

LGB Individuals and Body Dysmorphic Disorder

"I ran across a fascinating statistic in an article about male body image. If the original G.I. Joe were made life-size, his biceps would have been 12.2 inches in circumference. But 30 years later, Joe has been transformed: His biceps would now measure 26.8 inches in circumference. To put that in perspective, no bodybuilder has ever achieved biceps of that size. Not one."

Matthew Tiemeyer

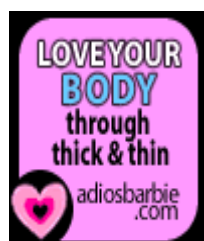
What is Body Dysmorphic Disorder?

Body dysmorphic disorder (or BDD) is a relatively common, often severe, and under-recognised body image disorder. People with BDD experience distressing or impairing preoccupations with perceived flaws in their appearance. People with BDD are obsessed with the belief that something's wrong with how they look. They may describe themselves as looking ugly, unattractive, "not right," deformed -- or even "hideous" or "monstrous." This preoccupation frequently focuses on the face or head, often the skin (for example, acne, scarring, skin colour, lines, wrinkles), hair (for example, thinning or too much or too little body hair), or nose (for example, size or shape). However, people with BDD can dislike any part of their body.

People with BDD think about their perceived appearance flaws for at least an hour a day, and typically for many hours a day. When other people say they look fine, people with BDD find it hard to believe this reassurance.

These appearance concerns cause significant emotional distress or problems in daily functioning (usually both). For example, the appearance worries can lead to low self-esteem, avoidance of family and friends, and problems with work or school. They often fuel anxiety, depression, and even thoughts about suicide. Some people experience manageable distress and are able to function well, although not up to their potential. Others find that this disorder ruins their life.

BDD is an under-recognised and a serious mental illness. It isn't vanity.



Body image dissatisfaction has typically been associated with girls and women. However, helping professionals are seeing an increased number of male clients who describe extreme body dissatisfaction. For example, many men report wanting to be more muscular (Vartanian, Giant, & Passino, 2001). This might be attributed to the use of muscular, male bodies in advertising, television, and movies. Additionally, Pope, Olivardia, Gruber, and Borowiecki (1999) found children's action figures perpetuate a muscular male ideal. Studies (Mintz & Betz, 1986) to 28 (Pope, Phillips, & Olivardia, 2000) suggest men desire to gain approximately 17 pounds of muscle mass. Although wanting to be more muscular is not necessarily an unhealthy desire, for some men the desire becomes a pathological preoccupation.

Changes in Male Body Image

It's common for boys (and men, certainly) to compete with each other physically to see who can do more -- jump higher, run faster, lift more, throw farther and more accurately. You'll even see it on work crews where men are doing physically taxing work. There's a tendency for many men to prove that they can outwork or outlast others.

But this appears to be changing. As men's health and fitness magazines focus on how the body *looks*, rather than what it *does*, readers change their priorities as well. The questions men now ask are, "What supplement can I take to help me increase my muscularity?" or "How should I work out to make my biceps bigger?"



Although the precise number of men with muscle dysmorphia (MD) is unknown, one study found 9.3 percent of male participants reported MD (Pope, Gruber, Choi, Olivardia, & Phillips, 1997). Olivardia, Pope, and Hudson (2000) suggest the age of onset of MD to be approximately 19.4 years old. Theorised as a subtype of body dysmorphic disorder (BDD), MD is characterised by a preoccupation with muscularity that causes clinically significant impairment in social, occupational, or other areas of functioning (Pope et al., 1997).

Effects of Advertisements on Male Body Image

A study in USA examined advertisements depicting male bodies in a major sports magazine over the course of 30 years, beginning in the mid-1970s. The goal was to examine whether models have increasingly been shown in ways that emphasise the body's appearance over its ability.

While some measures the researchers used showed no clear trends, other variables were more telling. For example, models in today's advertisements are less likely to be shown using the advertised product. Also, body parts that can be considered sexualised (e.g., biceps, chest, back, and the abdominal and pelvic regions) are much more likely to be exposed in the 2000s than they were in the 1970s. Plus, it has generally become harder to determine where a model is looking in advertisements (the researchers hold that models whose eyes are hidden are easier to be seen as objects). These criteria would suggest decreasing focus on the body's ability and greater focus on appearance.

