

MEN AND THE SOCIALLY CREATED STIGMA OF ANOREXIA

by

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A thesis

submitted in partial fulfillment

of the requirements for the degree of

Master of Arts in Communication

Boise State University

December 2015

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BOISE STATE UNIVERSITY GRADUATE COLLEGE

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Thesis Title: Men and the Socially Created Stigma of Anorexia

Date of Final Oral Examination: 21 October 2015

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DEDICATION

This thesis is dedicated to those that were brave enough to share their stories, provide insight, and help increase awareness on a topic that is not conventionally discussed. It is also dedicated to everyone who struggles to adhere to unrealistic standards and impractical societal norms in their own lives.

ACKNOWLEDGEMENTS

I would like to thank Dr. John McClellan, who stepped in and helped me complete this thesis at a time that I didn't think it could ever be finished. Thank you to Dr. Manda Hicks and Dr. erin mcclellan for agreeing to be part of my supervisory committee, for the thoughtful feedback, and for reminding me to maintain my voice.

I would also like to thank Dr. Natalie Nelson-Marsh and Sharon Brown for their constant support.

Lastly, I would like to thank Kasha Glynn for being an outstanding facilitator for my focus groups, and for being a sounding board for ideas and helping guide the direction of this study.

ABSTRACT

This study illuminates how college men negotiate and communicate their body image in a culture that is placing greater emphasis on the importance of body image for men. Embracing the theory of Social Construction, this study offers a communicative perspective to explore men's articulation of body image and how they make sense of anorexia. Existing research reveals anorexia as a problem primarily associated with women, and consequently men demonstrating anorexic behaviors often find it difficult to receive help. Literature also affirms that our culture often expects men to be ashamed of behaving in any way that does not conform to particular standards of masculinity. Overall, anorexia is often understood, diagnosed, and medically treated only as a problem for women. In this study, focus groups of men who regularly work out were executed and qualitative analysis of the focus group transcripts was conducted. The findings of this study reveal how men talk about their bodies. Specifically, participants explained abdominal muscles as a commodity and source of power; had an overwhelming fear of becoming fat; felt a sense of pressure from society to adhere to stricter body and appearance standards; and questioned whether a man could be diagnosed with anorexia. The men in this study frequently discussed behaviors that aligned with anorexia diagnoses criteria, yet characterized anorexia as strictly a female problem and thus attempted to justify and negotiate their behaviors to comply with socially-created standardized masculine norms.

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CHAPTER ONE: INTRODUCTION

Eating disorders are an arduous, yet pertinent area of inquiry and study. Anorexia is one of the most recognized, diagnosed, and studied eating disorders and is characterized by distorted body image and excessive dieting that leads to severe weight loss with a pathological fear of becoming overweight. Since anorexia is typically associated with women, men are often excluded from being diagnosed with anorexia due to specific diagnosis requirements, such as prolonged amenorrhea (the cessation of a woman's menstrual cycle). Consequently, the medical community often denies male anorexia as a problem. Societal gender roles also help to reinforce the feminine stigma attached to anorexia and perpetuate and reinforce male exclusion from anorexia admittance and diagnosis. As a result, men are not receiving the same help or care required for treatment as women. Anorexia affects both men and women, however our culture has constructed it as a salient issue for women. Subsequently, while anorexia is affecting men, it remains largely unrecognized and remains a suppressed issue for men.

The aim of this study is to explore men's perceptions of their bodies to better understand the ways men understand themselves in relation to the socially constructed (feminine) concept of anorexia. This study contributes to a more thorough understanding of the way men might be included and excluded in the academic and medical literature pertaining to anorexia. Specifically, exploring men's articulation of body image and the stigmatization of anorexia are revealed to help understand how socialized gender roles might restrict and confine men from understanding anorexic-like behaviors as

problematic. This thesis contributes to the limited research on men and anorexia and the way men communicate a masculine identity in a socially constructed world.

The following chapter will outline and address the current review of empirical research surrounding men and anorexia. The third chapter will review the methods of study for this research. In the fourth chapter, the findings and data from the research will be presented, followed by a discussion of the analysis and interpretation of the data. This study will conclude with implications and a conclusion summarizing the significance of this specific research.

CHAPTER TWO: REVIEW OF LITERATURE

Eating Disorder Background

Professional interest in the rising incidence of eating disorders grew exponentially in the 1970s and 1980s, primarily sparked by the publication of Hilde Bruch's book *Eating Disorders: Obesity, Anorexia Nervosa, and the Person Within* (Bruch, 1973). A journal exclusively devoted to research centering on anorexia and bulimia, titled the *International Journal of Eating Disorders*, began publication in 1982 (Gordon, 1990). A survey published by the Medline Index of medical literature stated that the number of articles in the *International Journal of Eating Disorders* rose from 59 in 1972 to 161 in 1982. The number of articles has continued to rise.

The American Psychological Association (APA) claims eating disorders to be a significant health problem for individuals across the lifespan. The APA characterizes eating disorders as severe disturbances in eating behavior, and estimates that currently, approximately 5 million Americans have a diagnosable eating disorder (American Psychiatric Association, 1994). Eating disorders have been recognized within the literature since the 4th century, and as a clinical entity extend back as far as three centuries (Powers & Fernandez, 1984; Gordon, 1990). Two specific diagnoses, Anorexia Nervosa and Bulimia Nervosa, are the most commonly occurring and diagnosed eating disorders (James, 2001), and are classified as "complex psychosomatic disorders heavily influenced by cultural factors" (Powers & Fernandez, 1984). Anorexia is one of few psychiatric disorders that has a significant mortality rate. The American

Anorexia/Bulimia Association estimates that 10% of those diagnosed with anorexia may die (Hesse-Biber, 1996, p. 80).

The first published medical description of Anorexia Nervosa was in 1694 by Dr. Richard Morton, describing the main characteristics as decreased appetite, amenorrhea, food aversion, hyperactivity, and emaciation (Alexander-Mott & Lumsden, 1994; Andersen, 1990). Morton referred to Anorexia as "...a nervous atrophy and attributed quite unequivocally to psychological factors" (p. 101). The APA (2000) reports that more than 90% of individuals diagnosed with Anorexia Nervosa are female, and the prevalence among males is about one-tenth that of females. In order to be diagnosed with anorexia nervosa, certain criteria must be met. The essential features of anorexia nervosa include that an individual refuses to maintain a minimally normal body weight for age and height; is fifteen percent below expected weight; failure to have expected weight gain during periods of growth; has an intense fear of gaining weight or becoming fat (with concerns about weight gain increasing even as actual weight decreases); has a significant distortion in the way they perceive the shape or size of their body; and has an absence of at least three consecutive menstrual cycles (APA, 1994; APA, 2000).

Physical complications of anorexia nervosa include serious aspects of malnutrition, including cardiovascular compromise. Prolonged amenorrhea (the cessation of a woman's menstrual cycle) lasting more than six months is common and not always reversible. Additional complications include dehydration, electrolyte disturbances, gastrointestinal motility disturbances (aka upset stomach), infertility, hypothermia, and the psychological aspects of starvation (APA, 1994).

Eating Disorders and Men

Eating disorders have long been perceived and classified as women's disorders, and were assumed to occur primarily in "upper- and upper-middle class women" and "young white women who came from privileged backgrounds...a sort of entitled elite" (Hesse-Biber, 1996, p. 80; Sacker & Buff, 2007, p. 33). According to the APA (1994), over 5 million Americans suffer from a diagnosable eating disorder, and that eating disorders of all types are consistently more common in women than in men. Yet eating disorders among men have been studied as long as eating disorders have been a subject of study, and early clinical writers included male patients in all of the literature (Crisp & Burns, 1983).

However, research and authorship on eating disorders, body image concerns, and body dissatisfaction have been predominantly studied as a problem exclusive to women. Kirkpatrick and Caldwell (2004) classify eating disorders as "...overwhelmingly a disease of young women" (p. 35). The first recognized and documented clinical case of anorexia was a man, published in 1689, with Dr. Richard Morton describing a case of 'nervous consumption' in the 16-year-old son of a minister and prescribed a resting cure of horseback riding and abstention from studies (Carlat, Camargo, & Herzog, 1997). Over three centuries later, there is still limited information on men with eating disorders, and what is available remains restricted to irregular case reports, small case series, and limited small case-control studies (Carlat et al., 1997).

