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Bardick, Angela D.

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In Pursuit of Physical Perfection: Weight Lifting and Steroid Use in Men

Angela D. **Bardick**, Kerry B. **Bernes** and Gary **Nixon**, Canada

Angela D. Bardick is a Chartered Psychologist who completed her Master of Education degree in counselling psychology at the University of Lethbridge, Alberta. Her research interests are eating disorders and body image.

Email: abardick@monarch.net

Kerry B. Bernes (Ph.D.) is a Chartered Psychologist and Associate Professor of Educational and Counselling Psychology at the University of Lethbridge. He is board certified by the American Board of Psychology in clinical psychology. His research interests are career development

Gary Nixon (Ph.D.) is a Chartered Psychologist and Associate Professor in the Addictions Counselling program at the University of Lethbridge. His research interests are phenomenological hermeneutics, long-term recovery, and transpersonal psychology.

Abstract

This study used a qualitative method to examine eight men's motivations for weight lifting and steroid use. Results indicated that these men desired self-improvement, but their goal of obtaining the ideal masculine body became all-consuming and impeded their social and occupational functioning. Complex cognitive, interpersonal, mental health and personality issues became evident. In-depth assessment, accurate case conceptualization, and creative and individualized counseling or treatment are recommended for helping these individuals reach their goal of self-improvement in a healthier manner.

Goals of obtaining a muscular, lean and 'ripped' masculine body may appear realistic according to cultural standards (Cusamano & Thompson, 1997; Davis et al., 1997; Epling & Pierce, 1996; Klein, 1993; Marzano-Parisoli, 2001; Weigers, 1998). Individuals who engage in weight lifting and steroid use may present as confident, self-assured individuals who appear to be extremely healthy according to North American images of masculinity (e.g., having an attractive, large, muscular body). However, beneath this veneer of physical perfection

may lie a multitude of maladaptive beliefs and obsessive-compulsive behaviors that consume excessive amounts of time, money, and energy (Pope, Phillips, & Olivardia, 2000). Over time, they may become so focused on their weight lifting, dieting, and steroid use behaviors that they begin to neglect other areas of their lives (e.g., avoiding social or work activities because of their perceived need to "work out"). Research is beginning to show that men may experience similar issues and demonstrate behaviors similar to eating disorders, specifically

through attempts to achieve greater muscle mass and lower body fat through weight lifting, dieting, and the use of ‘natural’ supplements and/or anabolic steroids (Anderson, 1999; Klein, 1993; Marzano-Parisoli, 2001; Monaghan, 2001; Phillips & Kastle, 2001; Pope et al., 2000).

An understanding of the diagnostic criteria for eating disorders and muscle dysmorphia is important to understand how individuals who lift weights and use steroids are currently perceived. Individuals who participate in weight lifting as an athletic event (e.g., bodybuilders) may be more susceptible to eating disorders than casual exercisers (Brooks, Taylor, Hardy, & Lass, 2000; Burkes-Miller, 1998; Taub & Blinde, 1992). There may be similarities between individuals who lift heavy weights and individuals with eating disorders, although weight lifting in most men does not become pathological. For some men, however, bodybuilding may be considered “reverse anorexia” (Andersen, 1999, p. 73). Bodybuilders strive to *increase* their size while individuals with anorexia strive to *decrease* their size. Bodybuilders and power lifters may exhibit other behaviors that meet the criteria for anorexia, including rigid food restriction; strict exercise regimes; binge-eating; self-induced vomiting; and/or abuse of laxatives, diuretics, herbal supplements, or other harmful substances (Anderson, 1999; Pope et al., 2000). Bodybuilders and power lifters may adhere to such rigid dietary and exercise routines that their normal daily functioning is impaired (Pope, Katz & Hudson, 1993).

Pope et al. (2000) propose muscle dysmorphia to be a sub-category of body dysmorphic disorder, although it is not listed in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (American Psychological Association [APA], 2000). Muscle dysmorphia includes

specific behaviors such as long hours of lifting weights and/or doing aerobic exercise, excessive attention to diet, and use of substances (e.g., steroids) and/or excessive exercise despite knowledge of negative physical or psychological consequences such as osteoporosis, stress fractures, and muscle damage (Kilpatrick & Caldwell, 2001; Phillips & Kastle, 2001). Muscle dysmorphia includes a preoccupation with the idea that one’s body is not sufficiently lean and muscular, clinically significant distress or impairment in social and/or occupational functioning due to preoccupation with muscle size (e.g., canceling family engagements in order to work out), and a primary focus on being too small or inadequately muscular (Pope et al., 2000). However, men who appear to have muscle dysmorphia may be excessively muscular in reality (Phillips & Kastle, 2001).