How Male Body Image Issues Can Get Out of Control

This focus on appearance is what makes men's pursuit of greater muscularity similar to the pursuit of thinness in women. Both are pursuing visual ideals that are sometimes impossible to achieve. In some cases, the obsession with gaining muscle mass interferes with life away from the gym. This phenomenon, called muscle dysmorphic disorder (and commonly known as "bigorexia"), can lead men to risk their health by using potentially dangerous substances such as anabolic steroids and human growth hormone (HGH).

Even though visual ideals are generally unattainable, they represent concrete goals. This can be a relief to some men who aren't sure how to embrace their masculinity in other ways, or who believe they aren't successful enough in other areas. In short, adding muscle -- changing appearance, rather than improving ability -- literally helps some feel more "like a man." Unfortunately, many find that no amount of muscle is enough.

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Empirical research exploring the psychological consequences of MD is limited, but increasing. Maida and Armstrong (2005) found that MD has a strong relationship to

Obsessive Compulsive Disorder (OCD). Additionally, they reported a moderate relationship between MD and perfectionism. Some men with MD experience anxiety due to side effects associated with the use of anabolic-androgenic steroids (Pope & Katz, 1994) and ephedrine-based products (Rawson & Clarkson, 2002). Studies also have found MD to be related to depression (Olivardia, Pope, Borowiecki, & Cohane, 2004), and past suicide attempts and substance use disorders (Pope, Pope, Menard, Fay, Olivardia, & Phillips, 2005). However, more research is needed to determine the adverse physical and psychological consequences of MD, as well as who is most likely to be affected by MD.

Lesbian Issues around Body Image

For lesbians the issues can be different. Many lesbians reject standard notions of femininity, yet they are often told by the people around them that they need to be more "girly." Research on stereotypes indicates that the dominant culture has extremely negative views about lesbians' appearance. In a landmark study in 1989, Smith found that a woman who is identified as less physically attractive than the average woman is more often presumed to be a lesbian. It has been suggested that most research on physical attractiveness consisted of studies of men perceiving women and that feminine beauty was defined through the eyes of men.

This isn't the only issue, however. As a study titled *Lesbian Body Image Perceptions* found,

"As are all women, lesbians are influenced by Western society's expectations of what a woman should look like. However, they are also influenced by the lesbian subculture...The internalisation of the dominant culture's beauty expectations coupled with the adoption of a lesbian identity caused the participants [in the study] to contend with a multitude of oppressive mandates from both socio-cultural contexts."

Basically, what this means is that lesbians may have an even more complicated relationship with their body image than do straight women because they are getting messages about what they should look like both from the larger world AND from the lesbian community.

Kelly, in her article "*Lesbian Body Image Perceptions: the Context of Body Silence*" states:

"The lesbian community itself has norms for physical appearance that have changed over the course of the past century. Previous to the 1970's lesbians often constructed "gendered roles" to recognise each other. The butch-femme identities in the lesbian community developed through both acquiescence to and overt defiance of gender boundaries"



However, it seems reasonable to assume that lesbians, from a young age are affected by society's emphasis on the norms of physical appearance for women. The dominant culture plays a large role in the formation of women's body images, and the lesbian body is no different. Patterns that were started early in childhood do not simply disappear when the women develop a positive lesbian identity. Because of the way society portrays lesbians as women less concerned about their physical appearance; many young lesbians assume that as they become more comfortable with their sexuality, their body image issues would fade. Often this is not the case.

Lesbians create body images based on the expectations, mandates and messages dictated from both outside and inside socio-cultural contexts. These often provide very mixed messages for the individuals, leaving many stigmatised by both the lesbian and heterosexual communities. Lesbians must contend with a multitude of forces when defining body image perceptions. Many lesbians end up feeling stigmatised by the dominant culture if they have a "visible" lesbian identity while others feel stigmatised if they adopt an "invisible" lesbian identity.

Regardless of what construction of body image is adopted, many lesbians adopt tactics which have been identified as "compensating behaviors". These allow people to use levity to make light of their stigmas or appearance creating personalities that are strong enough to detract attention away from their bodies. As a participant stated in the Kelly research:

"I was big and I had a big personality. Others thought I was funny – but I knew I was the funny fat girl. And I think I was well liked but I don't think that would have been the case if I did not work so hard to have a big personality. My body shape would have made me an outcast"

Pushing for greater acceptance and equality with the dominant culture can result in people being "tolerated" because they do not look like the dominant culture's image of what was expected, but this can also lead to people being condemned for their unwillingness to play their proper roles.

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