Extensive research asserts that one out of every ten individuals diagnosed with anorexia or bulimia is male (APA, 2000), though the actual number may be significantly higher. This extremely low number of men with eating disorders again works to

reinforce an overarching societal view that eating disorders are a women's affliction.

Woodside et al. (2001) affirm that eating disorders in men are considered rare due to the fact that a majority of the research assumes eating disorders to be female-gender-bound, and because eating disorders are extremely unique in men, that the specific illness "must be atypical in males" (p. 570).

Men can develop eating disorders for different reasons than women, and men's reasons aren't always consistent with diagnoses requirements. Lauber (2007) explained that women and men are dissatisfied with different areas of their bodies. In general, women are concerned about the parts below their waists, while men are more likely to be dissatisfied with their upper bodies. Women tend to acquire eating disorders as a result of a Western idealized cultural endorsement of thinness, while men develop eating disorders, in most cases, "(1) to avoid childhood teasing for being overweight; (2) to improve athletic performance; (3) to avoid developing medical illnesses associated with weight problems; (4) to improve a homosexual relationship" (Andersen & Holman, 1997, p. 392).

Male Body Image

In contrast to women, men have traditionally been judged and praised based more on their intellect and personal accomplishments than on their appearance. Petrie and McFarland (2009) solidify that men have been valued on multiple levels, none of which are associated directly with body size and shape. According to a study by Grogan and Richards (2002), men and boys revealed that "being lean and muscular was linked to being healthy and fit" and "being fat was related to weakness of will and lack of control" (p. 219).

Literature on eating disorders and body image relevant to men reveals that although men haven't suffered from disordered eating or body dissatisfaction issues nearly to the extent of women, there are significant and growing numbers of men who are not satisfied with the way their bodies look (Martins, Tiggemann, & Kirkbride, 2007). Evidence is starting to emerge suggesting that men are becoming increasingly concerned about their bodies (Strelan & Hargreaves, 2005). According to Martins et al. (2007), a large-scale survey of the American population revealed that 43% of men reported being dissatisfied with their overall appearance, 45% were dissatisfied with their muscle tone, and more than half indicated that they were dissatisfied with their abdomen.

There has been a dramatic rise in the number of reported cases of college-aged men reporting disordered eating and body dissatisfaction. Research has shown that 95% of college men are dissatisfied with some aspect of their body (Labre, 2002), and 20% display some form of disordered eating symptoms (Locker, Heesacker, & Baker, 2012). College men are plagued with "manifestations of muscle dysmorphia, low self-esteem, shame, decreased social functioning, and anxiety" in relation to their appearance, and these appearance concerns often lead to abnormal eating and exercising behaviors (Davey & Bishop, 2006, pg. 172).

Body image can influence an individual's self-image through cognitive, emotive, and behavioral means (Ackard, Kearney-Cooke, & Peterson, 2000), and can be directly related to the way in which individuals experience the interactions they have with others (Cash, Theriault, & Annis, 2004). Davey and Bishop (2006) discern in their research that:

a male student may experience strained social relationships because of his feelings of low self-esteem and inadequacies as a man, avoid social functions that

interfere with a strict workout schedule or because his self-esteem and body image are so poor, or be distracted from academic work because of the time devoted to exercising or worrying about his appearance. (p. 173)

Research also suggests that men explicitly link having a well-toned body with feeling confident and powerful in social situations (Grogan and Richards, 2002).

Alexander (2003) reinforced the significant relationship made by theorists between masculine identities and Western popular culture. Popular culture and advertisements exhibit masculine gender ideals, and empirical evidence shows that these ideals are affecting men's understanding of their self-identities and behaviors. DeBate, Lewis, Zhang, Blunt, & Thompson (2008) claimed that after men compare their bodies to the culturally constructed ideal, they then experience greater concern over their own body image. In their review of relevant literature, Debate et al. (2008) determined that men who don't live in Western society and aren't exposed to "Western body ideals" have extensively lower rates of body image concerns and issues (p. 297).

As the Western media's ideal of women's bodies has grown shockingly thinner over the past decade, the evolution of the ideal male body has become hard, muscular, and mesomorphic (Martins et al., 2007). Davey and Bishop (2006) call this new ideal male physique "a muscular mesomorphic build, which is characterized by significant muscular definition in the upper body and a slim waist and lower body" (p. 173). They suggest that the mass media's portrayal of this body ideal influences the perception of how men view their own bodies, and may lead them to view their bodies as objects.

Historically, Alexander-Mott & Lumsden (1994) explain how physicians of the 18th and 19th centuries consistently referred to anorexia as a female disease and attached the terms "nymphomania," "hysteria," and "the wandering womb disease" as descriptors.

Giorgio Baglivi, Roman chair of Medical Theory in Collegio Della Sapienza, concluded that “anorexia affected young females of ‘genteel breeding’ who were unrequited in love,” and that “it was the passion of the mind that led to the various physical ailments, and that anorexia nervosa was a mental illness that resulted in gastrointestinal symptoms” (Alexander-Mott & Lumsden, 1994, p. 6). Baglivi’s treatment for anorexia nervosa consisted of getting the female patient better by encouragement and persuasion.

The clinical description and requirements for diagnoses of eating disorders is also a contributing factor in the way eating disorders have acquired and maintained a feminine stigma. The DSM-IV Criteria for diagnosing an individual with anorexia explicitly includes the “absence of three consecutive menstrual cycles” as a criteria to be classified as having this specific disorder and includes as a physical complication of anorexia prolonged amenorrhea (the cessation of a woman’s menstrual cycle) lasting more than six months (APA, 1994). Eller (1993) solidifies the need to change the diagnoses criteria to include men, and stated how:

It would be helpful for diagnosis if the DSM (III-R) criteria were amended so that it states outright that males can carry diagnoses of anorexia nervosa and bulimia nervosa. Perhaps future endocrinological investigations may even uncover a biological male analogue to amenorrhea that could be amended to the DSM criteria at a later time. (p. 145)

Popular culture has had an effect on the stigma of anorexia. By the mid-1970s, anorexia became widely recognized by the American public, and by the next decade it was described in numerous psychiatric publications and the American popular press as the “psychiatric disorder of the 80s.” Anorexia was broadly publicized, glamorized, and romanticized. The use of language like “disorder of the 80s” suggested to the public that

diseases, and particularly psychiatric disorders, can easily become fashionable (Gordon, 1990).

The death of Karen Carpenter, who died of complications of anorexia in 1983, was the first time anorexia entered public consciousness in a considerable way. Saukko (2006) claimed Carpenter, who was known for her “girl-next-door” image, was “celebrated as a female star and artist with a ‘deep and sophisticated’ voice but also pathologized as an infantile woman associated with a regressive non-autonomous personality” (p. 153). Carpenter’s death thrust anorexia into the national spotlight, and reporters scrambled for clinicians to define this “new” condition. The link most commented on in the American media maintained anorexia as a disease predominantly female bound, and Goulding (1983) expounded that Carpenter suffered from anorexia nervosa, a disease that typically strikes weight-conscious teenagers and develops into a potentially fatal obsession that starves its victims. This worked to reinforce to the American public that anorexia was a disorder characteristically gender-specific, and continued to leave men from any mention.

This gender specificity reflects a larger ideology of stringent gender roles in society. Society forces individuals to adopt and adhere to certain roles by expecting that those roles are proper and strictly enforcing them (Behar, 2007). According to Behar (2007), gender roles:

...prescribe that men should be domineering, aggressive, and superior at mathematics and sciences, should become successful in their careers, and should control and suppress their feelings. Women, on the other hand, should be submissive, nurturing, gentle, better at languages and the humanities, emotional, and desirous of nothing more than a happy family and a husband to provide for her, while she remains at home and tends the house. (p. 119)

It can be impossible for a man to live up to his prescribed gender role expectation while maintaining a disorder with a feminine stigma, and this can contribute to man's reluctance to admit an eating disorder.

Men's Reluctance to Seek Medical Help

According to Petrie and McFarland (2009), men are suffering from "clinical and subclinical levels of body image and eating disturbances and experience a wide range of psychological, social, physical and behavioral disturbances associated with these disturbances" (p. 52). Although men's seeking of treatment for eating disorders has increased over the last twenty years, Petrie and McFarland posit that men do not seek treatment for eating disorders due to numerous real and perceived barriers that include "masculine gender roles, the stigma of having a 'woman's illness,' and physicians, psychiatrists and psychologists who under-diagnose or do not recognize the disorder among men" (p. 52).

