Romantic Partner Engagement in Muscle-Strengthening Physical Activity: A Qualitative Study

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Abstract
Physical activity is generally regarded as imperative to good health. Given the many health benefits of physical activity and the inclusion of muscle-strengthening physical activity (MSPA) in public health guidelines, an understanding of how romantic partners might foster or inhibit MSPA may be useful in promoting health and relationship quality. This study qualitatively explored how participants (young adults in long-term, dyadic heterosexual relationships) make sense of their partner’s engagement in MSPA. The data came from the social media platform Reddit. The thematic analysis suggested five ways in which participants made meaning about MSPA in the context of their romantic relationships. Specifically, participants described experiencing conflict around partner engagement in MSPA, dissatisfaction with the partner’s body, concern for partner’s health, insecurity in response to physical changes in the partner, and concerns related to the partner balancing responsibilities and commitments. Limitations and implications of the analysis are discussed.

Keywords
couple relationships, muscle strengthening, physical activity, qualitative

Muscle-strengthening physical activity (MSPA) refers to “repeated or sustained muscular actions against some form of resistance, at a relatively high effort, for a relatively brief duration, and relatively infrequently” (Steele et al., 2017, p. 2). It can be performed using free or machine weights, resistance bands, or one’s body weight. MSPA includes formal resistance training (e.g., using weights at a gym) as well as certain leisure-based activities (e.g., climbing stairs or playground equipment) (Steele et al., 2017). Physical activity guidelines recommend that adults engage in MSPA that targets all muscle groups two or three days per week (Garber et al., 2011; U.S. Department of Health & Human Services, 2018). MSPA is as effective as aerobic exercise in reducing risk for all-cause mortality, cardiovascular disease, diabetes, depression, and other diseases and uniquely promotes increase of skeletal muscle mass and strength (see McLeod et al., 2019). Despite this, only 24.6% of U.S. adults 18 years+ engage in recommended amounts of MSPA (23% of African Americans, 19.5% of Asians, 25.2% of Whites, 19% of Hispanics) (National Center for Health Statistics, 2016).

People’s social environments, including their romantic relationships, play a central role in health and health behavior and are thus a useful point of intervention for increasing physical activity ( Cotter, 2012). For individuals cohabiting with their romantic partners, physical activity may occur within a relational context. Given partners’ mutual influence, including their shared household and routines, romantic relationships may both facilitate and hinder health behaviors (Dailey, 2018). In the present study, we qualitatively investigated how partners make sense of their partner’s engagement or non-engagement in MSPA. Participants desiring changes in their partners implies that they may not be satisfied with, or perhaps concerned about, their partner’s physical activity, health, or appearance. It is the nature of these concerns that we sought to elucidate.

Physical Activity and Couple Relationship
Some studies have explored how the couple relationship impacts physical activity (e.g., Harada et al., 2018; Liu et al., 2013). Other work has focused on how physical activity in one or both partners may influence the couple relationship (Johnson et al., 2017; Yorgason et al., 2018). There is also some work on MSPA and couples specifically (e.g., Dionigi, 2007; Hornbuckle et al., 2021). Overall, it appears that couple relationships and physical activity interact in mutual,
bidirectional ways; that is, engagement in physical activity shapes the nature of the relationship, and the relationship impacts each partner’s physical activity (Kiecolt-Glaser & Wilson, 2017).

The Impact of the Couple Relationship on Physical Activity

Married or cohabiting adults tend to be healthier and live longer compared to unmarried adults (Johnson et al., 2000; Robards et al., 2012). Interestingly, however, cohabiting same-sex couples report poorer health than heterosexual couples (Liu et al., 2013). Getting married and having children are associated with decreased levels of physical activity in adults (Nomaguchi & Bianchi, 2004). Numerous studies have shown that couples are often concordant in physical activity. Having an active spouse encourages individuals to increase their physical activity level (Cobb et al., 2016; Jackson et al., 2015). Also, it has been found that a change in one partner’s amount of physical activity is often associated with a change in the other partner (Harada et al., 2018; Liu et al., 2013).

Different hypotheses have been developed for couple concordance of health behaviors (Meyler et al., 2007). One explanation concerns attraction and partner selection. Physically active individuals may be more attracted to those who are likewise physically active (Meyler et al., 2007). Shared (financial, environmental, social) resources may also account for similarities in partners’ lifestyles (Meyler et al., 2007). Social control, or partners’ efforts to influence each other’s health behavior, can also play a role (Umberson, 1992). Such influence can be overt (e.g., requests, threats, compliments) or more subtle (e.g., the establishment of norms for health behaviors) (Umberson, 1992). Lewis and Butterfield (2005) distinguished between negative and positive control tactics. Negative tactics include the expression of negative affect (e.g., disapproval) and efforts to elicit negative affect in the other (e.g., guilt). Positive tactics include discussion, modeling, and positive reinforcement. Positive and direct social control tactics (e.g., praising, suggesting) tend to be more effective in eliciting behavioral changes than negative, indirect strategies (e.g., criticizing, subtly coercing partner to change) (Lewis & Butterfield 2005; Tucker & Anders, 2001). Khan et al. (2013) suggested that social control is limited in its effectiveness because it does not provide people with skills and resources to engage in physical activity (e.g., belief in one’s capacity, ability to develop and implement changes in health habits). Furthermore, control may threaten people’s sense of autonomy and elicit negative reactions.

