men afflicted with muscle dysmorphia have previously experienced anorexia nervosa (Pope et al., 2000) and a quarter of men with anorexia nervosa report previous features of muscle dysmorphia (Jolanta & Tomasz, 2000).

In further understanding the nature of body image pathology in males, the drive for muscularity and the drive for thinness have been delineated and identified as central components respectively (Tylka, 2011). Recent research has documented that these two dimensions are not mutually exclusive, and in some cases men report both an elevated pursuit of thinness and muscularity simultaneously (Kelley et al., 2010), which typically results in greater psychological disturbance and poorer body image than non-combined attempts to either increase muscle mass or reduce body adiposity individually (Hildebrandt et al., 2006). Currently, little is known as to the gender role endorsement of those possessing an elevated drive for both muscularity and thinness, which if explicated may further our understanding of the centrality of gender orientation in male body image pathology. To this end, a recent case series described two eating disordered transgendered biological males who periodically endorsed both masculine and feminine gender identities interchangeably, whose experience of eating disorder pathology varied markedly depending on their gender role orientation (Murray et al., in press). In this study, both patients reported pathological eating and exercise behaviours oriented towards the drive for thinness whilst pursuing a feminine gender identity, and subsequently reported pathological eating and exercise behaviours oriented towards the drive for muscularity whilst endorsing a masculine gender identity,
suggesting that the construction of their preferred gender was embodied physically, and directly influenced their experience of eating disorder psychopathology. Further research investigating the longitudinal movement between the pursuit of muscularity and thinness over time, and the corresponding endorsement of masculine and feminine gender orientation may further illuminate the extent to which gender orientation is relevant in placing body dissatisfied men at risk of developing thinness versus muscularity oriented body image concerns.

In drawing together several constructs which impact body image pathology, one model which has received much empirical attention is the ‘tripartite influence model’ (Thompson et al., 1999). This model posits that one’s body image is directly influenced by peers, parents and the media, although this influence is mediated by internalization of the socially prescribed ideal body, and by appearance comparisons. Although this model has garnered empirical support in accounting for the body image pathology of women (Keery et al., 2004), recent modifications have been made to this model to enhance its efficacy in accounting for male body image pathology. Perhaps the most significant modification to this model has been the recent integration of separate components of male body image; the drive for thinness and the drive for muscularity (Tylka, 2011). This revised model proposed a dual pathway into body image pathology in men which accounted for diverging body change behaviours, and posits that dissatisfaction with muscularity results in muscularity enhancing behaviours, whereas body fat dissatisfaction results in adiposity reducing behaviours. However, whilst this model is novel in delineating two distinct and crucial dimensions of body image pathology in men, a comprehensive understanding of what mediates the divergence of male body image pathology towards either thinness or muscularity oriented dissatisfaction has not yet been illuminated. To this end we recommend that future research seek to investigate gender orientation in the context of the tripartite influence model as a potential mediator in the divergence of male body image pathology, given extant literature which demonstrates that gender orientation mediates a wide range of health related behaviours (Helgeson, 1994). Gender related traits account for significantly more variance in the body image pathology of both men and boys than women and girls (Thomas et al., 2000), further highlighting the need to further elucidate the relationships between gender role orientation and body image pathology specifically in males. Future research assessing these constructs in clinical samples inclusive of men experiencing pathological drives for both thinness and muscularity respectively may be highly significant, given that the majority of research investigating gender role identification has been undertaken in non-clinical female samples, whose body image pathology is largely oriented towards the drive for thinness (Pritchard, 2008).

In further examining masculinity and femininity as potential mediators in the directional divergence of male body image pathology, we recommend use of multidimensional measures of gender orientation. Existing research pertaining to the impact of gender orientation on male body image pathology has typically utilised a mixture of both unidimensional and multidimensional measures of gender role orientation, which has resulted in mixed findings (Pritchard, 2008). For example, a recent meta-analysis found largely contrasting results for the effect of gender orientation on male body image depending on whether masculinity and femininity were conceptualised as unidimensional or multidimensional constructs (Bashill, 2011). Multidimensional measures of masculinity and femininity such as the Conformity to Masculine Norms Inventory (Mahalik et al., 2003) and Conformity to Feminine Norms In-
Inventory (Mahalik et al., 2005) index multiple facets of the complex nature of gender role orientation, and may further our current understanding of which particular facets of masculinity and femininity are relevant in male body image pathology, which may assist in clarifying the extant mixed findings and informing future research endeavours.

In addition we recommend that future research seek to develop measures which adequately index male eating pathology, which may be oriented towards both the acquisition of muscle mass in addition to the reduction of body adiposity. Indeed, clinical presentations of eating disorders in males are becoming increasingly oriented towards musculature (Darcy et al., 2012), and the pathological pursuit of musculature is inclusive of a central disordered eating component (Murray et al., 2011). However, current measures of eating disorder pathology are typically developed and validated in samples of females pursuing a thinner body, and are thus insufficiently sensitive in indexing male eating concerns which centre around the acquisition of musculature as opposed to the shedding of adiposity (Murray et al., 2010). In ascertaining whether masculinity represents a protective buffer against the onset of eating disorder pathology, or rather acts as a predisposing factor in the development of a qualitatively different form of eating disorder pathology, effective methods of indexing musculature oriented eating pathology are paramount.