Addis and Mahalik (2003) acknowledge the extreme body of empirical research that endorses the popular belief that, in general, men are reluctant to seek help from medical professionals. According to Ray (2004), "the societal stigma surrounding eating disorders is one of secrecy and shame; as a result, eating disordered men often go to great lengths to hide their condition" (p. 98). Due to the societal stigma linked with eating disorders as primarily a women's affliction, men are reluctant to seek treatment directly for disordered eating issues (Petrie & McFarland, 2009). Men are more likely to present with problems considered to be more acceptable, such as "depression, anxiety, low self-esteem, perfectionism, alcohol abuse, or weight management" (p. 52).

Since men are taught that they should subscribe to specific masculine guidelines, the idea of seeking help for anorexia is often not an option. Soban (2006) states that “Western culture raises its boys to be ashamed of acting in any way that does not conform to its standards of masculinity. Society has always seen anorexia nervosa as a ‘female problem’ and thus, young men who suffer from this debilitating disorder are ignored, isolated, and insufficiently treated” (p. 266).

Theoretical Framework: The Social Constructivist Perspective

Social Construction theorists view knowledge and truth as being constructed through communication and social interaction as opposed to discovered by the mind, and believe that meaning is created through interactions with individuals and the environment. The focus of Social Construction is not on reality, but rather the way meaning is created through social interaction and communication. Social Construction theorists believe that knowledge is created and maintained through social interactions. Reality is socially defined, but this reality refers to the subjective experience of everyday life and how the world is understood, rather than to the objective reality of the natural world. Even the most basic, taken for granted common sense understandings of reality are the product of our interaction and conversations with others (Berger & Luckmann, 1966).

The Social Construction of Anorexia

Current research illustrates that anorexia is a true medical disorder, and exists with or without a gender assignment. The majority of existing research lies predominantly with studies focusing on females. This gender assignment is not inherent; rather, it is an ideal that has been established as a dominant ideology through the adoption

of traditional social constructs. Eating disorders have long been perceived and classified as women's disorders, and were assumed to occur primarily in "upper- and upper-middle class women" (Hesse-Biber, 1996, p. 80) and "young white women who came from privileged backgrounds" (Sacker & Buff, 2007, p. 33). As previously noted, the APA (1994) claims that over 5 million Americans suffer from a diagnosable eating disorder, and that eating disorders of all types are consistently more common in women than in men.

Anorexia has been framed as a women's disorder. Research clearly defines this disorder with specific diagnosis requirements which are strictly female-related. The "absence of three consecutive menstrual cycles" as a criteria to be diagnosed; and a physical complication of anorexia-prolonged amenorrhea (the cessation of a woman's menstrual cycle) lasting more than six months (APA, 1994) explicitly excludes men from an anorexia diagnosis.

It has been established by physicians since the 18th and 19th centuries that anorexia is a female disease, and they attached the terms "nymphomania," "hysteria," and "the wandering womb disease" as descriptors. Berger and Luckmann (1966) claim people exist in both objective and subjective reality. Over time we establish routines and actions, and these are repeated across generations; we adopt these routines and actions as truth. Despite the fact that anorexia is classified as a general eating disorder, it has been socially created to be a female-isolated affliction and therefore excludes men from the discussion surrounding the disorder.

The Construct of Men as Anorexic

For men with anorexia, it can be difficult to justify their existence from a Social Constructionist point of view. “Western culture raises its boys to be ashamed of acting in any way that does not conform to its standards of masculinity. Society has always seen anorexia nervosa as a ‘female problem’ and thus, young men who suffer from this debilitating disorder are ignored, isolated, and insufficiently treated” (Soban, 2006, p. 266).

Constructionist theorists claim that the socially constructed world must be continually negotiated by the individual for the individual to remain part of it (Berger & Luckmann, 1966). Some men justify their existence based on their masculinity, and the feminine stigma of anorexia works against their entire existence in the socially constructed world. Therefore, even though men can possess traits that can clinically diagnose them as anorexic, it is hard for them to identify as anorexic due to socially constructed established routines and actions.

Although men’s seeking of treatment for eating disorders has increased over the last twenty years, Reel and Beals (2009) posit that men do not seek treatment for eating disorders due to numerous real and perceived barriers that include “masculine gender roles, the stigma of having a ‘woman’s illness,’ and physicians, psychiatrists and psychologists who under-diagnose or do not recognize the disorder among men” (p. 52). Men are more likely to present with problems considered to be more “‘acceptable,’ such as depression, anxiety, low self-esteem, perfectionism, gender identity, alcohol abuse, or weight management” (Petrie & McFarland, 2009, p. 52).

Although the confinement of socially constructed gender roles are fading, the medical view of men with anorexia as a collective still has a significant lack of empirical studies and research. This study aims to contribute to the limited body of research on men and anorexia by focusing on how men articulate their identity within narrow socially constructed concepts of anorexia. Specifically, this study is guided by the following two research questions:

RQ1: How do men understand and articulate a male body image?

RQ2: How do men make sense of their bodies and behaviors in terms of a socially constructed notion of anorexia?

Although some of the literature surrounding men and body image discusses the stigmatization and struggles of men with anorexia, few studies have explored men's perceptions of their bodies in relation to anorexia. As such, this study examines the ways men communicate about their bodies to explore the tensions that occur as men attempt to negotiate their own behavior in relation to socially-constructed anorexic stereotypes. Responding to these research questions can provide a deeper understanding of the relationship between men and anorexia from a communicative perspective.

CHAPTER THREE: METHOD

In an effort to better understand men's perceptions of their bodies in relation to the socially created stigmatization of anorexia, a qualitative method using focus groups was adopted for this study. Keyton (2011) posits that qualitative approaches are able to capture and report on the complete and complex social world in which interaction occurs and incorporating this methodology will allow for the production of rich data surrounding the phenomenon of men with eating disorders. In qualitative practices, the researcher's role is integrated within the context of the individuals who are being observed (Keyton, 2011). This form of qualitative research yields a more in-depth analysis than that produced by formal quantitative methods (Krueger, 1994) because it allows for interpretation of meaning rather than causal analysis.

Focus Group Methodology

Focus groups were employed for this research to collect rich, qualitative data from a chosen group of participants to help gain a better understanding of the stigma attached to anorexia, and the ways in which men communicate and negotiate their bodies within a culture that places more emphasis on the importance of body image for men. This study will add to the limited body of research in men's studies specifically surrounding male body image and the socially created stigma of anorexia.

Participants were engaged in a 90-minute focus group with three to four other participants, conducted by a facilitator, Boise State University Master's graduate Kasha Glynn, that produced qualitative data to reveal deep insights into the attitudes,

perceptions, and opinions of participants. Participants in the focus groups had an opportunity to discuss sensitive, personal issues with others with possible similar stories. Research participants will help promote support and awareness surrounding male body image issues. The first step in the focus groups was an opening statement script by the moderator. The next step was a set of pre-determined questions aimed to ignite thoughtful discussion by the participants. The final step was a scripted debriefing by the moderator and a reminder to the participants that they should seek help from the BSU Counseling Center should they feel any distress from participating in the study.

The focus groups were moderated in a closed room. Participants were not required to give their names. The principal researcher, moderator, and participants were the only people in attendance. All participants were designated by number. In the coding and analyzing phase of the study, the participants were referred to by their designated number.

Results were solicited through the use of open-ended questions and a procedure that allowed respondents to decide how they will respond, as well as observations of the respondents in a group discussion (Keyton, 2011; Krueger, 1994). Discussion topics included questions such as: What is the ideal male body type? How often do you think about your body as it pertains to this ideal? Do you ever feel self-conscious about your body? How do you talk about male body image with male friends? Do you feel it makes you weak to be concerned about your body image? Do you ever feel that the expectations of others make you concerned about your body image? What does anorexia mean to you? Do you feel a male can be diagnosed with/suffer from anorexia? What would you think if a male friend or family member disclosed that they were diagnosed

with anorexia? The primary goal of this semi-directed discourse was to uncover patterns and themes that emerged from the participants' point of view, and code these patterns and themes so data analysis and data interpretation can occur.

