Male Body Practices: Pitches, Purchases, and Performativities

Maya Lefkowich, MPH, John L. Oliffe, PhD, MEd, RN, Laura Hurd Clarke, PhD, MSW, and Madeline Hannan-Leith, BA

Abstract
The pressure on boys and men to engage in extensive body practices (e.g., closely monitored eating and exercise habits) and achieve ideal male bodies has grown significantly over the past 20 years. Central to the depiction of ideal male bodies and body practices are both the pursuit and achievement of lean and well-defined muscles. The labels “pitches,” “purchases,” and “performativities” were inductively derived from the literature, and used to describe the multifaceted connections between masculinities, muscularity, and idealized male body practices. “Pitches” distill how popular culture posture norms of masculinity, and manly bodies and behaviors attainable and necessary. “Purchases” refer to men’s diverse buy-in to dominant discourses about acceptable male bodies and practices. “Performativities” chronicle how men embody and navigate gender norms as they evaluate their own bodies, behaviors, and eating habits and those of their peers. Based on findings from the current scoping review, future research could benefit from fully linking masculinities with the drive for muscularity to address health and social risks associated with the pursuit of the idealized male body. In highlighting the plurality of masculinities and the complexity of men’s diverse identities, health care providers can better reach and support men. Focusing on, and celebrating, a wider range of male bodies could help recenter dominant discourses about how and whose bodies and experiences are idealized. The current scoping review article offers an overview of how masculinities and muscularity have been linked to male body practices, and recommendations to advance this emergent field.

Keywords
male body practices, masculinity, muscularity, men’s health

Introduction
The interest in male body practices and the connections to body ascetics has given rise to diverse research areas including psychology (Pope, Phillips, & Olivardia, 2000; Tylka, 2011) and sociology (Gough, 2007; Watson, 2000). Emergent within and across these fields is a focus on masculinity and body practices wherein two frameworks have predominated—socialization and social constructionism. Socialization theory has typically used survey questionnaires to collect and describe men’s alignments to predetermined itemized masculine ideals in proving associations and/or predicting their behaviors. Idealized masculine bodies generally center on masculine ideals of stoicism, power, control, dominance, and sexual desirability into the physical and/or material traits of strength, function, size, and shape (Darcy et al., 2012; McCreary, 2002; Mellor et al., 2014; T. Murray & Lewis, 2012; Olivardia, Pope, Borowiecki, & Cohane, 2004). This work has demonstrated that, in the past 20 years, the dominant body ideal for men has shifted toward muscularity, with an emphasis on lean and well-defined muscle mass (Darcy et al., 2012; McCreary, 2002; Mellor et al., 2014; T. Murray & Lewis, 2012; Olivardia et al., 2004). This trend has emerged as the “muscular ideal” or the “drive for muscularity,” and significantly affects the ways in which men envision their bodies (McCreary, 2002). The burgeoning work in social constructionism and masculinities has also unearthed important insights to the ways in which gender can influence men’s body practices (Robertson, 2007). Men’s perspectives on idealized masculinity, in relation to specific
body characteristics and subsequent power or social status, are central to work done within this field (Brennan et al., 2012; Christensen & Jensen, 2014; Holliday & Cairnie, 2007). The diversity of men’s interpretations of ideal masculine bodies (shape, size, function) and body practices affirm the view that masculinities are plural (Connell & Messerschmidt, 2005), and intersect with other important facets of identity (i.e., race, socio-economic status, sexual orientation, culture, education, etc.; Brennan et al., 2012; Christensen & Jensen, 2014; Holliday & Cairnie, 2007). Men’s perceptions of other men’s bodies and behaviors also contribute to how they evaluate and assign meaning to their own appearances, body practices, and subsequent social positioning or currency (Gattario et al., 2015; Gill, 2005; Holliday & Cairnie, 2007; Lin & DeCusati, 2015; Martin & Govender, 2015). The changing connotations of body ideals over time: both historically and across a man’s lifetime further the notion that masculinities and body ideals are plural and fluid (Gill, 2005; Mellor et al., 2014; T. Murray & Lewis, 2012; Shirani, 2013).

In addition to illustrating the increasing social pressure for men to demonstrate and embody masculinities through muscularity, the extant literature increasingly identifies adverse health outcomes associated with the masculine body practices, including excessive exercise, disordered eating, steroid use, social isolation, body dissatisfaction, depression, and suicide (Adams et al., 2005; Boni, 2002; Parasecoli, 2006). Men are thereby told that they must engage in self-surveillance and self-critical appraisements to achieve fitness for the purpose of aesthetics (Crawshaw, 2007). This emphasis on appearance challenges men to mitigate the tension between discipline, which is acceptable and encouraged, and vanity or obsession, which is often frowned upon and seen as feminine (Gill, 2005). Furthermore, an unfit body may be seen as out-of-control and unattractive, and thus linked to a more marginalized, unhealthy, or deviant identity for men (Boni, 2002). By comparison, the fit body is linked to notions of health and masculine ideals of control and/or self-discipline (Boni, 2002; Darcy et al., 2012; McCreary, 2002; Mellor et al., 2014; T. Murray & Lewis, 2012; Olivardia et al., 2004). As such, the healthy body, the fit or muscular body, and the masculine body are conflated into one idealized standard that men must achieve.

### Pitching Male Body Practices

Ideals and expectations for men in terms of body size and shape are increasingly “pitched” to men and women through popular culture. In particular, men’s lifestyle magazines are a primary means by which hegemonic notions of masculinity and acceptable male bodies are prescribed (Parasecoli, 2006). Fitness and men’s health magazines continue to pitch the muscular body ideal as attainable for all as well as instrumental to the achievement of health (Parasecoli, 2006). This is done through the strategic selection and pairing of advertisements and articles that combine pseudoscientific language, before and after narratives, and messages about individuals’ moral responsibilities to continually work on their bodies (Boni, 2002; Parasecoli, 2006). At the same time, men’s magazines position male bodies as under attack or in need of intervention to prevent against health threats (Boni, 2002). Men are thereby told that they must engage in self-surveillance and self-critical appraisements to achieve and maintain their health as well as masculine and embodied identities.

