Excessive Workout Supplement Use: An Emerging Eating Disorder in Men

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Abstract: Men’s bodies are increasingly objectified in modern society, a phenomenon that has co-occurred with the rise of body dissatisfaction and concomitant eating pathologies among males. Nevertheless, masculine body image ideals often remain unaccounted for in body image and eating disorder research which predominantly conceptualizes these issues based on a drive for thinness, rather than simultaneous drives toward being both lean and muscular. The current study addresses this gap in research by investigating an under-researched body change strategy utilized by men seeking to obtain the lean/muscular ideal—consumption of legal appearance- and performance-enhancing drugs (APEDs). Legal APEDs (e.g., protein powders and bars, creatine, glutamine), unlike their more widely researched illicit counterparts (e.g., anabolic steroids), are widely available in grocery stores, nutritional food outlets and college book stores, and are marketed specifically toward men hoping to achieve an ideal ratio of fat to muscle.

Information on eating behaviors, legal APED use and related psychological constructs was obtained from one hundred and ninety-five men. Participants were over the age of 18, had consumed some type of legal APED within 30 days of taking the survey, and worked out at least two times per week. A scale to determine excessive, risky legal APED use was developed for this study and was found to be both a valid and reliable measure for this population. Structural equation modeling revealed that internalization of cultural standards of attractiveness (i.e., the degree to which one has internalized the body ideal perpetuated by media representations of lean and muscular men), self-esteem, gender role conflict, and body dissatisfaction each play
significant roles in determining risky body change behaviors (i.e., excessive legal APED use and disordered eating) in gym-active men. Specifically, body dissatisfaction was found to mediate the relationship between internalization of cultural standards of attractiveness and risky body change behaviors and to partially mediate the relationship between self-esteem and risky body change behaviors. Self-esteem was also found to have a direct negative relationship with risky body change behaviors while gender role conflict (i.e., the degree to which rigid views about one’s masculinity causes distress) was found to have a direct positive relationship with body change behaviors. Additionally, the final model was moderated by the phase of training (i.e., “bulking,” “cutting,” “maintaining”) in which participants were engaged at the time of the study, suggesting that phase of training is a critical factor in understanding seasonal shifts in risky body change behaviors in this population. Overall, the current findings suggest that excessive legal APED use may represent a variant of disordered eating that threatens the health of gym-active men. Clinical implications include the importance of helping clients struggling with excessive APED use to develop insight regarding psychological factors other than body dissatisfaction that may contribute to over-reliance on these supplements (e.g., gender-based conflicts, core beliefs about being unworthy or fundamentally unattractive). Also, psychoeducation regarding eating disorder behavior in relation to legal APED use may be necessary given the high likelihood that these men do not perceive themselves to have a problem.