Past research has addressed cultural (Marzano-Parisoli, 2001; Wendell, 1996) and media (Cusamano & Thompson, 1997; Davis et al., 1997; Epling & Pierce, 1996; Klein, 1993; Marzano-Parisoli, 2001; Weigers, 1998) influences for men’s increased engagement in weight lifting and steroid use, and identified muscle dysmorphia as a mental health issue (Kilpatrick & Caldwell, 2001; Phillips & Kastle, 2001; Pope et al., 2000). However, studies often do not inquire into individual perceptions of one’s motivation to engage in weight lifting and steroid use. Therefore, the purpose of this study was to examine men’s perceptions of their motivation(s) to obtain an ideal masculine body through weight lifting and steroid use. As well, studies have not yet addressed appropriate counseling or treatment for the bodybuilding treatment-seeking population. Therefore this article will also provide a discussion of accurate assessment, case conceptualization, and individualized treatment for men with this problem. We

hope these suggestions may provide a springboard for future treatment effectiveness studies.

Method

This study was based on a qualitative research design which utilized a hermeneutic-phenomenological methodology. Phenomenology is the study of lived experience (Jardine, 1990; Van Manen, 1990). The process of phenomenology requires us to obtain descriptive accounts of actual lived experiences in order for us to more fully and deeply comprehend human behavior and experience by (Von Eckartsberg, 1998; Jardine; Van Manen). Hermeneutic analysis involves describing, interpreting and understanding the individuals' lived experiences (Nixon, 1992).

A variety of strategies were employed to increase the trustworthiness of this research. First, accuracy in recording, transcribing and maintaining records of transcriptions and interpretations of the data was ensured. Ongoing documentation of procedures used during interviews and data analysis and the use of verbatim illustrations preserved the integrity of data interpretation. In order to ensure quality data interpretation, the researcher utilized feedback from the participants and engaged in ongoing evaluation of the data and supervisor consultation.

Selection of Research Participants

Eight males between the ages of 21 and 35 volunteered to be interviewed for this study. Participants responded to posters displayed at four participating fitness facilities in Southern Alberta and to referrals by owners/managers of fitness facilities and acquaintances of the researcher. Participants met the following criteria for inclusion in the research study: (a) had been lifting heavy weights one or more hours per day, four or more days per week, for a minimum

of six months; (b) recognized that exercise may be interfering with their social or work life; (c) used steroids and/or other muscle building supplements; and (d) were able to verbalize their experiences with weight lifting and steroid use.

Interview Procedure

The primary researcher (Bardick) conducted all interviews. Initial interviews ranged from 75 minutes to four hours in length, with an average length of 2.75 hours. Research participants were asked to use a story format (Cochran, 1985, 1986) with a beginning (first involvement in weight lifting), middle (months or years in which they became more involved with weight lifting), and end (the present) to describe their experiences with heavy weight lifting and steroid use. The researcher arranged individual follow-up interviews to clarify information and discuss the themes with the participants. Initial interviews were taped and transcribed. Consent forms were signed and anonymity offered via pseudonyms. For legal purposes, participants were asked not to reveal where they obtained steroids.

Thematic Analysis

A hermeneutic approach to thematic analysis was used. First, an initial interpretation of each interview was arrived at through a thorough reading of the transcribed data. Second, the structure and overall themes evident in the data were categorized with a focus on the participants' actual words, phrases and expressions. Third, common themes between participants' stories were determined. Finally, themes were discussed with the researcher's supervisor and the research participants to determine their accuracy. The themes and the researcher's interpretation of their meaning of all the research participants are presented using verbatim quotes, paraphrasing, and pseudonyms, with respect to confidentiality.

Results

Motivating and Sustaining Factors

There are a multitude of complex and diverse reasons why men may begin weight training and using steroids. Reasons include to improve athletic ability, to increase muscle mass, to enhance self-confidence, to improve their health, to overcome a poor body image or a negative self-image, to overcome an addiction or deal with depression, or to gain social recognition. This list is by no means exhaustive of the many possible reasons why men may begin lifting weights or using steroids. It is meant to alert the reader to the complexity and range of motivating and sustaining factors for these behaviors. The following examples illustrate the richness and diversity of the motivating and sustaining factors that may contribute to some men's desire, or drive, to lift weights and use steroids.