While some fitness magazines pitch body ideals to their readers in alignment with more hegemonic depictions of masculinity, there are some inconsistencies that add to the complexities men face in navigating and attempting to meet these expectations. Within the drive for muscularity, fitness magazines endorse health and fitness for the purpose of aesthetics (Crawshaw, 2007). This emphasis on appearance challenges men to mitigate the tension between discipline, which is acceptable and encouraged, and vanity or obsession, which is often frowned upon and seen as feminine (Gill, 2005). Furthermore, an unfit body may be seen as out-of-control and unattractive, and thus linked to a more marginalized, unhealthy, or deviant identity for men (Boni, 2002). By comparison, the fit body is linked to notions of health and masculine ideals of control and/or self-discipline (Boni, 2002; Darcy et al., 2012; McCreary, 2002; Mellor et al., 2014; T. Murray & Lewis, 2012; Olivardia et al., 2004). As such, the healthy body, the fit or muscular body, and the masculine body are conflated into one idealized standard that men must achieve.
In addition to the strategic use of language, photographs used in advertisements are a powerful medium through which masculine body ideals are pitched to men (Edwards et al., 2014; Schroeder, 2004). Though purportedly candid, these posed, touched up, and altered images persuasively sell a distorted and unreachable reality (Schroeder, 2004). Advertisements work to reaffirm hegemonic masculinities by depicting men in ostensibly manly situations or environments even as they remind men that masculinity and masculine body ideals (such as youthfulness and muscularity) are fleeting. The urgency created through these advertisements frame masculinity as a key identity marker that must be created and maintained by consuming the product(s) that are for sale (Schroeder, 2004). These images also commonly reaffirm the racialization, ethnicity, and sexual orientation of idealized muscular bodies and the target market for manly products (Brennan et al., 2012; Leonard, 2009). The racialization and sexualization of idealized muscular bodies in the media further complicate the hierarchical relationship between multiple masculinities (Connell & Messerschmidt, 2005) whereby men are not uniformly affected or influenced by these images, and subsequently do not experience and internalize muscular body ideals in the same ways (Brennan et al., 2012; Leonard, 2009).

**Purchasing Male Body Practices**

Faced with an idealized body to which they must strive in order to prove their masculinity, men buy into or “purchase” products and behaviors that are pitched to them through the media and/or social interactions. Men’s bodies are often important material representations of their gendered expressions and performances (Bennett & Gough, 2012; Gill, 2005; Nash & Phillipov, 2014). For example, masculinity may be seen as the physical manifestation of specific ideal masculine traits including discipline, dominance, resilience, attractiveness, sexual experience or frequency, and the absence of imperfections (Bennett & Gough, 2012; Gattario et al., 2015; Goins, Markey, & Gillen, 2012; Griffiths et al., 2015). The process of striving toward and attaining a muscular body may demonstrate how men internalize idealized traits of masculinity and muscularity (Gattario et al., 2015; Gill, 2005). For example, Griffiths et al. (2015) reported that men who understood masculinity to be linked to notions of strength and dominance prioritized building muscle over decreasing body fat. As decreased body fat did not yield the same masculine capital, it was not considered to be as important as building muscle (Griffiths et al., 2015).

The ways in which men buy into idealized masculine body enhancing products are also influenced by the intersections of men’s identities including sexual orientation, racialization, culture, history, occupation, and ethnicity (Hildebrant, Alfano, & Langenburcher, 2010; Kelly, Cotter, Tanofsky-Kraff, & Mazzeo, 2015; Martin & Govender, 2011; Mellor et al., 2014; Payton, 2014). For example, Hildebrant et al. (2010) described differences in muscularity between fashion models, fitness models, actors, and professional weight lifters or athletes, and suggested that there is no one muscular ideal but rather many articulations of muscularity for men. Similarly, the ways in which men read, interpret, or adopt more medicalized notions of bodies (i.e., understanding bodies that are larger than idealized masculine standards as fat or obese) may alter men’s perceptions of their own physique (Bennett & Gough, 2012). Men who view themselves as larger than an ideal standard may believe that their bodies are problematic and need to be fixed, whereas men who oppose medicalized terms may instead intentionally discuss their bodies through the lens and language of “vibrant physicality” (Bennett & Gough, 2012). The language and meanings associated with masculinity have diverse connotations and create additional challenges for men to confront in the pursuit of muscularity. For example, muscularity for Black men often implies stereotypes of athleticism, hypersexuality, dominance, and “superhuman strength” (Leonard, 2009, p. 175), which both fit within also distance men from acceptable expressions of masculinity (Jackson II, 2006).