Gender, age, and other facets of partners’ social location may be relevant in the provision and receipt of social control efforts. Women in heterosexual relationships are more likely than men to influence their partner’s health behaviors (e.g., Rook et al. 2011; Umberson 1992), the pattern that may potentially contribute to the marital advantage in longevity and health for men (Waite, 1995). This pattern, however, is stronger for women married to men than women married to women (Umberson et al., 2018). Men are less likely to use social control tactics, but this pattern applies more to men married to women than men married to men (Umberson et al., 2018). Women are more likely than men in heterosexual relationships to use a wide range of social control tactics (Lewis et al., 2004; Tucker & Anders 2001). Cotter (2012) showed that age and gender may be of relevance in partners’ efforts to influence each other. While positive social control increased young men’s participation in physical activity, both positive and negative social control tactics were associated with less frequent physical activity in older men.

Lewis and Butterfield (2005) distinguished social control from social support. Whereas social control comprises efforts to modify another’s behavior, social support concerns the provision of help during times of need. Various studies emphasize the positive effect of spousal support on health behaviors (e.g., Gellert et al., 2011). It has been suggested that spousal support affects health habits indirectly by enhancing self-efficacy (a belief in one’s capacity) and self-regulation (planning and implementing a plan to increase physical activity) (Ayotte et al., 2010; McAuley et al., 2003). However, studies have also demonstrated that spousal support is not always appreciated and may discourage physical activity in a partner (Hong et al., 2005). Support is most effective when partners have a shared vision regarding the role of exercise in their lives (Cobb et al., 2016; Franks et al., 2012). Hong et al. (2005) showed that support or affirmations of the spouse’s physical activity were ineffective when partners differed in their activity levels and views on the importance of exercise. Specifically, the less-active partners often disregarded support they received from their more active partners.

The Impact of Physical Activity on the Couple Relationship

Some studies have linked physical activity and marital functioning. Physical exercise (in women only) has been associated with doing something positive for or with one’s partner and has been linked with increased affection between partners in heterosexual relationships (Johnson et al., 2017). Another study showed that spouses who held more positive views of exercise also held more positive views of the marriage and behaved more positively toward each other when dealing with a marital issue (Rauer & Hornbuckle, 2018). In line with this, several studies have shown that individual (and especially conjoint) physical activity is beneficial for couple relationships (Yorgason et al., 2018). In the context of rehabilitation from illness, couples who experience chronic illness may become enmeshed in patient-caregiver roles (Lyons et al., 2016). Conjoint physical activity can help partners transcend the carer and care-receiver roles. Moreover, partners jointly partaking in a physical activity program helped preserve sexual activity in prostate cancer patients (Cormie et al., 2013).
It appears that changes in health habits impact couple dynamics, and such impacts can be positive and negative. Most work in this area has focused on weight loss, which can be pursued alongside changes in physical activity. Kluever Romo and Dailey (2014) found that weight loss can enhance marital quality and sexual relations; however, it can also lead to feelings of jealousy, decreased intimacy, and even play a role in marriage dissolution. Many couples have reported that weight loss in one partner is beneficial for their relationship (e.g., enjoyment of shared activities). At the same time, some couples have reported increased conflict following the weight loss in one partner. For example, the partner losing weight may feel pressured by their non-weight-loss partner to lose weight and align their body with the beauty ideal, even post weight loss. In other cases, some non-weight-loss partners may believe their weight losing partner is too fixated on weight management and on influencing the non-weight-loss partners to lose weight. In line with this, Burke et al. (2012) examined relationship processes and conflict in matched-weight couples (i.e., both partners were either of normal weight or overweight) and mixed-weight couples (i.e., in which one partner was of normal weight and the other was overweight). Mixed-weight couples reported conflict and daily arguing, particularly when the woman was overweight and when the couple ate together.

**Muscle Strengthening and Couple Relationship**

In recent years, MSPA has gained popularity, particularly among young people (Katzmarzyk et al., 2017; Kraemer et al., 2002). The social context of MSPA is likely an important factor but is underresearched. Despite governmental guidelines encouraging MSPA engagement, the impact of MSPA engagement on romantic relationship is largely unknown. Some qualitative studies have explored older adults’ experiences of engaging in MSPA (e.g., Dionigi, 2007). For example, Hornbuckle et al. (2021) conducted focus groups with African American couples and found that structure and accountability, encouragement to start a training program, and the shared experience with the partner to be key benefits of participating in MSPA. There is also a substantial body of work on body image (muscularity and fat concerns) and related topics (e.g., social control, sexuality). In the study of women’s body image, studies show that women are more likely than men to try to lose weight to align their bodies with the female (thin and fit) body ideal (Jeffrey et al., 1991; Ogden & Mundray, 1996). Women are dissatisfied with their body as a whole and specific body parts (e.g., thighs, stomach) (Lee et al., 1996). In contrast, research suggests male body image concerns centre around a desire to be more muscular, in alignment with appearance standards for men. Swami et al. (2013) argued that men’s drive for masculinity is grounded in men’s drive for dominance and cultural messages that “weak men are not masculine, that stronger men seek power and dominance over weaker men [and women], and they achieve this through physical aggression aided by a high level of masculinity” (p. 653).

