

U.S. WHERE'S KEN? THE ABANDONMENT OF MEN IN BODY POSITIVITY

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Entertainment personality Sergeant Slaughter, center, is seen in a display of Mattel WWE action figures at the Toy Fair in New York City on February 12, 2010. Experts say action figures like these with unrealistic body types are harming young boys' view of themselves.

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In late January, Mattel announced the expansion of its Barbie Fashionistas line with three new body types for America's favorite doll—tall, curvy and petite—as well as a variety of skin tones. The Internet was overjoyed, and even celebrities, such as [Queen Latifah](#), tweeted about the win for body positivity. But while Mattel has updated Barbie's look, her boyfriend, Ken, remains the same: blond, tan and chiseled. It's a reflection, experts say, of how boys are being left out of the movement for realistic body representation and diversity.

According to [Mattel](#), the 2016 Barbie Fashionistas line offers four body types (including the original), seven skin tones, 22 eye colors and 24 hairstyles, as well as countless on-trend fashions and accessories. This is a continuation of the journey that the company started in 2015, when it added 23 Barbie dolls with new skin tones, hair colors and flat feet. Many see this as a huge step toward sending young girls in the most influential part of their lives more positive messages. Although Mattel told [USA Today](#) it is looking at body-type and ethnic diversity for Ken, for now girls are still playing with male dolls that reinforce unrealistic body standards. And for male dolls that are actually marketed toward boys, such as the [WWE Elite Collection](#), [Batman V Superman](#) and [G.I. Joe](#) action figures, there remains a major lack of diversity.

When scrolling through Mattel's or any toy company's website under the boys section, the screen is flooded with big, muscular action figures that have biceps and calves bigger than their head. According to [Mirror-Mirror.org](#), a G.I. Joe toy, if extrapolated into human size, would be taller than the average man and have bigger biceps than any bodybuilder.

"It's clear that action figures targeted toward boys have become increasingly lean and muscular in the past 20 years, and much like Barbie's, they are now no longer even representative of the human form," says Tom Wooldridge, co-director at the National Association for Males with Eating Disorders and an assistant professor at Golden Gate University. "And we certainly know that exposure to idealized images increases body dissatisfaction in males."

Thomas Hildebrandt, director of the Eating and Weight Disorders Program and an associate professor of Psychiatry at Icahn School of Medicine at Mount Sinai, agrees. "The more exaggerated they've become, particularly to people who developmentally can't determine if it's real or not real, achievable or not achievable, is unfair. You set them up for failure and disappointment that way."

Hildebrandt says there's a key difference between human dolls and those made to represent fantastical creatures. When kids who play with unicorn toys learn that unicorns don't exist, they aren't invested in the assumption that all horses should ideally have a long magical horn protruding from their head.

"But when those figures are shaped like, and look like, and act like real people, the expectations are different," he says. "You start laying down a foundation of what to expect out of people from those figures and that experience. They eventually learn that it's unrealistic, but the vulnerable ones don't learn that and continue on that path with great consequence."

According to a study published in [JAMA Pediatrics](#), nearly 18 percent of boys aged 12 to 18 are highly concerned about their weight and physique. Of that 18 percent, about half were worried only about gaining more muscle, and less than 15 percent were concerned only with thinness.

"Males are trying to become larger and more muscular, and just like girls—and some males—who might resort to making themselves throw up or use laxatives to get thinner, there are males who are willing to use steroids or growth hormones or other potentially unhealthy products to get bigger," says Alison Field, professor and chair of epidemiology at Brown University School of Public Health and the lead author of the *JAMA Pediatrics* study.

About 5 percent of middle and high school students have used anabolic steroids to put on muscle, according to a 2012 study from the University of Minnesota in Minneapolis. In addition to steroid use, more than one-third of boys said they had used protein powder or shakes to gain muscle mass, and between 5 and 10 percent used nonsteroid muscle-enhancing substances, such as creatine.

"One of the vulnerabilities and ways that it gets expressed boils down to the use of appearance and performance-enhancing drugs, and men are much more likely to use drugs in general than women," Hildebrandt says. "But particularly in this domain where women may choose starvation or other forms of restriction to try to deal with that disturbance, men are more likely to turn to substances to try to achieve this unrealistic ideal."

The health consequences of steroid use include a greater risk for coronary heart disease, kidney and liver damage, liver cancer, high blood pressure and reduced immune system functioning. Side effects specific to men include shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts and increased risk for prostate cancer.

And there are also consequences to use of legal muscle enhancements that parents and boys may not even be aware of.

“Unfortunately, there are a lot of substances that you can buy either online or at a variety of stores, and most of them haven’t been tested out.” says Field. “We don’t know if they’re safe. They’re very rarely found to be exactly what they say on the label, and for growing children that is really concerning.”

Hildebrandt says regulation on over-the-counter, legal nutritional supplements is poor, and toxicology data and empirical research shows about 10 percent of those are contaminated with illegal substances.

Many doctors and researchers believe there’s been a recent cultural shift, and society is becoming more aware of the pressure that women and girls are under to achieve idealized bodies. But the pressure that men and boys are under, and the extremes they go to under that pressure, has been silenced and ignored.

“For women, we have more of a voice against bodily criticism, and there’s more of an active resistance to negative cultural ideals placed on women,” Hildebrandt says, “That voice doesn’t really exist for men.”

According to the National Eating Disorder Association, 40 percent of individuals seeking treatment for binge eating disorder are male, and in the United States 10 million men will be diagnosed with a clinically significant eating disorder at some point in their lives. Also, the risk of mortality for males with eating disorders is higher than it is for females. So why are these men and boys being ignored by progressive movements?