Other traits, beyond muscularity, contribute to men’s internalization of masculine body ideals. Though seldom investigated, height, facial attractiveness, and hair color or texture may influence how men feel about their appearance in relation to representations of masculine body ideals (Blond, 2008; Edwards et al., 2014; Gattario et al., 2015; Gough, Matthews, & Seymour-Smith, 2016; Mellor et al., 2014). Clothing also contributes to how men purchase or demonstrate their buy-in to masculine body norms. Buying well-fitting and trendy clothing from mainstream stores, rather than items from specialty shops tailored to men who require alternative sizes both validates and operates within a particular norm of masculinity and consumerism (Bennett & Gough, 2012). Men’s inverted gaze and perpetual concern for their appearances are also not universally shared. For example, upper class men whose professions require specific looks (e.g., actors, politicians, models, athletes, etc.) often experience more pressure to align to a certain image (Edwards et al., 2014; Schroeder, 2004). While men may experience differing levels of concern about their appearance and alignments to hegemonic masculinity, men must navigate the tipping point between aligning with idealized traits and appearing too obsessive, concerned with appearance, vanity, and ultimately, feminine (Bennett & Gough, 2012; Gill, 2005). Many men are therefore challenged to demonstrate an idealized appearance without making the underlying effort or investment visible.
Men’s relationship with and investment in idealized masculine body practices are transient; differences in the meanings and importance that men assign to appearance often relate to changing contexts, such as age and life course (Gough et al., 2016; Mellor et al., 2014; T. Murray & Lewis, 2012; Shirani, 2013). As men negotiate their relationship to idealized masculine bodies over time, they must also withstand the reality that some features of the body are more likely to change over time or within intentional modification processes (e.g., facial features with cosmetic surgery), while others are not (e.g., height; Gough et al., 2016; Mellor et al., 2014). For example, younger men may be more intent on developing muscle mass and definition, whereas older men may focus on achieving strength, function, and a range of abilities (Mellor et al., 2014; T. Murray & Lewis, 2012). Masculinity may be easier to achieve for some young men, thus making physicality a more appealing and achievable goal in early years (T. Murray & Lewis, 2012). Puberty, in particular, is an important precursor to both the drive for and likelihood of achieving desirable musculature and body size (Mellor et al., 2014). Fatherhood is another milestone that may shift how some men conceptualize an ideal body type. Some fathers may prioritize health, functionality, and productivity over appearance (Shirani, 2013). This emphasis on functionality may be positioned around the desire to be productive around the house, help partners manage responsibilities, engage in play with children, and maintain a level of wellness to watch children grow up (Shirani, 2013). In later life, some older men may not buy into muscular standards and instead focus on weight management and health or fitness strategies, other men may experience new pressures to conform to youthful standards (e.g., if they enter into relationships with younger partners; Gough et al., 2016; Holliday & Cairnie, 2007).

While men evaluate their body practices, the meaning that they assign to their bodies is influenced by their relationships with other people and broader structures. As Gill (2005) suggested, understanding one’s decision making around body practices as autonomous was important for men to assert a sense of independence, which aligns with hegemonic masculine ideals. This autonomy may also be asserted by distancing oneself from and criticizing other men for their conformity to trends and expectations (Gill, 2005). In other cases, a visibly muscular body may affirm certain masculine ideals perceived to be important by others, and subsequently warrant higher social status (Martin & Govender, 2015). This external validation is an important means by which masculine ideals are coconstructed and reaffirmed (Gattario et al., 2015; Lin & DeCusati, 2015). For example, being perceived as thin is associated with stigmatized or less masculine identities, which may be of particular concern to gay or bi men who do not want to present as HIV positive (Brennan et al., 2012; Brewster, Sandil, DeBlaere, Breslow, & Eklund, 2016) and for older men who do not want to be seen as weak, frail, and/or in ill health (Gough et al., 2016). Striving toward masculinity may be an important way to avoid scrutiny or stigmatization, and instead be celebrated by peers for the “heroic-like” efforts, discipline, perseverance, and hard work associated with masculinity (Gattario et al., 2015). It may be the case then that it is not just important for men to innately possess a “perfect” muscular body to demonstrate their masculinity. Rather, it is also crucial that men are striving toward an idealized muscular body to achieve recognition and external validation. As men see their own bodies in relation to masculine ideals, their bodies become both the problem (should they not measure up) and the solution (by making intentional changes; Martin & Govender, 2015). Having a “body project” or continual goals for transforming one’s body can be a key outlet for self-expression and to assert agency (Gill, 2005; Holliday & Cairnie, 2007; Shilling, 1993). “Body projects” is a highly contested term in the literature as scholars grapple with the degree to which men actually have agency over their bodies in light of how deeply entrenched masculinity and body norms are in society as well as men’s own behaviors (Holliday & Cairnie, 2007; Shilling, 1993). The process of striving toward body ideals, whether they are attainable, gives way to the interpretation of body practices as the activities, behaviors, and/or beliefs that men adopt in order to maintain or strive toward idealized body aesthetics and functionality.

Performing Male Body Practices

Physical Activity

Physical performativities that demonstrate athleticism, strength, stamina, and competitiveness can be used by men to showcase their masculinity and demonstrate commitment to participating in idealized male body practices (Drummond, 2008; Gill, 2005; Shirani, 2013). Sports are a key activity where men and boys learn to perform specific masculinities (Drummond, 2008). Boys, for example, learn that sports are an acceptable activity for men, and that they can be a way for men to bond across generations, both as players and spectators (Drummond, 2008). Socially acceptable activities for fathers often center on notions of play and sport with their children (Shirani, 2013), though participation in recreation activities typically reduce as men age (Drummond, 2008). Men who feel like they are out of shape or unable to demonstrate the same level of athleticism as they once had, may not be able to express their masculinity through competitiveness or proficiency, and
Thus, men may become dissuaded from engaging in group sports (Drummond, 2008). For example, men who are fathers may have less time or energy to exercise or engage in sports and other recreational activities (Oliffe et al., 2015; Shirani, 2013). Some older men may find group activities and regular physiological demands intimidating and more draining if they cannot participate in the same way as younger teammates, leading to a decline in involvement with many competitive group sports (Drummond, 2008). As such, less competitive or more individualistic sports (such as golf, hiking, mall-walking, marathons or triathlons, squash, etc.) are increasing in popularity for older men (Drummond, 2008). These activities can become a means of demonstrating masculinity and achieving a positive self-image by gaining new skills and proficiencies, and engaging in friendly competition with like-minded peers (Drummond, 2008).

In addition to sports, many men may engage in physical body practices or fitness routines in gyms or fitness centers. Gyms can be spaces that diverse groups of men occupy to achieve and articulate differing notions of ideal masculine bodies and activities (Andrews, Sudwell, & Sparkes, 2005; Drummond, 2008; Kelly et al., 2015). For example, men who engage in excessive exercise regimes may be quite visible in gym spaces (Andrews et al., 2005; Kelly et al., 2015). Excessive exercise behaviors are labeled as such when certain groups of men prioritize fitness training over other activities, do not give their bodies time to rest or recover, and neglect or suppress other health issues in order to exercise (Andrews et al., 2005; Kelly et al., 2015). These behaviors are more common in younger men and those who have fitness goals that align with bodybuilding (Andrews et al., 2005; Kelly et al., 2015). Perhaps because of the amount of time they often spend in gym facilities, and their subsequent visibility, there is a common assumption that gyms are dominated by younger men and bodybuilders and that gym culture reflects this excessive exercise (Drummond, 2008). However, Drummond (2008) indicated that the routine and commitment of weight training appears to lend itself well to the lifestyles of older men, making gym-based fitness activities acceptable and potentially empowering (Drummond, 2008). That said, the decision to join a gym can be a contentious issue for many men. Some men may view joining a gym to be a loss of independence because of the expectation to conform to preestablished or perceived norms of gym culture, such as more obsessive or regimented activities (Gill, 2005).