Prior studies have found that muscularity dissatisfaction as well as body fat dissatisfaction are associated with engagement in muscle building and restricted eating in both straight and gay men (Tylka, 2011; Tylka & Andorka, 2012). It is noteworthy that men’s drive to lose weight often reflects their wish not to be thinner but to be leaner and thus highlight their muscle definition (Hilderbrandt et al., 2004). Some gay men may seek hyper-muscularity to manage the social stigma of being unmanly (Maida & Armstrong, 2005). Pompper (2010) conducted focus groups and interviews with younger and older racially diverse men in the U.S. and found that men constructed masculinity variably (i.e., in traditional and progressive terms). Concerning the body, Hispanic/Latino older men were more likely to define masculinities in physical terms (e.g., muscles, physical strength) as compared to men in other racial and age groups. Asian young men indicated that thinness is normative for them and distanced from muscularity, which they saw as the ideal sought by many White and Black men. Media pressures to be muscular and social scrutiny are consistently associated with men’s body dissatisfaction and the drive to be muscular (Barlett et al., 2008). Furthermore, single men are more likely to be dissatisfied with their body and engage in muscle development than men in relationships, possibly believing that being more muscular will increase the likelihood of attracting a partner (Schneider et al., 2019). Swami et al. (2014) found that men with more unrestricted attitudes towards sex (i.e., short-term, transient relationships), greater sexual sensation-seeking, and greater sexual assertiveness were more likely to have a greater drive for muscularity.

A growing body of literature is emerging that brings to light changing female body ideals, and a drive for muscularity among women. Women who engage in muscle-building are often stigmatized within and outside of the bodybuilding communities (e.g., Boyle, 2005; Chananie-Hill et al., 2012; Grogan et al. 2004; McGrath & Chananie-Hill 2009; Shilling & Bunsell 2009; Wesley 2001). According to Boyle (2005), female muscularity is socially policed. Although cultural expectations for embodiment have shifted over time, and nowadays it is more acceptable or even desirable for a woman to look muscular and toned, there are limits placed on the degree of tolerated female muscularity. Hypermuscular female bodies are seen as unfeminine and sexually unattractive (Boyle, 2005). Therefore, women engaged in muscle strengthening must navigate a fine line between “projecting a sexually attractive athleticism and going ‘too far’” (p. 146). Women who engage in muscle building are often judged for displays of muscle or strength, extreme dieting practices, and intense workout routines (Marzano-Parisoli 2001).

Parents, peers, and romantic partners impact men’s body dissatisfaction, both directly and indirectly. Direct influences include feedback about men’s bodies and indirect influences occur through internalization of the mesomorphic (high muscular and low fat) ideal (e.g., Karazsia & Crowther, 2009; Tylka, 2011). Romantic partners’ pressure to be muscular and/or lean has been explored and was shown to be promote men’s engagement in muscle strengthening and restrictive eating (e.g., McCabe & McGreavy, 2010; Ogden & Taylor, 2000; Pompper, 2010; Tylka, 2011). McCabe and McGreavy (2010) interviewed men about their partner’s messages about their
bodies and found that feedback from partners was generally positive and men felt positive about their bodies. Few studies have included both members of a relationship dyad in the investigation of body image. Ogden and Taylor (2000) elicited couples’ reports about their own and partner’s bodies and concluded that women were overall more dissatisfied with their bodies. Both partners were dissatisfied with specific body parts. In particular, women reported desiring smaller body parts (except for the chest) whereas men preferred to be larger (except the stomach). Also, there was the agreement between partners regarding the male partner’s bodies, suggesting that men (but not women) may use their partner as a source of information to develop their body image.

The sexual component of romantic relationships can influence and be influenced by both body image and physical activity. For example, some studies have explored the link between body image and sexual functioning. Some researchers have implicated MSPA as a plausible mean to increase sexual functioning in men, namely through the increased testosterone levels brought on by physical activity engagement, and the subsequent increase in sexual desire and behavior (Jiannine, 2018; Schwanbeck et al., 2020). Penhollow and Young (2008) reported that individuals who reported higher exercise frequency and muscularity and strength (for men) and fitness level (for women) also reported higher levels of sexual satisfaction. Cumulatively, these studies suggest that partners may be agents of social control and pressure to engage in muscle-enhancing behaviors, and that the sexual aspects of romantic relationships may motivate or be influenced by physical activity, and specifically MSPA.

