QUALITY OF LIFE OF YOUNG EASTERN EUROPEAN MEN: NONCOMPETITIVE BODYBUILDING RELATED TO GENDER ROLE CONFLICT AND DEPRESSION

Liza Lukács, Ferenc Túry

The muscle dysmorphia (MD) appeared only twelve years ago as a special body image disorder of males, regarded as a reverse form of the anorexia nervosa seen in females (Pope et al., 1993). For decades females have predominated over males in all types of classical eating disorders, which yielded that weight related problems had to be “feminine” disorders. Therefore, male body appearance disorders remained unrecognized because men often don’t reveal their problems for fear that they will be considered “gay” or “effeminate” (Pope et al., 2000). The new obsession with appearance, known as the Adonis Complex poses a health threat that is as insidious and deadly as eating disorders are for women and girls (Pope et al., 2000). Many
American authors imply that men's socialization and adherence to rigid masculine sex-role stereotypes pose serious threats to their happiness and psychological health (Canavan-Haskell, 1977; Scher, 1979). Several studies have found evidence linking gender traits to both problem eating and body dissatisfaction (see Murnen-Smolak, 1997 for a review). The majority of studies that have studied nonclinical populations have shown that a high identification with feminine traits is linked to problem eating and body dissatisfaction (Lakkis et al., 1999; Wichstrom, 1995). However, other kinds of relationships have also been found. Some studies have found a relationship between low masculinity scores, problem eating, and body dissatisfaction (Holleran et al., 1988; Johnson et al., 1996). Another group of studies have found that higher masculinity is associated with higher levels of problem eating (Cantrell—Ellis, 1991; Silverstein et al., 1990). Several research data confirm that even though competitive or noncompetitive bodybuilders did not technically meet criteria for eating disorders, most of them displayed abnormal eating behavior (see for a review: Goldfield et al., 1998). There are more studies which reported body image disturbances (Klein, 1987; Pope et al., 1993), low self-esteem (Klein, 1987), strict dieting (Sandoval et al., 1989), binge eating, pathological methods of weight control (laxative abuse, dehydration, purging), weight cycling (substantial weight loss and regain); as well as psychological distress, manifested in anger, anxiety, and short temper (Anderson et al., 1995) among male bodybuilders. Male bodybuilders reported significantly more severe body image disturbance in comparison to athletic control groups (Blouin-Goldfield, 1995; Loosemore-Moriarty, 1990). The literature related to eating disorders in women has shown that pathological eating and extreme weight control practices are generally more prevalent in some populations in which leanness or low body weight are important for enhanced performance or appearance (e.g., figure skating, gymnastics, wrestling etc.). Epidemiological data of MD are lacking in Central-East Europe. In a former Hungarian study Túry et al. (2001) found a prevalence of 4.3% among 140 male body builders. The prevalence for anabolic steroid use was 9.3% (Túry et al., 2001).

Health risks and quality of life of young men are only seldom analysed in Eastern European regions, although there are certain risk factors also in this population. One potential risk factor is the athletic ideal (“Schwarzenegger ideal”) of men, which means an important cultural pressure. We focus on a profession subculture — military college students — in which the appearance of physical strength and muscularity are important in this study, and we examined predisposition factors of eating and body image problems in young military males in Central-Eastern Europe.

**Methods**

*Demographic questionnaire.* Items were included about general demographic and anthropometric data, diet history, drug and anabolic steroid abuse, information about history of weightlifting, other athletic activities and