As men engage in exercise and fitness spaces and behaviors, they must continue to be mindful of idealized masculine body practices. Men may be reluctant to associate their exercise goals with their appearance for fear of seeming vain, which does not align with more hegemonic masculine expectations (Gill, 2005). As such, men may describe their fitness goals in relation to health, such as increasing their stamina and strength (Gill, 2005). This does not necessarily mean that appearance does not weigh into men’s decision making. To avoid being labeled vain or appearance-oriented, men may carefully frame beliefs and posture their behaviors toward more acceptable models in an effort to conceal taboo goals (Gill, 2005). It is important to consider that men who may be the most at-risk for over exertion, injury, or other extensive exercise regimes may also be the least likely to disclose their motivations or engagement in hypermasculine practices and standards.

**Foods That Build**

Men’s body practices in relation to eating or consumption are influenced by the ways in which consumable products, eating habits, and masculinities are entwined (Nash & Phillipov, 2014). Advertisements and articles typically promote eating practices that also require a balance between masculine norms and potentially feminized practices (e.g., control vs. obsession, masculinity vs. vanity, and consumption vs. deprivation). In mainstream media and health and fitness magazines for men, advertisements for nutritional supplements or meal replacements, and nutrition tips often transform food into micronutrients and eating into a mechanical process of translating these nutrients into lean muscle mass (Gough, 2007; Parasecoli, 2006). As men are encouraged to closely monitor, assemble, and consume nutrients, the act of eating or enjoying food is seen as deviant, weak, or undisciplined (Parasecoli, 2006). Anecdotal evidence in fitness magazines consistently link positive associations between specific diets, micronutrients, or products and increased masculinity; yet evidence validating these claims are conspicuously absent from scientific journals (McCreary, Hildebrant, Heinberg, Boroughs, & Thompson, 2007). Eating or consumption of nutrients may be done in the pursuit of masculinity and idealized masculinity, or to distance oneself from practices deemed feminine (Gough & Conner, 2006; Griffiths et al., 2015; Levi, Chan, & Pence, 2006; McCreary et al., 2007; Nash & Phillipov, 2014; Oliffe et al., 2015). Advertisements also feed into similar narratives of masculinity and “healthy” eating. Despite men’s aversion to dieting or being seen as depriving themselves, there have been significant advancements in marketing better-for-you foods and beverages to men (Cardello & Wolfson, 2013; White, Oliffe, & Bottorff, 2014). For example, Coke was successful in getting men to switch over to its low-calorie option, Coke Zero, by avoiding the word “diet” and reiterating the focus on satisfaction—legitimizing the consumption of a healthier, low-calorie product (White et al., 2014). Many beer companies emerged
with low carb or lighter options marketed to the health conscious man (White et al., 2014). In terms of social norms associated with masculinity, the marketing of better-for-you foods carefully avoids any emphasis on compromise and moderation—scripts that are salient in products marketed to women—and instead offer opportunities for men to monitor and control what they eat without abstaining or appearing prudish (White et al., 2014). Ultimately, the goal of these products (and companies) is to increase consumption and capitalize on men’s physical insecurities rather than to promote health (Duggan & McCreary, 2004; White et al., 2014). For older men, but increasingly for boys and younger men, obesity and/or weight management are concerns that affect body practices and self-esteem (Gough et al., 2016), and this likely features in men’s uptake of better-for-you foods.

Men’s eating, beyond the consumption of supplements and better-for-you foods, is often assumed to be “intuitive” whereby they eat for sustenance (Gast, Madanat, & Nielson, 2012). There is debate in the literature by which overeating or close monitoring of nutritional content in the pursuit of muscularity can be claimed as either intuitive or obsessive and problematic (Gast et al., 2012). Understanding the mechanical processes of consumption, and specifically, the close or obsessive monitoring of calories and nutrients as they relate to potential muscle mass is important (though rarely discussed in the literature) to contextualizing the overarching issues. Previous research suggested that some masculine norms may protect men against eating disorders because women are more likely than men to be influenced by a thin ideal (Griffiths et al., 2015) and base eating patterns in more emotional factors (Gast et al., 2012). However, problematic eating patterns may not be exclusively associated with the pursuit of thinness—they can also be linked to obsessive monitoring of nutrients and consumption for the purpose of building muscle mass (Griffiths et al., 2015). Men who are not satisfied with their size, shape, and/or muscularity may consume large amounts of calories in a day or binge eat to facilitate strength training (McCreary et al., 2007). Binge eating is common among athletes (wrestlers or bodybuilders in particular) who cycle through high and low caloric intake practices before competitions and who strategically work to alter their weight class (McCreary et al., 2007). For some men who are not athletes, personal fitness or body goals may dictate how they alternate between restrictive or binge eating cycles (McCreary et al., 2007). Similarly, some men use eating and drinking practices to distance themselves from behaviors that might be considered feminine (Brennan et al., 2012; Levi et al., 2006). Men who are driven toward thinness and/or engage in restrictive eating practices (e.g., skipping meals, purging) may internalize stigma and fear being perceived as feminine—subsequently avoiding social spaces where food is consumed (Brennan et al., 2012; S. B. Murray, Griffiths, & Mond, 2016). Other men may overtly demonstrate masculinity by avoiding diet products, and eating large quantities of inexpensive food in a “more equals power” mentality (Levi et al., 2006). Some men may experience or worry about social policing by other men wherein certain food choices are deemed manly and acceptable (e.g., eating a steak) and others are not (e.g., eating a salad; Nash & Phillipov, 2014; Oliffe et al., 2015). This social pressure to perform one’s masculinity through eating practices may dissuade men from choosing foods that are healthier for fear of being ridiculed by other men (Oliffe et al., 2015). Food practices can restrict men’s social or occupational opportunities when they prioritize consumption regimes over social situations in which food cannot be controlled (Cafri et al., 2005). Subsequently, men may further isolate themselves in pursuit of a certain body, which may have negative outcomes for mental health and social connectedness. While the literature is starting to report some links between men’s eating practices, masculinity, and health, little is known about problematic eating practices or eating disorders for men (S. B. Murray et al., 2016) and men of color in particular (Payton, 2014). This knowledge gap fuels a lack of diagnoses and help for men, and the persistent misconception that eating disorders are more likely to be experienced by women (Dubovi, Li, & Martin, 2015; S. B. Murray et al., 2016).