The Current Study

Building on the prior work on marriage and (muscle-strengthening) physical activity, specifically on studies of social control/support and health habits in couples, we qualitatively explored how romantic partners make meaning of their partner’s engagement in muscle strengthening. Given interconnectedness and mutual influence between romantic partners, it is important to investigate health-related relational processes and how partners shape each other’s health trajectories and outcomes. Further, increased understanding of the social determinants of engaging in physical activity can be helpful in developing more effective interventions (Ayotte et al., 2010). Prior work on social control and couple relationships has been predominantly confirmatory and deductive (e.g., identifying positive and negative social control tactics). Accordingly, we wanted to look beyond observable behavior (i.e., strategies of influence) to control providers’ meanings of their partner engaging (or not) in muscle strengthening. Arguably, it is individuals’ meanings and concerns about their partner’s behavior that underlie and drive social control and support attempts.

Data Analysis

We used Braun and Clarke’s (2006) step-by-step guide for data analysis. The process began with the selection of detailed and information rich posts that captured a wide array of experiences and views regarding MSPA and romantic relationships. Phase 1 of the data analysis involved familiarizing with the data and identifying possible patterns. In phase 2, initial, line-by-line coding was conducted. During phases 1 and 2, the first author reviewed all the data and consulted with the second author. Phase 3 was marked by searching for themes. This phase entailed sorting the codes into candidate themes and considering how various codes can be combined to form overarching themes. These groupings were also mapped onto a tentative thematic map. Following completion of the tentative thematic map, phase 4 began, which involved reviewing themes and revising as needed. This step also included re-reading all extracts that belong to a given theme to determine whether they seem to
form a coherent pattern. If there was no coherent pattern, then the theme was re-worked, deciding whether the theme itself was problematic or whether some of the extracts belonged elsewhere. The outcome of this refinement step was a more polished candidate thematic map. Braun and Clarke (2006) then suggested that the researchers reread their entire data set to see whether the themes work in relation to the data set and to code any additional data within themes that may have been overlooked in previous coding stages. After this was complete, phase 5 began. This phase included defining and further refining the themes by identifying the essence of each theme and deciding what aspect of the data each theme encapsulates. This was accomplished by going back into the data extracts for each theme and organizing them into comprehensible narratives that maintain internal consistency within their groupings. The final phase 6 which entailed production of the write up and report.

Results
Postings reflected a range of views on the partner’s engagement or non-engagement in MSPA. Five themes were generated to capture participants’ views: Disagreement (different views about engagement in MSPA among relationship partners), Balance (of responsibilities and commitments), Health (concerns), Insecurity (in the non-exercising partner), and Dissatisfaction (with the partner’s body).

Disagreement
Participants conveyed that they disagreed with their partner’s approach to fitness and PA. They found it overly risky, rigorous, inflexible, careless, among other concerns. Some disagreed with their partner’s choice of a diet or supplements (e.g., use of steroids, excessive caloric intake), while others did not like the partner’s approach to fitness. Most concerns were expressed by female posters about their male partner’s weight training, which may reflect the cultural expectation that having muscles and training for PA is constraining for both of them, namely, it makes it difficult for the couple to be spontaneously in their leisure activities. In the next post, the participant is concerned about her partner shifting to another PA. She writes:

Recently he has been going to the gym to get healthier but tells me he is bored to tears doing the normal weight-training stuff. He is used to more adrenaline-fueled sports like he used to play. Now he is wanting to start boxing or MMA/BJJ training and is really excited about it. I personally love watching MMA fights - but the soft-hearted me inside is like, omg that guy just got knocked out, that cannot be good for his brain/body, that is someone’s boyfriend or son or father… To imagine my boyfriend training for that sort of thing, getting seriously hurt, or even getting punched makes me really uncomfortable. I told him that I feel really worried about him getting into it and he says he understands but it’s not like he’s going straight into a ring and being beat down. I know that… but still.

The poster deems her partner’s choice of a PA too dangerous. She would prefer that he sticks to weight training, which she sees as a safer option. The partner does not seem as concerned.

Some participants are reluctant to support their partners in fitness goals with which the participants disagree. One poster writes:

His trainer is this crazy muscle builder chick that kind of lives at the gym 24-7, enters competitions (she looks scary tbh) and lives off supplements and protein bars. She’s given him a diet plan that [my boyfriend] passed on to me. It’s a very 1 dimensional meal plan that I don’t agree on in any form or shape. Did I mention I work within medicine and know about the dietary requirements in detail and this plan just is not right. I make sure our meals are balanced and high in protein, low in fat (within reason). I cook healthy meals so our diets are far from “junk”. We’re also at a
healthy weight and fairly fit/active. I will not change my entire meal plans to fit some crazy muscle chick’s idea of what a diet should be like. And I’m also not going to go out of my way to cook two separate meals for us when I’m already working 6 days a week.

The partners seem to have discrepant views on the male partner’s diet. He defers to his trainer to determine his diet, and his partner assesses this diet as nutritionally inadequate. The poster is reluctant to adjust her cooking to accommodate her partner’s changed diet.

**Balance**

Some participants complained about their partner failing to balance responsibilities and prioritizing fitness above everything else. Partners were mostly concerned about the negative impact of the partner’s overcommitment to training and fitness on the couple relationship. One poster expresses it like this:

My partner is VERY active and fit. Sometimes spending up to 2 h or more a day at the gym doing intensive weightlifting and cardio. His dedication to the gym/physical training is something I admire about him. However, sometimes his prioritizing of the gym has been a hindrance to our relationship because, unless otherwise specified, he will put it above anything else. And as you know, finding 2 + hours a day to exercise on top of a full-time job and all other adult responsibilities can be exceedingly difficult.