One reason focus group methodology was employed for this study as opposed to individual interviews lies in the production of rich, interactive data. Focus groups involve group discussions in which participants focus collectively on a specific topic, and allow opportunities to listen to participants talk among themselves without direction or input from the facilitator. Focus groups provide the advantage of allowing participants to offer their individual viewpoints relative to the viewpoints of others (Keyton, 2011).

Additionally, focus group methodology results in increased disclosure. According to Grogan and Richards (2002), boys and men talk more openly in a group setting rather than individually. Participants in this study are more likely to self-disclose and share personal experiences in group rather than one-on-one settings. This is particularly relevant when participants are grouped with others whom they perceive to be like themselves because they can feel "relatively empowered and supported in a group situation, surrounded by their peers or friends" (Farquhar & Das, 1999, p. 47).

It was also important to employ focus group methodology, from a social constructionist perspective, because this study is concerned with how men make meaning of anorexia and body image through their interactions with others. Having the participants engage in a group setting rather than individually allowed the participants an opportunity to express their viewpoints while reflecting the viewpoints of others (Keyton, 2011).

Focus groups are typically composed of 5 to 10 people (Keyton, 2011; Krueger, 1994). Three 90-minute focus groups consisting of approximately four to five participants in each were employed for this study. Three to five focus groups are generally the most effective in producing quality data for a research study (Keyton, 2011; Morgan, 1997); and restricting the number of participants in each group to the minimum will encourage the participants' discussion, as evidence suggests that men are more hesitant talking about their bodies in larger groups (Grogan & Richards, 2002).

The chosen moderator, Kasha Glynn, was used for the three focus group sessions. Although the ideal focus group moderator is someone with whom participants can identify with (Keyton, 2011), research reveals that boys and men are more comfortable disclosing sensitive information and find it less threatening to have groups facilitated by women rather than men. Men view women as outsiders to the group, therefore disclosure of sensitive information and truthful responses is more effectively produced. To aid in the comfort of the participants, the facilitator will be matched as closely as possible to them in terms of regional accent, ethnicity, and social class (Grogan & Richards, 2002).

Participants

This study was conducted in the Albertsons Library at Boise State University, a public university of approximately 19,000 students in Boise, Idaho. The subjects who participated in this study consisted of men between 18-40 years of age that self-report that they participate in physical exercise on a regular basis. An inclusion criterion strategy, which is a form of nonprobability sampling that allows the researcher to identify individuals who meet the specific characteristics (Keyton, 2011) of self-reporting that they participate in physical exercise on a regular basis, was employed to collect subjects

for the research study. Participants were recruited at the researcher's gym and were sent further information and a request to participate in the study via email. All subjects signed an informed consent agreement prior to participation. Permission to conduct this study has been obtained by the Boise State University Institutional Review Board for the Protection of Human Subjects for approval.

Data Analysis

Keyton (2011) described analysis as the process of breaking down the information collected by the researcher, and using it to identify patterns and themes that exist within the data. Interpretation, on the other hand, occurs when the researcher assigns meanings to the patterns and themes that are uncovered during data analysis.

The hope of the researcher was that by conducting these focus groups and analyzing and interpreting the data, useful themes would emerge in understanding how men characterize and negotiate the idea of male anorexia given the perceived idea of the socially created anorexic. Since the majority of research on anorexia and body image has focused on women, the interactive data and findings resulting from this research will add to the limited conversation of body image and anorexia and men.

After the focus groups were completed, the audiotapes were immediately transcribed and typed word for word and then compared to the field notes taken during the focus groups. After the transcriptions were complete, I started the process of coding and categorizing the data into a manageable size from which an interpretation can be made (Keyton, 2011). I employed open, axial, and selective coding to analyze the data.

The first phase of analysis consisted of open coding. Keyton (2011) explains open coding as a first pass-through of the data and an unrestricted coding process used by

a researcher not looking for data that fit into predetermined categories or how the categories are related, but is open to all possibilities of categories. During this phase of analysis and interpretation, phrases such as “want to have the ideal body,” “never want to be fat again,” “compare my body to other guys,” “being fat is a sign of laziness,” “you can’t be successful without a six-pack,” “feel like a total failure if I was fat,” “absolutely won’t take my shirt off in public,” “guys can’t be anorexic,” “always concerned about what I eat,” “need to be the strongest in the room,” and “skip several meals a week” all emerged. As Keyton suggests, formulating a set number or type of specific categories was not the concern in this phase of analysis. These phrases made up initial possibilities and concepts that emerged from the first pass-through of the data.

After I completed the initial open coding phase, I began the process of axial coding. Axial coding linked the phrases that emerged from the open coding phase and collapsed and relabeled them into fewer categories (Keyton, 2011). This phase also allows the data to be put back together in new ways by making connections between a category and its subcategories (Corbin & Strauss, 1990). I identified similarities in the initial concepts found in the open coding phase and linked the categories together in a meaningful way. This phase of coding generated categories that included restricting meals, excessive exercising, pressure from others, pressure from self, feeling ashamed, body image, body comparison, men not being able to suffer from anorexia, need for success, equating body to success, weight issues, and loss of control.

Once categories emerged from the axial coding phase, interrelationships among these categories were established through the use of selective coding (Corbin & Strauss, 1990). The selective coding process allowed me to use the categories from the axial

coding phase and identify four primary interrelated categories central to the phenomenon of this study. These include the fear of becoming overweight, pressure from society, abs as a commodity, and men and anorexia.

Once the main categories were established, the process of interpreting the occurrence of each episode began. Using thematic analysis to interpret the categorized data, I was able to identify reoccurring themes. Thematic analysis is defined as, “A method of qualitative analysis based on participants’ conceptions of actual communication episodes; a theme is identified based on recurrence, repetition, and forcefulness” (Keyton, 2011, p. 313). This method of analysis was most appropriate for this particular study because the participants’ viewpoints regarding body image and eating disorders and the influence the stigmatization of men and anorexia presented in their lives were the primary considerations guiding this study.

CHAPTER FOUR: FINDINGS AND DISCUSSION

The focus groups provided participants a safe and open forum to participate in discussions on topics that men are often reticent to talk about, and the participants were open and willing to share personal and sometimes uncomfortable stories centering on these topics. Ideas and feelings concerning body image, eating and exercise habits, and the way men characterize themselves in relation to the idea of anorexia, given the socially constructed idea of anorexia, were all discussed in the focus groups.

Analyzing the focus group data led to the identification of four major themes: abs as a commodity and power; fear of becoming fat; pressure from society; and men's denial of anorexia. The first theme consisted of articulations of men's perceptions of their bodies and the frequently expressed desire for men to have defined abdominal muscles and that a man's fit body communicates his identity and success. The second theme was composed of the categories surrounding the fear men have of becoming overweight, and the message that an overweight body communicates to others. The third theme included categories that expressed societal pressure men feel to have an ideal body; including media images, body comparison to other men, and the perceived expectation that men naturally have muscular bodies. The final theme emerged from categories surrounding eating habits, restricted eating, exercise, and the perceived idea of the socially created anorexic. These four major themes encompass the majority of the focus group data and will be explored and discussed further in the following section. The themes will then be

examined collectively to explore how they reflect socially created views of men, their bodies, and anorexia.

Theme 1: Abs as Commodity and Power

The first emergent theme centered on defined abdominal muscles as a representation of power and control. The terms abs, six-pack, washboard abs, and v-lines were consistently expressed throughout each focus group. The men in the focus groups expressed the desire to have and maintain defined abs and discussed the way that abs are utilized to communicate a man's identity and success.

One participant stated, "The average guy's body in a movie or magazine comes complete with a six-pack, and this is what people expect all guys to look like." Another expressed, "I work hardest on my abs. I spend more time working out on my core just to make sure I have a defined six-pack. I would rather have skinny legs and smaller arms and a nice six-pack any day."

Men in the focus groups expressed having defined abs as part of their identity. One participant expressed, "When I was out of shape I wouldn't take my shirt off in front of anybody. Now that I actually have abs, I feel completely different about myself, like I'm a different person. That one little thing made a huge difference." Another stated, "When I was out of shape I was depressed because I knew what other people were thinking about me. I feel so much differently about myself now that I have a toned body. Just knowing that I have a ripped six-pack under my shirt, even though other people can't see it, gives me a huge boost of confidence; makes me feel so much more powerful and in control."