As foods are increasingly transformed into nutrients, consumption of processed nonfood items including supplements, vitamins, energy bars and drinks, meal replacements or protein bars, and steroids and other chemical agents are becoming norms in fitness cultures (Cafri et al., 2005; Levant, Parent, McCurdy, & Bradstreet, 2015; Martin & Govender, 2011; McCreary et al., 2007). Commonly, men are attracted to the promise that supplements, steroids (Cafri et al., 2005), ephedrine (Hall, Grogan, & Gough, 2015), and synthol (Hall et al., 2015) offer in terms of increasing energy, athletic performance, and size. One growing concern among researchers is that many of these products are not tested or necessarily safe: ingredients are not always listed, and the known side effects pose grave health implications (Cafri et al., 2005; Hall, Grogan, & Gough, 2014, 2015; Martin & Govender, 2011; McCreary et al., 2007). In the case of steroid use, which is of particular concern, studies identified that despite being aware of potential risks and negative side effects, men using steroids were unlikely to be deterred based on this health information alone (McCreary et al., 2007). Many men demonstrated masculinity in relation to a disinterest in health consequences as they were commonly seen as effeminate (White et al., 2014). This is interesting to note because risk-taking behaviors are also tied to masculine ideals; thus, informing men who have a
higher drive for muscularity about potential risks associated with their behaviors may actually further fuel unsafe practices around securing muscularity.

**Discussion and Conclusion**

The relationships between masculinity and idealized male body practices are important to address as men who are higher in the drive for muscularity can risk significant illness or health consequences in the pursuit of bodies that are deemed to be ideal or healthy (Cafri et al., 2005; Hildebrant et al., 2010; Kelly et al., 2015; Lin & DeCusati, 2015; Martin & Govender, 2011; McCreary, 2002; Strelan & Hargreaves, 2005). While the benefits of physical fitness and exercise are well known, some male body practices used to lose weight and/or build muscle can be detrimental to men’s health (Kelly et al., 2015; Strelan & Hargreaves, 2005). For example, the pressure men experience to live up to idealized standards of masculinity and fear of falling short of these expectations can contribute to excessive exercising, neglect of other health issues and/or steroid use to garner physical gains (Andrews et al., 2005; Gattario et al., 2015; Griffiths et al., 2015; Lin & DeCusati, 2015). Beyond riskier behaviors, failing to meet idealized masculine body expectations may contribute to some men’s experiences of body or muscle dissatisfaction, body monitoring or scrutiny, and shame (Adams et al., 2005; Brennan et al., 2013; Cafri et al., 2005; Castonguay, Pila, Wrosch, & Sabiston, 2015; Fredrickson & Roberts, 1997; Lin, & DeCusati, 2015; Goins, Markey & Gillen, 2012; S. B. Murray et al., 2016; Payton, 2014; Strelan & Hargreaves, 2005). For some men, these feelings may contribute to their desire to hide or conceal their body from others, which can result in avoiding activities or social situations where one’s body could be exposed (e.g., going to the beach, intimate relationships; Adams et al., 2005; Cafri et al., 2005; Castonguay et al., 2015; Payton, 2014). Forgoing social activities may increase men’s social isolation and risk for depression (Cafri et al., 2005; Payton, 2014). For other men, a high drive for muscularity can contribute to more transient sexual relationships and desire for social dominance (Cafri et al., 2005; McCreary, 2002). Despite growing concerns that men who internalize the pressure to live up to unattainable ideals of masculine bodies may experience significant health consequences (Cafri et al., 2005; Hildebrant et al., 2010; Kelly et al., 2015; Martin & Govender, 2011; McCreary, 2002; Payton, 2014; Strelan & Hargreaves, 2005) little is known about help-seeking trends among men who are high in the drive for muscularity, service providers’ perceptions of fit men and their well-being, and possible connections between the drive for muscularity and adverse consequences for health (beyond psychiatric diagnoses).

While much of the muscularity and masculinity research has described “problems” in men’s health, the current scoping review article also reveals great potential for developing gender sensitive and specific interventions for addressing men’s body practices. It is important that service providers and researchers better understand the possible links between body practices that may seem healthful (such as exercising and monitoring nutrition), resulting harmful consequences (including shame, isolation, and depression), and broader social hierarchies (masculine social currency, dominance, and stigma). To begin, the plurality of masculinities could be used to inform an array of health-related strategies and male body practices that focus on being satisfied with one’s self, and/or understanding the quest for changes to body ascetics as having limits and potential risks to be avoided. As discussed in this article, men’s own interpretations of masculinity and internalization of muscular ideals are diverse and change throughout men’s lives. To account for this, service providers should adopt culturally competent and gender-sensitive strategies (e.g., using men’s own language and understandings) to better address men’s ever-changing experiences and needs (Payton, 2014). It is also important for service providers to consider strategies and environments that are conducive to accepting help, given that men who engage in risky body practices, are higher in the drive for muscularity, and/or have been marginalized by traditional health care services are less inclined to actively seek help (Gough et al., 2016; Payton, 2014; Shepherd & Rickard, 2012).