For the poster, her partner’s commitment to fitness is not well-balanced with other roles and responsibilities, such as their relationship. She feels she has to remind him to balance responsibilities better.

Participants shared feeling frustrated and disappointed that the partner seemed to care about fitness more than he cared about them and the relationship. One poster remarks: My huge frustration is he’s spending almost 15 h a week training...Up until this we always did morning coffee together as a way of starting our day. I miss that more than I can say. Now we spend maybe an hour together in the evenings and a day and half on the weekend. For this participant, her partner’s fitness assumes the center stage in his life, and their relationship goes to the periphery. Another poster similarly felt unimportant to her partner: I feel neglected by how much time he spends training, and my frustration is about to boil over.

**Health**

Posters were also distressed by their partner’s unwillingness to take care of themselves and uncertain about how to motivate their partner to modify their lifestyle. Participants expressed feelings of frustration, worry, and helplessness related to the partner’s disinterest in becoming more physically active. These concerns were related to health, longevity, and capacity to function day-to-day. MSPA was seen as a means to become healthier. In the next post, the poster is concerned about how her partner’s disinterest in being more active. His concern is not only about her functional capacity but also with negative impacts of this on their relationship.

The poster is concerned about her partner’s health. Her experience of the relationship is negatively impacted by what she sees as his disinterest in self-care and health. In another post, the participant is worried about his partner’s capacity to function day-to-day:

She does absolutely zero physical activity other than when she has to move around for work. Which isn’t much. When she comes home, she sits on the couch and either watches TV or stares at her phone and does not move from where she’s sitting for hours on end (unless it’s to go smoke). She complains about going up stairs and when she does go up them, she moans and whines like an 80-year-old woman...I’m picturing what it will look like when we’re older and I don’t want to be playing nurse for someone in my 50 s because they refused to take care of themselves.

The poster is troubled by his wife’s lack of daily activity and disinterest in becoming more active. His concern is not only about her functional capacity but also with negative impacts of her incapacity on their relationship.

The next post similarly conveys the poster’s feelings of helplessness and uncertainty regarding how to navigate the partner’s disinterest in being healthier.

I would love to be more active with my girlfriend, but she doesn’t match my desire. I understand that she isn’t me and I also understand that having expectations can lead to a lot of resentment, but this can be so frustrating. We’re in a pandemic and have so much time on our hands but the one thing I can surely count on her making time for is having a few drinks or vegging out - and I love doing that too but I would like to at least have some physical activity in our days to balance this out. We’ve both gained a few pounds in this time, but it seems I’m the only one that cares about the balance of it. And she has always praised me for trying to push her out of her comfort zones and into making healthier decisions but then if I try to invite her to do stuff, I come across as pushy or pressuring - I don’t mean to but I do and it gets me to this point where there is just this awkward undiscussed tension under the
surface over something that would be good and healthy for the both of us.

The poster wishes that his girlfriend was as invested as he is in developing a healthier, more balanced lifestyle: balancing calories consumed (from food) by calories used (from PA). The participant experiences inner tension between trying to influence her to change and not coming across as controlling.

**Insecurity**

Posters expressed concerns and worries related to their partner having a better physique and being fitter than them. That is, progress in fitness in one partner may trigger feelings of personal and relational insecurity in another partner. This is exemplified in the next quote:

> I’ve also been trying to lose some weight recently; especially since I’m not as fit as I once was when we first met. Although my goals are not being as successfully met as his. For example, he’s lost almost 8 kg since he’s started, and I’ve lost about 2 kg in the same time. I’m insecure about the whole thing mainly because I don’t think he’ll find me attractive anymore if we’re not on the same physical appearance and fitness level. We’re very similar in height and he’s almost at the same weight as me and that just makes me feel a little bad about my lack of progress. He shares his milestones with me, for example: I’ve lost another 1 kg or I can run 4 km without getting out of breath! And I try so hard to be happy with him about it because I genuinely am but at the same time, I feel worse about myself. So, my question is how do I stop feeling like this? It’s such a great thing for him and I don’t want to bring him down or shut him down or anything like that.

The poster feels conflicted. She thinks she should be happy for her partner and celebrate his fitness accomplishments with him. Yet, she feels insecure and worried that he will not be as attracted to her unless she keeps up with his success in weight loss and fitness. The post below also conveys how an improved physique and fitness in one partner can fuel feelings of insecurity in another partner:

> I’ve recently taken an interest in fitness and weights again. I used to be extremely fit before I met here and muscular. Since meeting her I suppose I let myself go a bit and didn’t have as much time to go to the gym. We are a few years down the line, and it hit me how I’m out of shape. She’s actually gotten upset at me about this. She doesn’t understand why I “suddenly” want to be super ripped again after all this time. She then started getting upset that I didn’t care our entire rs yet I cared before with other girlfriends and now I do again. It’s like she thinks because I’m exercising again, I’m going to cheat on her. …I love the girl and we’re married. I don’t want to throw this out, but her insecurity is ripping apart our relationship. She’s constantly upset, and I feel like anything I do is bad.