One participant equated society's expectation of women to have large breasts to men expected to have defined abs and shared:

In our society, women are expected to have big boobs, just like we are expected to have a six-pack. It's really along the same lines. But it's easy for them because they can go to a doctor and get implants and instantly have their ideal body. It's not the same for us. A man has to bust his ass to earn his chest and abs and v-lines. People don't realize how hard it is to maintain that body. It's constant work.

During the focus groups, participants consistently expressed that men and women equate men's abs to their success. A participant stated, "I have a great job, nice house, car, hot wife; but if I didn't have a good body and a six-pack, I would literally feel like I am failing at life somehow. Like I am messing one part of my life up." Another said "When I'm at the pool or the lake, I definitely look at how fit other guys are. If one of my friends that has more money than me has a beer gut, I feel like I'm somehow doing better than he is."

This first emergent theme aligns with the claims made in previous research regarding the way men navigate and communicate their body image. In Martins et al.'s (2007) large-scale survey of the American population, it was revealed that 43% of men reported being dissatisfied with their overall appearance and more than half indicated that they were dissatisfied with their abdomen.

Past research also indicates that men explicitly link having a well-toned body with feeling confident and powerful in social situations (Grogan & Richards, 2002). One participant said, "I work out because it makes me more productive and when I am productive I am successful." As was expressed by the men in the focus groups, having a well-defined body and abs provided a sense of control and power and helped outwardly

communicate their success and stature. This theme illuminates the importance and correlation of having a fit body as equivalent to success in life.

Theme 2: Fear of Becoming Fat

The next theme that emerged was the fear of becoming overweight. This theme illustrated the participants' fears of becoming fat and the message being overweight communicates to others. According to the APA (2000), one characterization of anorexia is a pathological fear of becoming overweight. This theme was commonly illustrated throughout the focus groups, with the idea of being overweight correlated to other aspects of the participants' lives. A focus group participant stated, "If you are fat, people automatically think you are lazy or dirty or don't have you life together. I never want to be fat because I don't want people to assume things like that about me."

In a 2002 study by Grogan and Richards, men and boys revealed that "being lean and muscular was linked to being healthy and fit" and "being fat was related to weakness of will and lack of control." Another participant stated:

When I got out of college, I was pretty out of shape. I ate fast food all of the time, drank tons of Mountain Dew. I had a big fat gut. I didn't want to meet girls or go on dates. It took a huge toll on my self-esteem. That's why I started working out. I really wanted to meet a girl and knew my body was holding me back. After I started working out, and got into really good shape, things really started to fall into place in my life.

Andersen and Holman (1997) posit that women tend to acquire eating disorders as a result of a Western idealized cultural endorsement of thinness, while men develop eating disorders, in most cases, to avoid childhood teasing for being overweight. A participant shared in this sentiment and stated, "I think about my body all of the time, even though I hate admitting it. I never want to be fat again, and I never will be."

Another went on to share:

I was a fat kid, fat in high school, and fat in college. I remember being 23, and waking up one day and thinking to myself that I was done being fat. I was done having my body define who I was as a person. It was like a conscious decision I made that I was done being fat. For the last almost four years, I have worked out religiously. I have a six pack now, which I never thought was possible for me. I work out because I will never go back to being that fat person. I feel like I have a long way to go with my fitness goals, but working out has completely changed who I am, how I see myself, and how others see me.

These sentiments align with current research regarding men, body image, and anorexia. Overall, the findings of this study express how the fear of being overweight and perceived as being lazy or having a lack of ambition reiterates men's desires to control their eating and exercise regimens and restrict and control their weight as they have an intense fear of gaining weight or becoming fat. As such, a fear of being fat aligns with a desire to be in control of one's body, self, and life.

Theme 3: Pressure from Society

The third theme that emerged in the focus group discussions centered on men feeling an intense pressure from society. This theme was based on the pressure the participants expressed that they felt from women, from being in competition with other men, and from the highly unrealistic media representations of the ideal body for men. Reflective of current research, men are becoming increasingly aware and insecure about their bodies. Alexander (2003) reinforced that movies, television, magazines, and the Internet all exhibit masculine gender ideals, and empirical evidence shows that these ideals are affecting men's understanding of their self-identities and behaviors. DeBate et al. (2008) claimed that after men compare their bodies to the culturally constructed ideal, they then experience greater concern over their own body image. Many of the participants felt the most pressure from current media representations of men, and one expressed:

I can work out four hours a day, seven days a week, but I am never going to look like the guys you see in movies. And I don't have that kind of time anyway. And most likely, these guys are taking human growth hormones or steroids or something. But I am expected to look like this. It makes no sense at all.

Another participant stated:

Well look at the movies, the lead actors all look like they've have peck and ab implants and the actors are never fat guys unless it's a comedy and then the fat guys are just the funny sidekick. Just like girls, we are expected to look have nice bodies, too. But women think men automatically have nice bodies without having to work for them.

Other participants conveyed that feelings of competition with other men was a key factor in motivating their workout and eating habits. Once participant explained:

I work out because I like to work out, but I also feel like I'm in constant competition with everyone else. There is always someone that is going to be better than me or stronger than me, but I will never be the weakest guy in the room. My motivation comes from knowing that I can lift more and run farther and faster than a majority of other dudes out there.

Another participant echoed this sentiment and indicated:

I know if I don't make it to the gym one day, there are plenty of other guys that did. They are going after the same girls that I am, after the same jobs that I am, and if I'm not on my game, these other guys are going to get everything that should be mine.

The consensus among the men in the focus groups is that they felt pressure from society to maintain an idealized body, and this finding reaffirms the claims expressed in the existing literature. Overall, this theme of societal pressure reveals how men are increasingly more aware of their bodies and increasingly insecure about their bodies, and this pressure men are negotiating affects their understanding of their self-identities and motivates particular behaviors such as restricting eating, excessively exercising, and living with a constant fear of being fat.

Theme 4: Men's Denial of Anorexia

The fourth theme that emerged from this study centered on the anorexic behavior men discuss, yet the denial of men being able to suffer from anorexia. As previously stated, research has shown that 95% of college men are dissatisfied with some aspect of their body (Labre, 2002), and 20% display some form of disordered eating symptoms (Locker et al., 2012). During the focus group discussions, many of the participants expressed concern over their appearance. One participant detailed:

I literally keep track of all of the calories I consume every day, and I make sure I make it to work out at least four times a week. I put more thought and effort into my body than I do my job, my girlfriend; pretty much anything else in my life.

Another stated:

I use an app on my phone to keep track of what I eat, and I know how many calories I can have in a day and when I need to stop eating. It helps keep me on track and I know when I'm overeating, but also when I am not eating enough. Food is a reward, a punishment, and basically an obsession.

Reflecting further on appearance concerns and abnormal eating, another participant said, "If I eat something I shouldn't, I feel guilty about it. Almost like I failed. I used to eat to make myself better, but now I skip meals to try and make myself feel better. Feeling hungry actually makes me feel good." Another explained:

I never eat breakfast, and usually only have a protein shake for lunch. I definitely restrict what I eat, especially if I know I'm going somewhere and I have to have my shirt off. I went to Vegas two weekends ago, and pretty much didn't eat for like four days before I left. I wanted to make sure I looked good, so I worked out a lot and pretty much lived on carrots, yams, and protein shakes. Probably not the healthiest thing to do, but I felt pretty good about my body so I guess its ok.

Research affirms that our culture expects men to be ashamed of behaving in any way that does not conform to its standards of masculinity. Society has constructed

anorexia to be a female problem so men who exhibit symptoms are ignored, isolated, and even mocked. There are tensions that occur as men attempt to negotiate the stereotypes of exhibiting behaviors that align with anorexia, and the men in the focus groups were concurrent that anorexia is exclusive to women. One participant stated, “I lost a lot of weight after college, and a lot of it was in unhealthy ways. I would skip meals and work out for hours. I wouldn’t say I was anorexic, but I just wouldn’t allow myself to eat.”