Improve health.

Some men may begin weight training out of a desire to improve their health. For example, David began weight training when his girlfriend encouraged him to “get into shape”, but when he could not lift more weight than she could, his pride suffered. He became involved in power lifting and began entering competitions until he could not face the mental strain of competition training. David was also a recovering alcoholic, and stated that the gym was a “positive addiction” to prevent him from returning to his “negative addiction.” It appears that his primary motivating factor, to “get in shape,” evolved into a sustaining factor of maintaining a “positive addiction” to weight training to prevent him from returning to his previous drinking habit(s).

Enhance athletic ability.

Some men may begin weight training to enhance their athletic ability. For example, Josh described himself as a “golden boy”

who believed he “had” to begin weight training to become a better hockey player, and then “needed to take steroids to become the best.” He was banned from playing hockey, yet he continued to believe he needed to prove he was the “best” by lifting weights, taking steroids. He intended to use steroids until he was “man size” at age 30. His primary motivating factor, “to become the best,” remained as his sustaining factor.

Improve body image

Other men may begin weight training to overcome a poor body image they developed at a young age. For example, Jake described himself as a “shy fat kid” who was teased by his peers and wanted to become a bodybuilder to gain respect and admiration. His mother died when he was age 16. Prior to dying, she left him a letter wherein she stated she was proud of him for lifting weights. He received this letter after she died. He vowed to never stop. No matter how muscular he became or how many bodybuilding competitions he won, he still felt like a “shy fat kid” inside. His primary motivating factor, to overcome the “shy fat kid” image, appeared to be compounded by his mother's message to never stop weight training, which then became a strong sustaining factor for his behaviors.

Improve self-image.

Overcoming a negative self-image may also provide incentive to begin weight training. For example, Ryan described himself as a “bad kid” who used weight training to “keep out of trouble.” He stated that he impulsively used steroids “for the quick fix.” He described himself as being very hyperactive, impulsive, unable to sleep, and stated that intense weight training helped him to remain calm. His primary motivating factor, “to keep out of trouble” appeared to be a sustaining factor for his weight training and periodic steroid use behaviors.

Media images.

Media images of hyper-muscular men may contribute to a man's perception of an ideal masculine body, which may perpetuate maladaptive thinking such as "I should look like that" or "I must use steroids until I am as big as him." However, these media images may be fleeting and difficult to achieve. For example, Matt described his continuous search for the 'perfect' body. "The consuming part of it isn't necessarily in the gym, but it is in the back of your mind a lot." This statement illustrates a connection between obsessive thoughts about one's body and compulsive weight lifting and steroid use behaviors. Matt stated that even when he was not training, he was continuously reading bodybuilding magazines and wondering "What can I be doing for this? You know, like how I can get my calves like that? Can I get my chest bigger? What should I be doing here? Should I be doing high reps? Low reps? You are constantly thinking of stuff like that."

Social Recognition.

Developing an ideal body may be seen as a means to achieve social recognition. Individuals may also perceive that they will only gain attention from women and respect from other men if their bodies look a certain way. Belonging to an "elite" group of individuals (e.g., bodybuilders or power lifters) also appears to motivate individuals to train harder and to continue training despite lack of desire. David described this phenomenon as a "sense of belonging":

There's something about being included in a group... It's just like an unwritten rule, you're here, it's just a time that we're together and we think alike and we're of like-minded goals....There's this huge bond and...it was like...a boys club....But it was the same thing as belonging to organized crime. It runs your life.

This myriad of complex and interconnected motivating and sustaining factors suggests that individual motivations for weight lifting and steroid use are as unique as the individual. When all of the motivations were examined, a core theme of the desire for self-improvement became apparent. For these men, the desire for self-improvement evolved into an attempt to attain physical perfection through weight lifting and steroid use.

Recommendations

Self-improvement is a goal worthy of attaining. However, when the goal transforms into a misguided attempt to obtain physical perfection, it may become harmful. Therefore, a turn to in-depth assessment, accurate case conceptualization, and individualized counseling or treatment may be helpful to inform counsellors on how to help men with similar issues obtain their goal of self-improvement in a healthier manner. As no treatment effectiveness studies have been conducted with the bodybuilding treatment-seeking population, the following suggestions are meant to provide insight into potential assessment, case conceptualization and treatment options.