The partner is suspicious about the poster’s “sudden” resurgence of interest in fitness and becoming “ripped”. She worries that his interest in fitness may be indicative of his growing interest in other women. The poster is uncertain about how to navigate the situation and is concerned about the impact of the partner’s insecurity on the couple’s relationship.

**Dissatisfaction**

This theme captures dissatisfaction with the partner’s body or physique. Body dissatisfaction relates to the departure of the partner’s body from the cultural ideal of a (female or male) body. That is, partner’s views seemed to be informed by gender ideology or binary and stereotypical notions of how women and men should be. Participants endorsed gender norms to varying degrees. Although gender seems particularly salient, other markers of socio-cultural diversity were also relevant, such as class (e.g., expectation to purchase a gym membership, work with a trainer, or eat well); ability (e.g., presumption of the body’s capacity to engage in muscle strengthening); and sexuality (e.g., the view of sexual attraction as between two people of the opposite sex).

**Dissatisfaction with the Male Partner’s Body.** The expectation to engage in weightlifting and muscle/strength gain was primarily applied to male-identified partners. Posters saw masculinity and strength as features of masculinity and muscle strengthening as a masculine activity. Female partners saw their ‘thin’ and non-muscular partners as unmasculine and sexually unattractive. They expressed disappointment and frustration when their male partners were disinterested in gaining muscles and engaging in MSPA. Physical activity that may jeopardize masculinity (e.g., excessive cardio without muscle building) was also discouraged in male partners, as is expressed in the next post.

One poster discusses her male partner volunteering to run with her as she prepares for a triathlon. She is reluctant to let him join her as she fears that he will look even thinner and less muscular than he already is. She writes:

> I already feel like he eats way less than most guys his age do. I also wonder if him running with me will just whittle his size down to nothing. He’s very skinny with no muscle and while I like him the way he is now, I don’t know how attracted to him I’ll be if he ends up losing more weight.

The post reflects the cultural expectation that men should be muscular. The gender norm does not seem to preclude the male partner from running and potentially becoming smaller and less muscular. The unspoken tension in the relationship seems to relate to the differential uptake by partners of the male gender norm that masculinity is mandatory for men.

Male partners are expected not only to be muscular but also physically strong. Female partners problematized their male partners’ disinterest in lifting weights to gain strength. In the next post, the male poster feels pressure from his female partner to gain more strength so that he can protect her, reinforcing the gender discourse of men as protectors of weak and vulnerable women. He writes:
I enjoy being active playing sports and running weekly and hiking often. But I don’t have the desire to weight train. I’m average sized 6’ 2” 180 and feel confident that if there would ever be a situation to intervene in I could do enough to protect her, but she doesn’t feel that I can do that unless I gain strength. She feels disappointed and hopeless that I’m not more willing to make weight training a priority for the sake of our relationship or for her, but it really is just not something I enjoy.

He seems to object to his partner’s expectation that he engages in MSPA to become stronger to protect her. It is not the gender norm itself (men as protectors) that he finds problematic but his partner’s underestimation of his strength.

**Dissatisfaction with the Female Partner’s Body.** In the same way as masculinity was seen as a main physical attribute of masculinity, thinness was viewed as a marker of the ideal female body. The expectation of thinness was applied mostly to women, with some rare exceptions (e.g., a female partner remarking about her husband: *the chub is starting to turn me off*). Female partners who are “soft” (i.e., the opposite of fit or toned) experience criticism and judgment from their male partners. When women are seen as insufficiently thin, they are encouraged to engage in weight loss through dieting or physical activity. Muscle strengthening, specifically, is either discouraged or is acceptable if its aim is a slim, toned physique.

One poster is distressed because her boyfriend judges her for being “fat”. She writes:

He would tell me what kinds of exercises I should or should not do for my body type, for example, I definitely shouldn’t squat because I have such muscular thighs; I should try to get them lean by running. I’ve left shopping malls in tears, because he will tell me I look fat when trying something on, or that I need to shed some pounds so the dress will look better.

He objectifies her body while suggesting physical activity that would bring her body closer to the beauty ideal (i.e., avoidance of MSPA for certain body parts). In another post below, the partners have conflicting expectations for the female poster’s physique. Whereas the male partner wants the female poster to be slimmer, the poster resists this expectation and questions its feasibility.

When we met it was literally the night after I completed my first ironman. I was absolutely in the best shape of my life: skinny, toned, and glowing skin from all the exercise. But to reach that place I had spent the previous six months having no life, calorie counting every gram, working out 2–3 h a day every day and never having time for nights out or weekends away. I loved it but it’s completely unsustainable to keep that up and have a normal life. Since then, I’ve put on about 5–10 lbs (for reference I’m 125 lbs and 5 foot 4 so not exactly a ham) but have become a lot “softer”. My boyfriend always comments on this and tries to encourage and motivate me to reach my “normal weight” again but doesn’t realise that THIS is my normal weight. Anytime I try to explain this to him he thinks I’m being dismissive of his (absolutely fantastic) fitness advice. It doesn’t help that he himself is very fit so it’s not like it’s unreasonable for him to want his partner to be the same. But he maintains this easily whereas I don’t and I don’t want to make the same compromises in my social life. Is it unfair of me to not want to keep up my appearance as when we first met?