Another participant struggled to justify exhibiting anorexic behaviors and stated:

From what I know about anorexia, people stop eating because they had a traumatic thing happen to them or something, and they need to control something in their lives. It’s always related to weight and being skinny; controlling your food so you can have a thin body. Changing the way you eat to make your body perform at a certain level is not the same as a teenage girl who was told she was fat and stopped eating.

Another participant explained, “Like we said before, anorexia is about being skinny and having control of something in your life. That is not the goal for guys. Guys want to be muscular, not skinny.” One participant believed that a man could suffer from anorexia, but justified it as a side effect of being an athlete. He said:

I think a guy could have anorexia, I just don’t think it would be triggered by the same things that would cause a girl to have it. I would think if a guy was anorexic, it would be because he was a wrestler or a swimmer or something. For a guy, I think it would be sports-related, but for a girl, I think it would probably have more to do with wanting to be skinny.

Although some of the literature surrounding men and body image discusses the stigmatization and struggles of men with anorexia, few studies have explored the tensions that occur as men attempt to negotiate these stereotypes in their own lives within a socially constructed reality. The men in the focus groups pronounced that society is placing far too much pressure on them to adhere to stricter body and appearance

standards, and they consistently discussed their behaviors in ways aligned with eating disorder diagnoses criteria; yet they characterized anorexia as strictly female-bound, and attempted to justify and negotiate their behaviors as being supported by socially constructed masculine stereotypes. Overall, these findings reveal that men's efforts to be fit not only align with socially constructed ideas of masculinity, but simultaneously prevents abilities to see expressed behaviors such as not eating or being skinny as being "in control," not as anorexic behaviors because admitting to displaying anorexic behaviors would deny their masculinity since anorexia has been constructed as a problem strictly for women.

The four themes above, when examined collectively, begin to illuminate the way men understand and perceive their bodies and the relationship between men's understandings of self and anorexia. These findings show that although men are not diagnosed or treated for anorexia nearly to the extent of women, they talk about their bodies and discuss behaviors that align with specific anorexia diagnoses characteristics. For instance, the discussion of abs as creating power, men's fear of being fat, and perceived social pressure to have a fit body combine to display stories of behaviors aligned with anorexia yet denied as such.

In response to the first research question about how men understand and articulate a male body image, men seem to equate a fit and muscular body in terms of being powerful, successful, and in control. Motivation for continuing to be fit emerges from a fear of being overweight and pressure from idealized presentations of the male body. Furthermore, I see a connection between the participants' findings and the reasons men gave for working out. The men discussed working out and exhibiting muscles and abs as

a form of living up to cultural standards. They also expressed that they feel powerful and masculine when working out.

Regarding the second research question about how men make sense of their bodies and fitness behaviors in terms of a socially constructed notion of anorexia, it was particularly interesting to discover that how men seem to deny anorexia as a problem for their concerned about. Intense awareness of body image and desire to work out and build larger muscles (to gain a sense of power) seems to run counter to the discussions of counting calories and restricted eating. While many of the participants stated that working out and having a muscular body gave them a sense of power, participants often expressed a fear of gaining weight and that exercise was used to maintain a specific body type. Further, the discussion of anorexic-like behaviors such as restricted eating was in stark contrast to the denial of men as capable of being anorexic. In other words, these findings reveal a stark juxtaposition between the expressed anorexic-like behaviors and denial that men could be anorexic.

Interpretation of these findings reveals a desire among the participants of this study as having a strong desire to be masculine and gain a sense of power through the fitness of their bodies as completely disassociated from the idea of anorexia. Because anorexia is seen as a problem for and about women, admitting to these types of behaviors or problems runs counter to the efforts of the men of this study to more masculine. The tensions between a masculine identifier such as muscles and working out as power, and a feminine (non-masculine) identifier such as having an eating disorder with a feminine stigma like anorexia may be the consequence of a socially constructed idea of anorexia as a women's issue.

This study was conducted to better understand how men perceive their bodies, and how they characterize and negotiate the idea of anorexia given the social construction of anorexia. These findings reveal how the participants in the focus groups do not identify with the idea of anorexia and this may be a result of anorexia qualified as a socially constructed problem for women. More specifically, the themes reveal tensions that occur as men are unknowingly exhibiting behaviors that align with anorexia, yet the men in the focus groups were consistent in expressing that anorexia is exclusive to women. The findings show that men are highly aware of their bodies and the message their bodies convey to others; they have an overwhelming fear of becoming overweight; and they feel intense pressure from cultural expectations to maintain an idealized body. As such, the men in the focus groups prescribe to the notion that they gain and maintain their power from the active pursuit of a particular body, and their conversations reveal expressed behaviors consistent with anorexic behaviors. Conversely, due to societal norms of masculinity, it seems to prohibit the men in this study from expressing such actions as anorexia.

CHAPTER FIVE: IMPLICATIONS AND CONCLUSION

Although anorexia has been widely studied, few studies have focused on the relationship between body image and expressed behaviors by men in relation to the socially created ideas of anorexia. This is an important area of study for scholars studying anorexia due to the lack of information and the existence of misinformation on this subject. Men and anorexia pose a facet of study that has not been explored to the extent that it should. Men are often not even considered in the research, which leaves a vast gap in the topic. This study provides an in-depth account of how men perceive their bodies and how they negotiate and justify anorexic behaviors, yet deny such behaviors as anorexic to comply with socially created standardized masculine norms.

The findings of this research help increase the understanding of the way men's body image silences issues associated with male anorexia, and should be of substantive interest to Social Construction theorists as well as communications scholars. Our society has socially constructed the problems of anorexia as a problem for women. This study reveals that men discuss similar anorexic behaviors as women, while simultaneously denying anorexia as a problem for men. This juxtaposition has not been communicated in a majority of the literature. The expressed performance of such behaviors, yet rigid denial of these behaviors as potentially harmful, places men at great risk both physically and mentally because of this lack of communication. These findings reveal how men's conditioning to believe they cannot suffer from anorexia is in direct contradiction with statements among men about their behaviors. For men with anorexia (or engaged in

anorexic behaviors), there is no way for them to justify their existence (or problems) because it is not seen as something possible for men to have or be.

Men, especially those that are highly concerned with their body image, should care about these findings due to the fact that this study reinforces that they have a place in this phenomenon. This study reveals men discuss anorexic-like behaviors, yet ignore the unhealthy consequences of such behaviors. Men with a significant concern about having a fit body, with an overwhelming fear of being fat, and a perceived sense of pressure put on them by society to remain fit, should be more aware of behaviors potentially harmful to their health, behaviors that if admitted would contradict the masculinity that is reinforced by working out and developing powerful abs and a fit body that conforms to masculine social standards.

Potential Limitations

This study did present a few limitations. For this study, two focus groups consisting of five participants and one focus group consisting of six participants were included. All 16 participants were men between the ages of 18 and 40, and all of the participants self-reported that they participate in physical exercise on a regular basis. The study was greatly limited in sample size, racial and ethnic diversity, physical activity levels, and sexual orientation. It is also important to recognize that since the study was conducted in Boise, Idaho, it was limited geographically.

This study would have benefited from having the participants identify their sexual orientation. Sexual orientation identification was not requested by the researcher, but current research points to sexual orientation as a possible factor in triggering anorexic behaviors in men. It would be of particular interest to hold focus groups exclusive of

heterosexual men and homosexual men, and compare and contrast the results to existing research.

Using men with reported high levels of physical activity also provided some limitations for this study. Since existing research also positions athletics as a potential influence on anorexic behaviors in men, increasing the sample size for the study and broadening the participant sample group to include men with average to below-average activity levels would have furthered the value of the data collected and possibly provided a much broader perspective among the responses.

Conclusion

Anorexia has been widely studied throughout medical and academic literature, yet a limited number of these studies focus on how men fit in this phenomenon. Delving further into the notion of men with anorexia and anorexic behaviors, and the idea of the socially created anorexic is a pertinent direction of study to add to the limited conversation regarding men and anorexia as anorexia is understood, diagnosed, and medically treated as a female phenomenon.

This study illuminated four themes that emerged from talking with men about how they perceive their bodies. These themes included the notion that men gain power and control with their bodies and specifically abdominals; the overwhelming fear men have of being fat and the way this communicates their lack of success and drive; the increasing sense of pressure men feel from women, from being in competition with other men, and from the highly unrealistic media representations of the ideal body for men; and the way men discuss their own anorexic behaviors, yet deny anorexia as an issue for men.