The literature reviewed in the current article also points to the need for future research to sample men who are receiving care or support (e.g., therapy) to better understand their experiences of help-seeking and the acceptability of specific treatment modalities. Given the pervasive influence of masculine and muscular ideals, it is likely that many men afflicted with issues related to their self-perception or body practices might be challenged to recognize or concede their need for help. In this regard, detailing men’s recovery might afford important opportunities to design, implement, and evaluate upstream prevention strategies. Moreover, the current pathologization of men’s body practices commonly overlooks many men’s experiences and needs, as not all behaviors or practices meet existing descriptions of symptoms or diagnoses. As such, focusing on men’s experiences of care may extend what is known about men’s health needs as well as service providers’ capacity to provide more comprehensive and holistic support.

Future research would also benefit from a more prominent focus on the relationship between muscularity and masculinities through the lens of intersectionality. Literature about men’s body practices primarily focuses on populations of Western men who are cisgender, heterosexual,
White, able-bodied, and young or college age (Edwards et al., 2014). Chronicling the body practices of older, bi, trans, gender-variant, and/or two-spirited men, and men of color and/or men with disabilities are largely absent from the literature (Brennan et al., 2012; Edwards et al., 2014; Kelly et al., 2015; Payton, 2014) either because they are not explicitly sought or because limited demographic details collected imply homogeneity of study samples. Diverse and purposeful sampling is crucial in better understanding the relationships between masculinities and body ideals from the perspectives of more marginalized men.

In conclusion, the relationships between men and their bodies are complex. Socialization and social constructionist theorists have discussed connections between masculinities and body practices through a multidirectional relationship whereby masculine body ideals are “pitched” or sold to men, men “purchase,” buy into, internalize, and/or “perform” these ideals (to varying degrees), and perpetuate body ideals that influence their peers. Through pitching, purchasing, and performing masculine body ideals, men have been positioned as consumers whereby body practices—and by extension masculinities and masculinity—are understood as achievable through strategic purchases and performativities. Aligning with or achieving idealized male bodies or practices, however, is not easy. Men must overcome the fleeting nature of masculinity as idealized traits become harder to achieve as men age. Similarly, men must navigate tensions between practices that affirm masculinity and behaviors synonymous with femininities. Specifically, men are encouraged to take control of their bodies, monitor their physical activity and nutritional intake, and demonstrate a masculine muscular appearance, without seeming vain, obsessive, prudish, or undisciplined. Moreover, notions of fit, lean, and muscular bodies have become deeply enmeshed in depictions of both healthy and masculine bodies. In pursuit of the unattainable perfect male body, many men risk rather than promote their health. As described in the current scoping review article, the fit muscular bodies, as portrayed in popular culture as healthy, are not true markers of men’s well-being. Therefore, more work needs to be done to investigate the connections between masculinities, masculinity, and body practices in order to improve the well-being of boys’ and men. Celebrating a wider range of male bodies and experiences might help delink notions of the fit, muscular, healthy, masculine body—ultimately, changing boys’ and men’s reception to potentially harmful pitches, which in turn could influence their purchases and performativities to promote rather than inadvertently risk their health.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research and article was made possible by Movember Canada (Grant #11R18455).

References

Adams, G., Turner, H., & Bucks, R. (2005). The experience of body dissatisfaction in men. Body Image, 2, 271-283.

Andrews, G. J., Sudwell, M. I., & Sparkes, C. A. (2005). Towards a geography of fitness: An ethnographic case study of the gym in British bodybuilding culture. Social Science & Medicine, 60, 877-891.

Armstrong, R., Hall, B. J., & Doyle, J. (2011). Scoping the scope of a Cochrane review. Journal of Public Health, 33, 147-150.

Bennett, E., & Gough, B. (2012). In pursuit of leanness: The management of appearance, affect and masculinities within a men’s weight loss forum. Health, 17, 284-299.

Blond, A. (2008). Impacts of exposure to images of ideal bodies on male body dissatisfaction: A review. Body Image, 5, 244-250.

Boni, F. (2002). Framing media masculinities: Men’s lifestyle magazines and the biopolitics of the male body. European Journal of Communication, 17, 465-478.

Brennan, D. J., Asakura, K., Newman, P. A., Giwa, S., Hart, T. A., Souleymanov, R., & Betancourt, G. (2013). “Never reflected anywhere”: Body image among ethnoracialized gay and bisexual men. Body Image, 10, 238-398.

Brewster, M. E., Sandil, R., DeBlaeere, C., Breslow, A., & Eklund, A. (2016). “Do you even lift, bro?” Objectification, minority stress, and body image concerns for sexual minority men. Psychology of Men & Masculinity. Advance online publication. doi:10.1037/ment0000043

Cafari, G., Thompson, K. J., Ricciardelli, L., McCabe, M., Smolak, L., & Yesalis, C. (2005). Pursuit of the muscular ideal: Physical and psychological consequences and putative risk factors. Clinical Psychology Review, 25, 125-239.

Cardello, H., & Wolfson, J. (2013). Lower-calorie foods and beverages drive healthy weight commitment foundation companies’ sales growth: Interim report. Washington, DC: Hudson Institute.

Castonguay, A. L., Pila, E., Wrosh, C., & Sabiston, C. M. (2014). Body-related self-conscious emotions relate to physical activity motivation and behavior in men. American Journal of Men’s Health, 9, 209-221.

Christensen, A., & Jensen, S. Q. (2014). Combining hegemonic masculinity and intersectionality. Nordic Journal for Masculinity Studies, 9, 60-75.

Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. Gender & Society, 19, 829-859.

Crawshaw, P. (2007). Governing the healthy male citizen: Men, masculinity, and popular health in Men’s Health magazine. Social Science & Medicine, 65, 1606-1618. doi:10.1016/j.socscimed.2007.05.026

Darcy, A. M., Doyle, A. C., Lock, J., Peebles, R., Doyle, P., & Le Grange, D. (2012). The eating disorders examination in

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research and article was made possible by Movember Canada (Grant #11R18455).