The poster does not disagree with the gender norm (i.e., that an ideal female body is ultra-thin). She, however, disagrees that she should be expected to maintain the ideal physique regularly. That is, she sees the ideal as unsustainable. The partner appears to take for granted the effort that goes into maintaining the ultra-thin body. He problematizes the softness of her body and wants her to go back to her “normal” (thinner) body. “Softness” here is treated not as the opposite of “hard” or “muscular” but as the opposite of “toned” or “fit” and as undesirable.

Turning to female muscularity, online comments implied that MSPA is appropriate for women as long as its outcomes (muscles and strength) remain minimal or invisible. Women disclosed feeling distressed by their male partners’ negative reactions to their muscular bodies. One female poster describes her male partner’s reaction at the sight of her muscles. She mentions:

Our bedroom is pretty much dead right now and he doesn’t want to talk about it, when I try to bring it up, he’s uncommunicative and just keeps going back to his opinion that I’m unfeminine now, which he brings up almost day-to-day whenever he’s reminded of it. Today was the last straw when he outright said something like ‘your revolting arm muscles are bulging and that’s sickening’ when I was doing up my hair and changing while he was there waiting for me. He then walked out of the apartment.

The boyfriend is reportedly disgusted and offended to see muscle on her body. Her masculinity is presented as the source of their declining sex life.

Another poster similarly recalled her male partner’s negative reaction to her muscular body. The poster struggles to reconcile her and his preferences for her body:

We went from having sex almost every single day to like once a week. So after being rejected by him, again, last night, I finally asked him, “What’s going on?” And he said that…he’s been having trouble being physically attracted to me since I started building muscle. Cue me being like, “?!?!?!” What the hell was he talking about? And he said that my body has gotten really hard. He gave an example from the last time we had sex. I was on top and apparently, when he grabbed my thighs, it grossed him out when he felt how hard they were. We also get kind of rough during sex, and he likes to bite me. The last time he bit me (on my arm), he said it was like biting into a piece of rubber, when it used to kind of be more like a marshmallow… He basically said it feels like I have the body of a guy now. I was stunned. I asked him what he would like for me to do, and he said that he didn’t know. He said he loves how my health and fitness has become so important to me, but he often wishes I still had the body from before I started exercising: “skinny and soft” instead of “skinny
and hard." I don’t know what to do. I love working out, I love being strong, and I love being muscular. And I don’t want to stop weightlifting—I’ve actually signed up for an Olympic weightlifting class (i.e., learning the snatch and the clean and jerk, not that I am training to become an Olympic athlete). But I also really love my boyfriend. I feel like most relationship problems can be solved through compromise, but I don’t know how to compromise on this. :

Her “hard and thin” body deviates from the “soft and thin” female body ideal. Now that her muscles are visible, he sees her as unattractive and unfeminine. He is repulsed and disgusted by her muscles. The poster’s body is objectified and constituted as inadequate. The poster seems torn between pleasing her boyfriend and resisting the cultural expectation that she remains weak and soft.

Not only muscularity but also strength seems to be reserved for men. One poster describes her boyfriend’s attempt to constrain her strength growth. She states:

Over the last year I’ve noticed I’m quite strong and I can move up weights a bit easier than he can. He lifts like 5x more than me on everything anyway. Over the last while I’ve noticed that he puts his foot down when I try to move up in weight on certain exercises. Which sucks because I feel my sexiest and most confident when I push myself and these exercises are the main ones that make me feel good. He says that it’s weird that I can lift weight that other men lift and he doesn’t want his girlfriend to be as strong as a man.

Her growing strength is presented as unfeminine and inappropriate for a woman. Underlying is the norm that men are (should be) stronger than women. The boyfriend dictates how she practices MSPA to ensure she does not exceed the limit of how strong she is permitted to be.

Discussion

The analysis highlights different views about engagement in MSPA, concerns about health, concerns about partners failing to engage in physical activity, and dissatisfaction with the partner’s body. Many posts analyzed conveyed a sense of concern about a partner’s health, and lack of physical exercise was usually one of the reasons for concern. People turned to Reddit to seek advice about how to influence their partners to become more responsible for their own health and well-being. However, our results indicate that partners may be concerned not only about their partner’s physical inactivity but also about their engagement in a physical activity. Thus, potential pressure from partners may not only be experienced by physically inactive partners but also by partners who are physically active and even those who intensely work out and follow a stringent diet. Moreover, concerns seem to relate not only to whether the partner exercises but how they exercise (e.g., the type and amount of exercise, degree of commitment to fitness, diet, supplements).

Prior work discusses the relevance of partners having discrepant views on physical activity (e.g., one partner values being physically active more than the other). Divergent views may give rise to relational difficulties (e.g., partner support being interpreted as unhelpful) (Hong et al., 2005). We explored differences in views in their nuance and complexity, moving beyond the similar/different or positive/negative binaries. Some concerns were gendered or applied uniquely to members of certain gender groups (e.g., hyperthinness without muscle in men, hypermuscularity in women). Partners disclosed tension between attempting to modify their partner’s physical activity and honoring the partner’s autonomy.