Furthermore, special consideration is warranted for the cultural context in which male body dissatisfaction occurs. Much empirical research has utilised samples of North American Caucasian men, although emerging research continues to demonstrate that profiles of body dissatisfaction differ markedly across varying cultural contexts (Ricciardelli et al., 2007). For instance, males from a range of non-white cultural backgrounds appear to demonstrate more extreme body change strategies than males from white cultural backgrounds, although no consistent pattern summarizes the nature of body image across varying cultures (Ricciardelli et al., 2007). Preliminary research has postulated that varying degrees to which a muscular versus thin body ideal is internalised may be relevant in partially accounting for such varying body image across cultures (Ricciardelli et al., 2007). However, cross cultural studies to date have not examined how the hegemonic and culturally constructed notions of masculinity and femininity relate to male body image. The constructs of masculinity and femininity are not homogenous across cultural contexts, and given the research emanating from Western cultures suggesting that masculinity and femininity may be implicated in the divergence of male body image psychopathology, it is plausible that cultures with differing hegemonic constructions of masculinity and femininity will feature differing body image profiles. A noteworthy endeavour for future research would therefore be to ascertain how masculinity and femininity impact upon male body image in specific cultural contexts.

In addition to cultural context, special consideration may be warranted to age when addressing body image psychopathology in males. Preliminary research has demonstrated that age may influence the subjective experience of body image amongst men, noting that adolescent men appear to be more dissatisfied with muscle mass, whereas adult men appear to be more focussed on muscle tone and losing weight (McCabe & Ricciardelli, 2004). However, little evidence has explicated the mechanism through which age impacts upon body image in men. The notion that adolescence is the period in which males are most likely to experience dissatisfaction with their muscle mass, despite the physiological changes brought about by puberty typically bringing males closer to this culturally endorsed body ideal, remains to be further explicated. Of note, age has also been noted as a mediating variable in the gender role endorsement of men (Cournoyer & Mahalik, 1995). For instance, feminin-
ity amongst men has been noted to increase alongside age, whereas masculine norm endorsement typically peaks in adolescence (Fischer & Narus, 1981). No existing research has attempted to delineate the role of gender role endorsement across the lifespan in males, which may be an important endeavour for future research in accounting for why the male experience of body image dissatisfaction diverges across the lifespan.

Furthermore, emerging research has demonstrated that additional variables such as rejection sensitivity (Blashill & Vander Wal, 2009) and attachment style (Shamugam et al., 2012) may be aetiologically relevant in male body image. For instance, in assessing the effect of conflict between masculine and feminine gender role endorsement upon eating psychopathology in gay men, rejection sensitivity emerged as a mediating variable (Blashill & Vander Wal, 2009), although to date this has only been investigated with measures sensitive to indexing thinness-oriented eating pathology, and a thorough understanding of how rejection sensitivity relates to thinness versus masculinity oriented eating pathology remains to be further explicated. Thus, a noteworthy avenue for future research may be an investigation of rejection sensitivity and attachment styles in men reporting thinness- and masculinity-oriented body dissatisfaction respectively. Further, controlling for masculinity and femininity as potential mediators may help delineate the role of gender role orientation from other variables which may be relevant in the divergence of body image psychopathology amongst males.

CONCLUDING COMMENTS

Ultimately, an understanding of the psychopathological pathways into body image and eating disorders constitutes a crucial part of effective treatment (Vanderlinden, 2010). We recommend that future research further delineate the factors implicated in the developmental pathway of the divergence of male body image psychopathology, given that both the drive for masculinity and thinness develop in the context of body image dissatisfaction, and are said to be conceptually similar (Davis et al., 2005). Research investigating the role of masculinity and femininity demonstrates promising preliminary findings, suggesting that the gender role orientation of males appears to demonstrate clinical relevance in predisposing some men towards the pursuit of a more muscular body and others towards a desire for a thinner body upon experiencing body dissatisfaction. Specifically, masculine gender role endorsement appears to be implicated in the construction of the pursuit of masculinity, whereas feminine gender role endorsement appears relevant in the construction of the drive for thinness, and further research illuminating this relationship may directly inform clinical interventions aimed at male body image pathology. For instance, an integration of gendered perspectives into treatment when working with body dissatisfied men, focussing particularly on the aspects of hegemonic masculinity and femininity which appear to be associated with dissatisfaction with masculinity and thinness respectively, may significantly augment treatment in this understudied population.

Furthermore, we believe that delineating the subpopulations of men most at risk for masculinity and thinness oriented body image disorders may offer crucial guidance in the development of early intervention and prevention programs targeted at males. The identification of risk factors is deemed a crucial part of early intervention and prevention programs in the field of eating disorders (Striegel-Moore & Bulik, 2007), allowing one to determine high-risk groups for focussed interventions. Early intervention programs may be
particularly important to the body image related well-being of males, who are typically more reluctant to seek treatment for body image disorders of clinical severity (Weltzin et al., 2005). Thus, the identification of sub-groups of boys to target for early intervention may be a particularly noteworthy endeavour, and may likely be the most efficacious pathway through which to intervene in the body image dissatisfaction of males.

This research is important given the clear indications that clinical presentations of eating disorders amongst young males is on the rise (Madden et al, 2009). Recent evidence postulates that “there has been remarkably little change in our ability to treat anorexia nervosa over the past 25 years, despite the research that has been accomplished” (Agras & Robinson, 2010, p. 535). This may be particularly true of male presentations, given that the majority of treatment-related empirical research has been conducted in female samples and applied to males without rigorous testing. A better understanding of the complex nature of the divergence of body image psychopathology amongst males may likely augment treatment efforts, allowing interventions to be tailored to the idiosyncratic needs of this population. The present paper provides some insight regarding the specific issues pertaining to physique and body image that males with eating disorders are grappling with (which may not be relevant to females), and discusses opportunities to better incorporate these into clinical interventions.

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