References

Adams, G., Turner, H., & Bucks, R. (2005). The experience of body dissatisfaction in men. Body Image, 2, 271-283.

Andrews, G. J., Sudwell, M. I., & Sparkes, C. A. (2005). Towards a geography of fitness: An ethnographic case study of the gym in British bodybuilding culture. Social Science & Medicine, 60, 877-891.

Armstrong, R., Hall, B. J., & Doyle, J. (2011). Scoping the scope of a Cochrane review. Journal of Public Health, 33, 147-150.

Bennett, E., & Gough, B. (2012). In pursuit of leanness: The management of appearance, affect and masculinities within a men’s weight loss forum. Health, 17, 284-299.

Blond, A. (2008). Impacts of exposure to images of ideal bodies on male body dissatisfaction: A review. Body Image, 5, 244-250.

Boni, F. (2002). Framing media masculinities: Men’s lifestyle magazines and the biopolitics of the male body. European Journal of Communication, 17, 465-478.

Brennan, D. J., Asakura, K., Newman, P. A., Giwa, S., Hart, T. A., Souleymanov, R., & Betancourt, G. (2013). “Never reflected anywhere”: Body image among ethnoracialized gay and bisexual men. Body Image, 10, 238-398.

Brewster, M. E., Sandil, R., DeBlaeere, C., Breslow, A., & Eklund, A. (2016). “Do you even lift, bro?” Objectification, minority stress, and body image concerns for sexual minority men. Psychology of Men & Masculinity. Advance online publication. doi:10.1037/ment0000043

Cafari, G., Thompson, K. J., Ricciardelli, L., McCabe, M., Smolak, L., & Yesalis, C. (2005). Pursuit of the muscular ideal: Physical and psychological consequences and putative risk factors. Clinical Psychology Review, 25, 125-239.

Cardello, H., & Wolfson, J. (2013). Lower-calorie foods and beverages drive healthy weight commitment foundation companies’ sales growth: Interim report. Washington, DC: Hudson Institute.

Castonguay, A. L., Pila, E., Wrosh, C., & Sabiston, C. M. (2014). Body-related self-conscious emotions relate to physical activity motivation and behavior in men. American Journal of Men’s Health, 9, 209-221.

Christensen, A., & Jensen, S. Q. (2014). Combining hegemonic masculinity and intersectionality. Nordic Journal for Masculinity Studies, 9, 60-75.

Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. Gender & Society, 19, 829-859.

Crawshaw, P. (2007). Governing the healthy male citizen: Men, masculinity, and popular health in Men’s Health magazine. Social Science & Medicine, 65, 1606-1618. doi:10.1016/j.socscimed.2007.05.026

Darcy, A. M., Doyle, A. C., Lock, J., Peebles, R., Doyle, P., & Le Grange, D. (2012). The eating disorders examination in
adolescent males with anorexia nervosa: How does it compare to adolescent females? International Journal of Eating Disorders, 45, 110-114.

Drummond, M. (2008). Sport, aging men, and constructions of masculinity. Generations, 32(1), 32-35.

Dubov, A. S., Li, Y., & Martin, J. L. (2015). Breaking the silence: Disordered eating and Big Five traits in college men. American Journal of Men’s Health, 10, NP118-NP126.

Duggan, S. J., & McCreary, D. R. (2008). Body image, eating disorders, and the drive for masculinity in gay and heterosexual men. Journal of Homosexuality, 47, 45-58.

Edwards, C., Tod, D., & Molnar, G. (2014). A systematic review of the drive for masculinity research area. International Review of Sport and Exercise Psychology, 7(1), 18-41.

Fredrickson, B. L., & Robertson, T. A. (1997). Objectification theory: Toward understanding women’s lived experiences and mental health risks. Psychology of Women Quarterly, 21, 207-226.

Gast, J., Madanat, H., & Nielson, A. C. (2012). Are men more intuitive when it comes to eating and physical activity? American Journal of Men’s Health, 6, 164-171.

Gattario, K. H., Frisien, A., Fuller-Tyszkievitz, M., Ricciardelli, L. A., Diedrichs, P. C., Yager, Z., . . . Smolak, L. (2015). How is men’s conformity to masculine norms related to their body image? Masculinity and masculinity across Western countries. Psychology of Men & Masculinity, 16, 337-347.

Gill, R. (2005). Body projects and the regulation of normative masculinity. Body & Society, 11(1), 37-62.

Goins, L. B., Markey, C. N., & Gillen, M. M. (2012). Understandings men’s body image in the context of their romantic relationships. American Journal of Men’s Health, 6, 240-248.

Gough, B. (2007). “Real men don’t diet”: An analysis of contemporary newspaper representations of men, food and health. Social Science & Medicine, 64, 326-337.

Gough, B., & Conner, M. T. (2006). Barriers to healthy eating among men: A qualitative analysis. Social Science & Medicine, 62, 387-395.

Gough, B., Matthews, C. R., & Seymour-Smith, S. (2016). Body dissatisfaction, appearance investment, and well-being: How older obese men orient to “aesthetic health.” Psychology of Men & Masculinity, 17, 84-91.

Gray, J. J., & Ginsberg, R. L. (2007). Muscle dissatisfaction: An overview of psychological and cultural research and theory. In J. K. Thompson & G. Cafri (Eds.), The muscular ideal: Psychological, social, and medical perspectives (pp. 15-39). Washington, DC: American Psychological Association.

Griffiths, S., Murray, S., & Touyz, S. (2015). Extending the masculinity hypothesis. An investigation of gender role conformity, body dissatisfaction, and disordered eating in young heterosexual men. Psychology of Men & Masculinity, 16, 108-114.

Hall, M., Grogan, S., & Gough, B. (2014). “It is safe to use if you’re healthy”: A discursive analysis of men’s online accounts of ephedrine use. Psychology & Health, 30, 770-782.