Assessment and Case Conceptualization

Individuals may present with very similar weight lifting and steroid use behaviors, which would appear to warrant a similar diagnosis (e.g., muscle dysmorphia). Unfortunately, assessing the presenting behaviors and arriving at a diagnostic label may be insufficient because it may not address the complexity of each individual and may lead to stereotypical treatment. In addition to assessing presenting behaviors, an in-depth assessment involves a thorough examination of motivating and sustaining factors, personality factors, mental health issues, and family history. Assessment of these factors may then lead to a clearer case conceptualization,

which then allows for creative individualized treatment. The following illustrative examples may provide insight into the complexity of assessment and case conceptualization.

Individuals may present with very similar weight lifting and steroid use behaviors, as can be seen in the following examples. Bob, Scott, and Matt each lifted weights excessively and used excessive amounts of herbal supplements in an attempt to gain muscle mass and lose fat to obtain an ‘ideal’ body. Bob also used steroids on several occasions. All three men began to take more time away from family and friends to train, spend more money than they intended to on food and supplements, and isolated themselves from family and friends. They reported experiencing depression when they did not reach the physical goals they set for themselves, and stated that they were continually looking for the “right” program for their body. None of these men believed their bodies were big enough. According to this assessment information, each of these individuals would likely receive a diagnosis of muscle dysmorphia. Further assessment would reveal that all three individuals suffered from major depression. However, a diagnosis of muscle dysmorphia and a co-occurring diagnosis of major depression may not sufficiently explain each individual’s unique motivating and sustaining factors that becomes apparent upon further investigation. For example, each man revealed very different motivating and sustaining factors, personality patterns, and family histories. Scott described experiencing tremendous difficulties maintaining relationships with women due to feelings of paranoia and lack of trust, felt like a “failure” because he did not attend college like his parents expected him to, and therefore set out to work on his career as a personal trainer 12 hours a day, seven days a week. Bob revealed that he was consumed by per-

fectionism, insisted on being noticed as an “individual,” and tried to live up to his father’s standards even though he stated that his father never gave him the respect that he was seeking. Matt stated that he was seeking physical perfection, admiration of women and men, and continued self-improvement, primarily because he did not think he was “good enough.” These specific case examples illustrate that a diagnosis of muscle dysmorphia does not fully encompass the range of specific motivating and sustaining factors, personality patterns and family history that leads to clear case conceptualization and therefore creative and individualized treatment.

As can be seen by these examples, assessment requires an in-depth examination of an individual’s current presenting behavior, motivating and sustaining factors, mental health issues, personality patterns, and family history in order to arrive at an accurate case conceptualization. A rich and detailed case conceptualization is essential to inform creative and individualized treatment.

Individualized Treatment

As noted in the previous examples, assessment of individuals who weight lift and use steroids may reveal a variety of complex issues that reach far beyond their presenting behaviors. Therefore, counseling or treatment requires a creative and individualized approach in order to meet the specific needs of each person. Counselors or treating therapists need to combine the development of a strong therapeutic relationship with specific targets for intervention that are creative and unique to each individual. These two factors will enhance client motivation and contribute to change that occurs more quickly than treatment that is generalized and based on behavioral stereotypes.

Counselor or therapeutic relationship.

Building a strong therapeutic relationship is crucial to successful treatment. Empathetic listening and understanding are keys to developing a strong therapeutic relationship. Treating therapists need to have an attitude and orientation of knowledge rather than of stereotyped misconceptions of ‘muscle heads’ and ‘juicers’ in order to build a therapeutic relationship.

Establishing a therapeutic relationship with these individuals may be challenging because they may have a fear of being judged or may not trust others because they may have been treated in a judgmental manner by the people they interact with on a daily basis. Individuals may be hesitant to speak with someone who does not share a similar interest in weight lifting. An illustrative example of an individual engaged in weight lifting and steroid use being treated in a stereotypical manner may be helpful. For example, Josh attempted suicide when was banned from hockey after being caught using steroids, and was admitted to a psychiatric ward. He immediately received a diagnosis of Bipolar disorder and was told to stop using steroids. Josh stated that he “wasn’t even treated like a human being.” Even though he continued to experience difficulties with depression and suicidal thoughts years after this experience, Josh refused to seek help, stating:

I don’t need a psychologist [to tell me] why I am who I am, why I do what I do. I don’t need a psychologist to know why I’m angry at the world and violent. It’s because my biological father was abusive and a [complete jerk]. The fact that...they say I [have] addictive disorder, I don’t know. That’s just floating in the air b.s. Those doctors aren’t gonna tell me something about myself that I don’t already know.