One reason could be that men and boys are told not to discuss their body image concerns, so many aren’t aware that this is something men struggle with.

“Men are supposed to be OK with bodily criticism and not have any side effect of it. Even acknowledging it is emasculating,” says Hildebrandt. “Men acknowledging that they have shape or weight concerns works against that ideal to begin with. It reveals a vulnerability that you’re not supposed to have if you’re masculine.”

Eating disorders and body issues are also seen as a “feminine thing,” and men are often too stigmatized to seek treatment for “women’s problems.”

“Both men and boys experience a lot of stigma around how other people around them, even family members, would experience this set of symptoms in particular,” says Hildebrandt. “Again, it works against that idea of what it means to be a man, and having that vulnerability questions your identity at its core.”

Many doctors also see eating disorders as a women’s issue. In the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), the criteria to assess for anorexia involved female-specific traits, such as amenorrhea, or menstrual irregularity. This has since been changed in the fifth edition, but it still asks questions focused only on losing weight, instead of including questions focused on looking muscular.

“The ideals that males are striving for are different than what females are striving for,” says Field. “With other psychiatric disorders, we talk about that boys and girls may present differently, with gender differences and presentation, but that hasn’t been sufficiently appreciated with eating disorders, and we miss a lot of signs and symptoms. The gender differences and presentation on the same disorder are not captured by the DSM at all at present.”

Wooldridge referred to his recent article that discusses assessment tests that discount males because they have been written for females. The Eating Disorders Inventory lists the symptomatic statement “I think my thighs are too large,” his article states, which resonates far less for men than women, whereas the Eating Disorders Assessment for Males uses “I check my body several times a day for muscularity,” a statement more oriented toward male concerns.

“We’ve excluding men from not only treatment but also all the research questions we’ve been asking over the 40 to 50 years we’ve been studying eating disorders,” Hildebrandt says.

For treatment, Hildebrandt says steroid use is treated as an addiction. It should not only be treated as substance abuse

but also be connected to vulnerability in the way people experience their shape and weight. He adds that it would be ignorant to leave those people out of the conversation.

“This is a huge problem,” says Wooldridge, who points out that many inpatient facilities don’t even accept males.

Out of 180 treatment centers in the U.S.—and one in Canada that accepts U.S. citizens—only 35 explicitly state that they take in male patients and have programs that focus on men and boys. One of the centers takes only young boys in and not adult males.

Males having to deal with eating disorders on their own could lead to feelings of isolation, distress, depression and anxiety, but now more treatment centers are providing services tailored to male patients and organizations, such as the National Association for Males With Eating Disorders, which is raising awareness and providing information, support and resources for men struggling with body image issues.

“In the last 10 to 15 years, we’ve seen more attention given to men, and there are now other assessments out there that do a better job at having a gender dynamic and treatment has just begun to be tailored to men.” Hildebrandt says.

Field says it’s going to take another five to 10 years to have enough research to change the diagnostic criteria. And getting research on the issue funded will continue to prove difficult, Hildebrandt says.

“We need support institutionally from national institutes of health and other funding agencies to be able to support those [gender dynamic] questions,” he says. “What we can do to help understand these gender differences of these illnesses relies heavily on the funding climate.”

In the meantime, parents and doctors can still help these boys while research is being done, Field says, and an emphasis needs to be placed on education of these parents, pediatricians and adolescent medicine doctors on the issue.

Hildebrandt says there are two other ways that the body positivity movement and society at large can include and help men and boys with bodily insecurities. “One is very practical. It comes down to how you interact with people on a day-to-day basis and treating men as well women in the same way.” says Hildebrandt. “When you’re talking about shape and weight—the idea of ‘fat talk’—we also talk about ‘muscle talk.’ To the same degree that we recognize that ‘fat talk’ is damaging to women, ‘muscle talk’ is damaging to men.”

The second thing, he says, is encouraging treatment in men and boys as it would be encouraged in women and girls. And finally, Wooldridge says, society needs to challenge traditional concepts of masculinity, which “appear to be negatively associated with help-seeking behavior.”

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For action figures and what they represent, Hildebrandt says it goes beyond simply being lean and muscular, but what being lean and muscular means—being hyper-masculine in society’s eyes. The promise of what comes with this masculine ideal is a fake promise and rarely manifests in the lives of these men, despite the time, energy and effort that go into achieving this ideal, and it doesn’t leave much for the rest of their lives, he says. These men don’t get to enjoy, in theory, what is supposed to come with this masculinity.

Eating Disorder Hope also has a [list](#) of ways boys with body image insecurities can be helped, such as teaching them that the body can't be shaped and molded at will to fit a cookie-cutter image of perfection. The list also says people can help boys find relief from agonizing over their appearance around puberty by helping them accept their bodies and focus on developing other aspects of their identity. This is the same reason why consumers called on Mattel to create its Barbie dolls with different [careers](#) and body types to promote body acceptance and help girls refocus on their other goals and talents.

“There is a glamorization of the male body that involves setting up ideals that are unattainable for the vast majority of men and boys,” Wooldridge says. “When we look at advertisements, for example, the sorts of lean and muscular bodies that are being used to sell products are not attainable for the vast majority of men. This is even more true for toys and male dolls. There needs to be a makeover with regard to toys and male dolls. This is not solely for men and boys with eating disorders, but for the good of all men and boys in our society.”

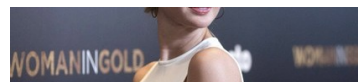
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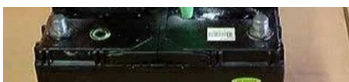
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