Collectively, these themes highlight the existence of a relationship between men and anorexia. These findings also reveal tensions between the masculine idea of working out to give men power, and the feminine idea of having a disorder like anorexia. Although socially created norms of anorexia and masculinity complicate our understanding of men and anorexia, this study shows that the way men talk about their bodies and behaviors align with specific anorexia diagnoses characteristics. These behaviors that men discussed helped support their idea of being a “man,” however this also denies their ability to recognize that their stated behaviors are similar to anorexia since they deny anorexic can exist for men.

REFERENCES

- Ackard, D. M., Kearney-Cooke, A., & Peterson, C. B. (2000). Effect of body image and self-image on women's sexual behaviors. *The International Journal of Eating Disorders, 28*(4), 422–429.
- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *The American Psychologist, 58*(1), 5–14.
- Alexander, S. M. (2003). Stylish hard bodies: Branded masculinity in Men's Health magazine. *Sociological Perspectives, 46*(4), 535–554.
- Alexander-Mott, L. A., & Lumsden, D. B. (1994). *Understanding eating disorders: Anorexia nervosa, bulimia nervosa, and obesity*. Washington, D.C.: Taylor & Francis.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders: DSM-IV*. Washington, D.C.: American Psychiatric Association.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR*. Washington, D.C.: American Psychiatric Association.
- Andersen, A. E. (1990). *Males with eating disorders*. Philadelphia, P.A.: Brunner/Mazel, Inc.
- Andersen, A. E., & Holman, J. E. (1997). Males with eating disorders: Challenges for treatment and research. *Psychopharmacology Bulletin, 33*(3), 391–397.
- Behar, R. (2007). Gender-related aspects of eating disorders: A psychosocial view. In A. J. Lauber (Ed.), *Gender identity, psychology, and lifestyle* (pp. 117–143). New York, N.Y.: Nova Science Publishers, Inc.
- Berger, P., & Luckmann, T. (1966). *The social construction of reality: A treatise in the sociology of knowledge*. Garden City, N.Y.: Anchor Books.

- Bruch, H. (1973). *Eating disorders; obesity, anorexia nervosa, and the person within*. New York, N.Y.: Basic Books.
- Carlat, D. J., Camargo, C. A. J., & Herzog, D. B. (1997). Eating disorders in males: A report on 135 patients. *The American Journal of Psychiatry*, *154*(8), 1127–32.
- Cash, T. F., Theriault, J., & Annis, N. M. (2004). Body image in an interpersonal context: Adult attachment, fear of intimacy, and social anxiety. *Journal of Social and Clinical Psychology*, *23*(1), 89–103.
- Corbin, J., & Strauss, A. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, C.A.: Sage.
- Crisp, A. H., & Burns, T. (1983). The clinical presentation of anorexia nervosa in males. *International Journal of Eating Disorders*, *2*(4), 5–10.
- Davey, C. M., & Bishop, J. B. (2006). Muscle dysmorphia among college men: An emerging gender-related counseling concern. *Journal of College Counseling*, *9*(2), 171–182.
- DeBate, R., Lewis, M., Zhang, Y., Blunt, H., & Thompson, S. H. (2008). Similar but different: Sociocultural attitudes towards appearance, body shape dissatisfaction, and weight control behaviors among male and female college students. *American Journal of Health Education*, *39*(5), 296–302.
- Eller, B. (1993). Males with eating disorders. In A. J. Giannini & A. E. Slaby (Eds.), *The eating disorders* (pp. 133–146). New York, N.Y.: Springer-Verlag.
- Farquhar, C., & Das, R. (1999). Are focus groups suitable for 'sensitive' topics? In R. S. Barbour & J. Kitzinger (Eds.), *Developing focus group research: Politics, theory and practice* (pp. 47–63). Thousand Oaks, C.A.: Sage Publications.
- Gordon, R. A. (1990). *Anorexia and bulimia: Anatomy of a social epidemic*. Cambridge, M.A.: Blackwell Publishers.
- Goulding, J. (1983). Domestic news. *United Press International*. Retrieved December 1, 2012, from LexisNexis Executive database.

- Grogan, S., & Richards, H. (2002). Body image: Focus groups with boys and men. *Men and Masculinities*, 4(3), 219–232.
- Hesse-Biber, S. N. (1996). *Am I thin enough yet?: The cult of thinness and the commercialization of identity*. New York, N.Y.: Oxford University Press.
- James, D. (2001). Eating disorders, fertility, and pregnancy: Relationships and complications. *The Journal of Perinatal & Neonatal Nursing*, 15(2), 36–48.
- Kirkpatrick, J., & Caldwell, J. P. (2004). *Eating disorders: Anorexia nervosa, bulimia, binge eating and others*. Toronto: Key Porter Books.
- Keyton, J. (2011). *Communication research: Asking questions, finding answers*. New York, N.Y.: McGraw-Hill.
- Krueger, R. A. (1994). *Focus groups: A practical guide for applied research*. Thousand Oaks, C.A.: Sage Publications.
- Labre, M. P. (2002). Adolescent boys and the muscular male body ideal. *Journal of Adolescent Health*, 30, 233–242.
- Lauber, A. J. (2007). *Gender identity, psychology, and lifestyle*. New York, N.Y.: Nova Science Publishers.
- Locker, T. K., Heesacker, M., & Baker, J. O. (2012). Gender similarities in the relationship between psychological aspects of disordered eating and self-silencing. *Psychology of Men and Masculinity*, 13(1), 89–105.
- Martins, Y., Tiggemann, M., & Kirkbride, A. (2007). Those speedos become them. *Personality and Social Psychology Bulletin*, 33(5), 634–647.
- Morgan, D. L. (1997). *Focus groups as qualitative research*. Thousand Oaks, C.A.: Sage Publications.
- Petrie, T. A., & McFarland, M. B. (2009). Men and muscles: The increasing objectification of the male body. In J. J. Reel & K. A. Beals (Eds.), *The hidden faces of eating disorders and body image* (pp. 39–55). Sewickley, P.A.: AAHPERD Publications.

- Powers, P. S., & Fernandez, R. C. (1984). *Current treatment of anorexia nervosa and bulimia*. Basel, N.Y.: Karger.
- Ray, S. L. (2004). Eating disorders in adolescent males. *Professional School Counseling*, 8(1), 98-101.
- Reel, J. J., & Beals, K. A. (2009). *The hidden faces of eating disorders and body image*. Sewickley, P.A.: AAHPERD Pubs.
- Sacker, I. M., & Buff, S. (2007). *Regaining your self: Breaking free from the eating disorder identity : A bold new approach*. New York, N.Y.: Hyperion.
- Saukko, P. (2006). Rereading media and eating disorders: Karen Carpenter, Princess Diana, and the healthy female self. *Critical Studies in Media Communication*, 23(2), 152–169.
- Soban, C. (2006). What about the boys?: Addressing issues of masculinity within male anorexia nervosa in a feminist therapeutic environment. *International Journal of Men's Health*, 5(3), 251–267.
- Strelan, P., & Hargreaves, D. (2005). Reasons for exercise and body esteem: Men's responses to self-objectification. *Sex Roles*, 53, 7–8.
- Woodside, D. B., Garfinkel, P. E., Lin, E., Goering, P., Kaplan, A. S., Goldbloom, D. S., & Kennedy, S. H. (2001). Comparisons of men with full or partial eating disorders, men without eating disorders, and women with eating disorders in the community. *The American Journal of Psychiatry*, 158(4), 570–4.

APPENDIX A

Focus Group Interview Questions and Debrief

Focus Group Questions and Debrief Outline

The following set of questions is intended to initiate conversation among focus group participants as they share their views pertaining to male body image and the socially created stigma of anorexia. This series of open-ended questions will start the initial group conversation and ensure that all desired topics are explored. Opening questions are broadly based to encourage free discussion among participants. As participants become more comfortable with one another, the moderator will move to incorporate more structured discussion questions. Each participant will have the opportunity to reflect on the questions.

Introduction/Ice Breaker:

Thank you for participating in this focus group/open discussion. I am especially interested in your views on male body image and socially created stigma of anorexia.