Many posters seemed distressed by some aspects of their partner’s (non)engagement in MSPA and reported not only personal distress but also relational distress. The partner’s (non)engagement in MSPA reportedly triggers relational discord and conflict, to the point where partners feel the need to seek external support, in this case on Reddit. Inadequate or insufficient engagement in physical activity was at times seen as a reason to renegotiate the progression of the relationship and even reconsider the suitability of the partner. That is, the relationship seemed to be in jeopardy because of the partner’s (non)engagement in MSPA. Cumulatively, the results add to the literature on the key role romantic partners play in shaping individuals’ health and health behaviors (e.g., Horton et al., 2015; Wood & Kasser, 2020). The results also support the potential value of systemic or relationally oriented approaches to physical activity (Hong et al., 2005) that consider the person’s significant others and their views (e.g., positive attitudes towards a specific activity, willingness to accommodate).

Prior work on marriage and health habits has focused on social control tactics or communicative means of trying to modify the partner’s health behaviors (e.g., Lewis & Butterfield, 2005; Umberson, 1992). We explored meanings that may underlie and prompts behaviors attempts to influence the partner. Posters varied in their willingness to raise their concerns with their partners. Some posters asked how to address an issue with their partner, others talked about having raised the issue in multiple ways with no success, still others expressed reluctance to discuss concerns with the partner. Our study demonstrates that a wide range of concerns may trigger efforts to influence and that some of these concerns may remain unexpressed and influence the relationships in the background (e.g., fuel poster’s irritability which may lead to conflict or disinterest in sexual interaction). Future work may explore the link between partners’ interpretations and influence tactics.

Our results also support and extend prior work on body image and dissatisfaction. In particular, our results align with existing work that identifies being muscular and strong as markers of the ideal masculine body and being thin and toned/fit as signs of the ideal female body (e.g., Ogden & Mundray, 1996; Tylka, 2011). Hyperthinness in men (unless aimed at muscle definition and visibility) and hypermuscularity in women are discouraged (Boyle, 2005; Hilderbrandt et al., 2004). Similar to prior work, individuals placed pressure, directly or indirectly, on their partners to adhere to the gendered...
body ideal (McCabe & McGreevy, 2010; Ogden & Taylor, 2000; Pompper, 2010; Tylka, 2011). The study augments existing work by showing not only that body image issues are relationally consequential (i.e., may give rise to couple conflict and tension) but also that partners may internalize cultural prescription to varied degrees. Relational conflict and discord may relate to partner’s different uptake of gender norms for embodiment, an area with exploring in future research.

**Implications**

Results from this study have various implications for stakeholders, including medical professionals, personal trainers, coaches, and couple therapists. As noted in previous work, health behavioral change suggested by medical professionals for individuals in populations at risk of chronic physical illness could be more efficacious if directed towards the relational system (Arden-Close & McGrath, 2017; Rowland et al., 2018). The present study adds to the understanding of the importance of the relational system in implementing behavioral change, as it supports the finding that partners are highly involved in mobilizing this change and should also be targeted in health behavior interventions. The present study may also have relevance to personal trainers and coaches who are seeking to implement effective programs for couples, or who are working with an individual belonging to a broader relational system. Particularly, training regimens can seek ways to include romantic partners, and integrate the interests and goals of both partners. Further, the results shed light into some of the barriers posed for those engaging in MSPA by their significant others, as well as potential conflicts that can arise down the line. The present study’s results may be helpful to couple therapists in their work with couples when negotiating different views on MSPA engagement. Couple therapists are well positioned to facilitate conversations around issues relating to exercise and help couples negotiate these differences and seek resolve.

**Limitations**

There are several limitations. The study lacks representations of more holistic perspectives, including descriptions of positive impacts or any other perceived impacts on the couple relationship, given the nature (concern and complain focused) of online communications on Reddit. Another limitation was not having access to information about the poster’s broader relational context, including the other partner’s perceptions and input. Without having a complete understanding of relational dynamics and input from all parties, only one point of view is conveyed. Further, there was no way to follow up with the participants of the study and to see how they may have overcome their relational obstacles, attempted to influence the partner, or negotiated exercise engagement with their partner. Given the anonymity of Reddit, it is unclear what kind of sociocultural diversity existed in the sample, which meant analysis could not be conducted to determine the relevance of specific diversity markers (e.g., race, class). We did not study how others online responded to posts. Future research may need to explore this, because advice people receive may play a role in their relationship. Finally, the sample was limited to the available data on Reddit, posts largely appeared to refer to heterosexual relationships. A larger sample size and/or data corpus would potentially help identify a wider array of meanings.

**Conclusion**

The purpose of this study was to analyze how participants make sense of their partner’s engagement in MSPA. Contrary to existing literature, the present study began to elucidate some of the ways in which MSPA can be perceived as negative in couple relationships. More research effort is needed to understand the health-related marital processes to design effective interventions for individuals and couples.

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