The counselor’s or treating therapist’s primary role in working with individuals who engage in weight lifting and steroid use is to provide an atmosphere in which each person feels safe enough to reveal his story. The treating therapist listens to each person’s story with an empathetic ear and seeks to understand his individualized manifestation of the problem. As the therapist encourages each individual to share his story and examine his beliefs and ways of being in the world, his unique treatment needs will be revealed.

The development of a trusting therapeutic relationship will enhance the exploration of underlying issues and provide a basis for revealing creative and individual targets of intervention.

Targets of intervention.

A treating therapist utilizes the therapeutic relationship to encourage each individual to fully explore his story and identify specific targets of intervention. The targets of intervention evolve from each individual’s story, and therefore, no two interventions will look the same. Contrary to therapeutic stereotypes, behavioral interventions to “stop using steroids” or “stop lifting weights” may not be necessary if core issues from each individual’s story are fully explored and resolved. In fact, recommending that individuals stop a behavior that they believe to be helpful may be harmful. Rather, redefining the behavior as health-enhancing and increasing the individual’s repertoire of other self-improvement strategies may be useful. The following examples are not meant to be exhaustive of the possible targets of intervention, but are given to illustrate the range and diversity of issues that may provide a basis for exploration and intervention.

The words individuals use to describe themselves may become a target of intervention.

For example, David stated that he wanted to be the “biggest, flashiest peacock in the bar.” The relevance and importance of this image would be flushed out through continued dialogue with the individual. Not only would the quality of the language David used (e.g., the terms “biggest” and “flashiest”), but an exploration of the underlying assumption of the need to be the “flashiest” would likely ensue. A therapist would explore and examine the validity of underlying beliefs contributing to the importance of being the “flashiest”, questioning him where these beliefs came from, how they help him or hinder him, and why it is important to him. It may be the exploration into the formation of such beliefs that leads to insight and therefore change.

Individuals may present with a repeated behavioral pattern that becomes a target of intervention. For example, Scott stated that he was no longer weight training or using excessive supplements and was seeking a more balanced life. However, he was now working 12 hour days, seven days a week. This pattern of switching from obsessive-compulsive training and supplement use to overworking becomes the target of intervention. Within this example, Scott stated that his parents were disappointed that he had not attended college, and that he wanted to be successful despite his lack of education. A therapist would help him examine the origin of the beliefs underlying this desire to be successful. Once the individual begins to show insights into the inappropriate and excessive need for success, he may be encouraged to try a behavioral intervention such as scheduling reduced work hours and increasing recreational time. As can be seen in this example, one specific behavioral pattern may become a target for exploration and intervention.

Other issues also may become targets of intervention. For example, Jake stated that he began weight training at age 12 to overcome a “shy fat kid” image. When he was 16, his mother died after a long illness, leaving him with a letter saying that she was proud of him for lifting weights and to never stop. The interconnection between his “shy fat kid” image and grief issues over losing his mother would become targets for intervention. A therapist could examine the basis for his beliefs about himself, the impact his mother’s death had on him, and the continued perceived expectations implied from the letter she left him. When the individuals’ stories are listened to with empathy and understanding, targets of intervention become clear and unique to each person. When the target of intervention matches the core issue that the individual is describing, the person feels heard, develops insights and therefore his motivation for change will be much higher than when a stereotypical suggestion based on presenting behaviors (e.g., “stop using steroids”) is made. These examples illustrate the need for the counselor or treating therapist to listen carefully to the client’s story for indications for targets of intervention that meet the unique needs of the individual.

Summary

As noted throughout this article, there are a range of motivating and sustaining factors, mental perspectives or disorders and personality traits, developmental, familial, and other social issues and life stressors that may contribute to the desire obtain an ideal masculine body. In-depth assessment, accurate case conceptualization, and creative and individualized treatment is important to meet the wide range of issues that these individuals may be dealing with. A strong counseling or therapeutic relationship provides a basis for these individuals to fully express their story without fear of being judged. Is-

sues that arise while the individual tells his story become creative and individual targets of intervention. It is this creative and individualized treatment that facilitates insight,

motivation for change, and encourages individuals to obtain their goals of self-improvement without harm.

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