Hall, M., Grogan, S., & Gough, B. (2015). Bodybuilders’ accounts of synthol use: The construction of lay expertise online. Journal of Health Psychology, 21, 1939-1948. doi:10.1177/1359105314568579

Hildebrandt, T., Alfano, L., & Langenbacher, J. W. (2010). Body image disturbance in 1000 male appearance and performance enhancing drug users. Journal of Psychiatric Research, 44, 841-846.

Holliday, R., & Cairnie, A. (2007). Man made plastic: Investigating men’s consumption of aesthetic surgery. Journal of Consumer Culture, 7, 57-78.

Jackson, R. L., II. (2006). Scripting the Black masculine body: Identity, discourse, and racial politics in popular media. New York: State University of New York Press.

Kelly, N. R., Cotter, E. W., Tanosky-Kraff, M., & Mazzeo, S. E. (2015). Racial variations in binge eating, body image concerns, and compulsive exercise among men. Psychology of Men & Masculinity, 16, 326-336.

Leonard, D. J. (2009). It’s gotta be the body: Race, commodity, and surveillance of contemporary black athletes. Studies in Symbolic Interactionism, 33, 165-190.

Levac, D., Colquhoun, H., & O’Brien, K. K. (2010). Scoping studies: Advancing the methodology. Implementation Science, 5, 69.

Levant, R. F., Parent, M. C., McCurdy, E. R., & Bradstreet, T. C. (2015). Moderated mediation and health outcomes of the relationships between masculinity ideology, outcome expectations, and energy drink use. Health Psychology, 34, 1100-1106.

Levi, A., Chan, K. K., & Pence, D. (2006). Real men do not read labels: The effects of masculinity and involvement on college students’ food decisions. Journal of American College Health, 55, 91-98. doi:10.3200/JACH.55.2.91-98

Lin, L., & DeCusati, F. (2015). Muscle dysmorphia and the perception of men’s peer masculinity preferences. American Journal of Men’s Health, 10, NP78-NP88.

Martin, J., & Govender, K. (2011). “Making muscle junkies”: Investigating traditional masculine ideology body image discrepancy, and the pursuit of masculinity in adolescent males. International Journal of Men’s Health, 10, 220-239.

McCreary, D. R. (2002). Gender and age differences in the relationship between body mass index and perceived weight: Exploring the paradox. International Journal of Men’s Health, 1, 31-42. doi:103149/jmh.0101.31

McCreary, D. R., Hildebrandt, T. B., Heinberg, L. J., Boroughs, M., & Thompson, J. K. (2007). A review of body image influences on men’s fitness goals and supplement use. American Journal of Men’s Health, 1, 307-316.

Mellor, D., Hucker, A., Waterhouse, M., Mamat, N. H. B., Xu, X., McCabe, M., & Ricciardelli, L. (2014). A cross-cultural study investigating body features associated with male adolescents’ body dissatisfaction in Australia, China, and Malaysia. American Journal of Men’s Health, 8, 521-531.

Murray, S. B., Griffiths, S., & Mond, J. M. (2016). Evolving eating disorder psychopathology: Conceptualising
muscularity-oriented disordered eating. *British Journal of Psychiatry*, 208, 414-415.

Murray, T., & Lewis, V. (2012). Gender-role conflict and men’s body satisfaction: The moderating role of age. *Psychology of Men & Masculinity*, 15, 40-48.

Nash, M., & Phillipov, M. (2014). Introduction to the special issue: Eating like a “man”: Food and the performance and regulation of masculinities. *Women’s Studies International Forum*, 44, 205-208.

Oliffe, J. L., Bottorff, J. L., Sharp, P., Caperchione, C. M., Johnson, S. T., Healy, T., . . . Errey, S. (2015). Healthy eating and active living: Rural-based working men’s perspectives. *American Journal of Men’s Health*. Advance online publication. doi:10.1177/1557988315619372

Olivardia, R., Pope, H. G., Borowiecki, J. J., & Cohane, G. H. (2004). Biceps and body image: The relationship between masculinity and self-esteem, depression, and eating disorder symptoms. *Psychology of Men & Masculinity*, 5, 112-120.

Parasecoli, F. (2006). Feeding hard bodies: Food and masculinities in men’s fitness magazines. *Food and Foodways*, 13, 17-37.

Payton, G. J. (2014). Men of color and eating disorders. In M. L. Miville & A. D. Ferguson (Eds.), *Handbook of race-ethnicity and gender in psychology* (pp. 361-378). New York, NY: Springer Science & Business Media.

Pope, H. G. J., Phillips, K. A., & Olivardia, R. (2000). The *Adonis complex: The secret crisis of the male body obsession*. New York, NY: Free Press.

Robertson, S. (2007). *Understanding men and health: Masculinities, identity and well-being*. Berkshire, England: Open University Press.

Rumrill, P. D., Fitzgerald, S. M., & Merchant, W. R. (2010). Using scoping literature reviews as a means of understanding and interpreting existing literature. *Work*, 35, 399-404.

Shepherd, C. B., & Rickard, K. M. (2012). Drive for masculinity and help-seeking: The meditational role of gender role conflict, self-stigma, and attitudes. *Psychology of Men & Masculinity*, 13, 379-392.

Shilling, C. (1993). *The body and social theory*. London, England: Sage.

Shirani, F. (2013). The spectre of the wheezy dad: Masculinity, fatherhood, and aging. *Sociology*, 47, 1104-1119.

Schroedter, J. E., & Zwick, D. (2004). Mirrors of masculinity: Representation and identity in advertising images. *Consumption Markets and Culture*, 7, 21-52.

Strelan, P., & Hargreaves, D. (2005). Reasons for exercise and body esteem: Men’s responses to self-objectification. *Sex Roles*, 53, 495-503.

Tylka, T. L. (2011). Refinement of the tripartite influence model for men: Duel body image pathways to body change behaviors. *Body Image*, 8, 199-207.

Watson, J. (2000). *Male bodies, health, culture, and identity*. Buckingham, England: Open University Press.

White, C., Oliffe, J. L., & Bottorff, J. L. (2014). The marketing of better-for-you health products in the emergent issue of men’s obesity. *Health Sociology Review*, 23, 113-124.