Discussion Questions:

1. What is the ideal male body type?
2. How often do you think about your body as it pertains to this ideal?
3. Do you ever feel self-conscious about your body?
4. How do you talk about male body image with male friends?
5. Do you feel it makes you weak to be concerned about your body image?
 - a. Can you describe these feelings?
6. Do you ever feel that the expectations of others make you concerned about your body image?
7. What does anorexia mean to you?
8. Do you feel a male can be diagnosed with/suffer from anorexia?

9. What would you think if a male friend or family member disclosed that they were diagnosed with anorexia?

Debriefing Statement:

Thank you for your participation in this study. Your participation is greatly appreciated and valued.

I previously informed you that the purpose of the study was to learn more about the socially created stigma of anorexia. The goal of this research is to add to the body of knowledge surrounding male body image and the socially created stigma of anorexia

I realize that some of the questions asked may have provoked strong emotional reactions. As a researcher, I do not provide mental health services and will not be following up with you after the study. However, I do want to provide every participant in this focus group with contact information for the Boise State University Counseling Center, should you decide you need assistance at any time.

If you would like information on where to find a copy of the final thesis this study will be used for, please feel free to contact me and I will provide that information.

Thank you.

APPENDIX B

Thesis Email Participation Request

Request Email for Focus Group Participation

You are invited to be a participant in a research study being conducted by a graduate student in the Department of Communication at Boise State University. The purpose of this study is to gain a better understanding of why there is a stigma attached to anorexia, and the ways in which men communicate and negotiate their bodies within a culture that places more emphasis on the importance of body image for men. This is an opportunity for you to discuss these issues, listen to others, and to share your story.

Participants for this study will be males between the ages of 18 and 40 that participate in physical exercise on a regular basis. Since you fit into this category, the researcher will appreciate the opportunity to listen to your experience.

Willing individuals will participate in focus group with three to four other men with similar characteristics. Estimated time to complete the focus group is 90 minutes. Focus groups will be conducted and audio recorded at Boise State University Albertsons Library Room 110.

Risks of participating in this study include experiencing anxiety or emotional distress as you share your experience. Body image can be a sensitive topic to discuss, but you may also experience benefits such as support and awareness from others with similar feelings and concerns. All information gathered from the focus group will be video recorded, transcribed, and analyzed for publication of a master's thesis. Participating in this research may involve a loss of privacy, but the researcher will make every effort to protect your privacy and confidentiality. Only Marcus Ogawa and his supervising professor will have access to the audio tapes and interview notes. No individual

identities will be recorded in any reports or publications which may result from this study.

Your participation in this study is completely voluntary. You may decline participation in the focus group at any time if you become uncomfortable, or for any other reason. If you have questions/concerns about being a participant in this study, you should first talk with the researcher. If you would like to talk to someone other than the researcher, you can contact the Institutional Review Board, Office of Research Compliance, Boise State University, which is concerned with protecting volunteers in university research projects. Their office is open Monday through Friday from 8:00 AM until 5:00 PM; reached by phone at (208) 426-5401; or by US Mail at 1910 University Drive, Boise, ID 83725-1138.

Thank you for your time and assistance. You and your story are valued and appreciated. If you are willing to participate in this study, and are a man between 18-40 years of age that participates in physical exercise on a regular basis, please reply to this email for further information and instruction.

Marcus Ogawa, Boise State University Graduate Student.

For this research project, we are requesting demographic information. Due to the make-up of Idaho's population, the combined answers to these questions may make an individual person identifiable. We will make every effort to protect participants' confidentiality. However, if you are uncomfortable answering any of these questions, you may leave them blank.

APPENDIX C

Consent to Be a Research Participant

Consent to be a Research Participant

A. PURPOSE AND BACKGROUND

Marcus Ogawa in the Department of Communication at Boise State University is conducting a research study entitled “Men and the Socially Created Stigma of Anorexia.” The purpose of this study is to help understand the stigma attached to anorexia and the way this affects men. Specifically, this study will help gain a better understanding of the socially created stigma attached to anorexia. You are being asked to participate in this study because you are a male between the ages of 18-40, and you participate in physical exercise on a regular basis.

B. PROCEDURES

If you agree to take part in this study, the following will occur:

1. You will be a participant in a focus group for approximately 90 minutes, with four other males that fit the specific participant criteria. The focus group will be audiotaped, and hand written notes will be used to record the group discussion.
2. The focus group will take place in Boise State University Albertsons Library Room 110.
3. A moderator selected by the researcher will conduct the focus group.
4. Questions which may be asked include: Do you feel pressure to have a certain body type? Do you believe a male can be diagnosed with anorexia? What would you think if a male friend was diagnosed with anorexia? Questions about what you found helpful or unhelpful may also be asked.

C. RISKS/DISCOMFORTS

Feelings of anxiety or discomfort may be experienced due to the sensitive nature of some of the questions. You may decline participation in the focus group at any time if you become uncomfortable, or for any other reason.

Participating in this research may involve a loss of privacy. The researcher will make every effort to protect your privacy and confidentiality. Only Marcus

Ogawa and his supervising professor will have access to the audio tapes and interview notes. No individual identities will be recorded in any reports or publications which may result from this study.

D. BENEFITS

Potential benefits of participation in this study include the opportunity to promote support and awareness of a sensitive topic which may be relevant to the lives of the individuals in the study.

E. COSTS

The only cost to you as a participant in this study is your time.

F. PAYMENT

Participation in this study is strictly voluntary. There is no reimbursement or compensation.

G. QUESTIONS

If you have questions/concerns about being a participant in this study, you should first talk with the researcher. If you would like to talk to someone other than the researcher, you can contact the Institutional Review Board, Office of Research Compliance, Boise State University, which is concerned with protecting volunteers in university research projects. Their office is open Monday through Friday from 8:00 AM until 5:00 PM; reached by phone at (208) 426-5401; or by US Mail at 1910 University Drive, Boise, ID 83725-1138.

H. CONSENT

A copy of this consent form will be provided to you for your records.

PARTICIPATION IN THIS RESEARCH IS STRICTLY VOLUNTARY.

You can decline to be a participant in this study, or withdraw at any time.

I give my consent to be a participant in this study:

Signature of Study Participant

Date

I give my consent to be audiotaped for this study:

Signature of Study Participant

Date

Signature of Person Obtaining Consent

Date

**THE BOISE STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD HAS
REVIEWED THIS PROJECT FOR THE PROTECTION OF HUMAN
PARTICIPANTS IN RESEARCH.**

APPENDIX D

IRB Notification of Approval



BOISE STATE UNIVERSITY
RESEARCH AND ECONOMIC DEVELOPMENT

Date: May 06, 2015
To: Marcus Ogawa **cc:** Natalie Nelson-Marsh
From: Social & Behavioral Institutional Review Board (SB-IRB)
 c/o Office of Research Compliance (ORC)
Subject: SB-IRB Notification of Approval - Original - 008-SB15-092
Men and the Socially Created Stigma of Anorexia

The Boise State University IRB has approved your protocol submission. Your protocol is in compliance with this institution's Federal Wide Assurance (#0000097) and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46).

Protocol Number: 008-SB15-092 Received: 4/27/2015 Review: Expedited
Expires: 5/5/2016 Approved: 5/6/2015 Category: 6, 7

Your approved protocol is effective until 5/5/2016. To remain open, your protocol must be renewed on an annual basis and cannot be renewed beyond 5/5/2018. For the activities to continue beyond 5/5/2018, a new protocol application must be submitted.

ORC will notify you of the protocol's upcoming expiration roughly 30 days prior to 5/5/2016. You, as the PI, have the primary responsibility to ensure any forms are submitted in a timely manner for the approved activities to continue. If the protocol is not renewed before 5/5/2016, the protocol will be closed. If you wish to continue the activities after the protocol is closed, you must submit a new protocol application for SB-IRB review and approval.

You must notify the SB-IRB of any additions or changes to your approved protocol using a Modification Form. The SB-IRB must review and approve the modifications before they can begin. When your activities are complete or discontinued, please submit a Final Report. An executive summary or other documents with the results of the research may be included.

All forms are available on the ORC website at <http://goo.gl/D2FYTV>

Please direct any questions or concerns to ORC at 426-5401 or humansubjects@boisestate.edu.

Thank you and good luck with your research.

Dr. Mary Pritchard
 Chair
 Boise State University Social & Behavioral Institutional Review Board