



# Men's Formal Help-Seeking for Eating and/or Body Image Pathology: A Systematic Review of Barriers and Facilitators

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## Aim

To collate and synthesise peer reviewed articles that report barriers and facilitators to/of men's formal help-seeking for eating and/or body image psychopathology (EBP).

## Method

The initial search yielded 1590 results. Two researchers (GMy and UF) independently reviewed abstracts followed by full texts, resulting in the inclusion of 13 articles for synthesis (seven qualitative, five quantitative, and one mixed method). Following the Joanna Briggs Institute's (JBI) recommendation, a convergent integrated approach and meta-aggregation (Stern et al., 2020) were used to synthesise the data. This synthesis involves 'qualitising' quantitative findings (transforming quantitative findings into textual data) before integrating these qualitisied findings with the verbatim extracts of author interpretations from qualitative papers. These findings were then repeatedly examined and grouped for similarity of meaning to form synthesised findings (SF). Each SF was written as an indicative statement which is representative of the findings brought together.

## Results

The analysis identified six barriers and two facilitators to/of men's formal help-seeking for EBP. Table 1 presents the SF's.

Table 1 – Synthesised Findings

### Barriers

**Gender:** Men see EBP as a 'woman's illness' & feel reluctant to seek help due to masculine norms.

**Knowledge:** Men, and men's social circles, were unaware of the problem and alternative 'healthy' options.

**Healthcare:** Men report that healthcare services, and their resources, feel feminine and ignorant to their experiences.

**Shame:** Men experience self-stigma & fear of reactions from their social circles.

**Benefits:** Men believe their EBP behaviours serve a purpose & create a sought-after identity.

**Misunderstood:** Men report clinicians minimising and misdiagnosing their EBP symptoms.

### Facilitators

**Recognition:** Men report sudden realisation of the problem after feeling out of control & experiencing health scares.

**Pressure:** Friends, family, and romantic partners often urged men to engage in help-seeking.

## Findings

A

Only a small number of papers report barriers and/or facilitators to/of men's formal help-seeking for EBP, meaning current understandings may be restricted.

B

Research investigating body image psychopathology and facilitators to EBP related help-seeking is particularly sparse, with most studies focusing on eating psychopathology and barriers, limiting knowledge of these experiences.

C

No papers that fit the review criteria investigated help-seeking for muscle dysmorphia. Men are an at-risk group for muscle dysmorphia (Tod et al., 2016), so this may be a pertinent area for future help-seeking research.

D

Many of the SFs relate to concerns around gender, including the perceived femininity of EBP and the masculine pressures pushing men to hide their concerns. Men often report EBP healthcare organisations (services and charities) as feeling feminine and explain that this can leave them feeling unwelcome when looking for information about EBP or options for care.

E

The SFs speak to concerns with, and the importance of, men's EBP related mental health literacy (Jorm., 2012) in staff members of healthcare services, general society, and in men themselves. Many of the barriers highlight the limitations which surround recognition of EBP symptoms in men. Additionally, the facilitators show how recognition of symptoms, as well as mental health first aid (another aspect of mental health literacy), are often cited by men as a reason for seeking help.

## Recommendations

1

To improve on findings A, B, and C (see above) future research should aim to further explore the barriers and facilitators seen and uncover others. This research must prioritise inclusion of underserved areas (e.g. facilitators, body image psychopathology, and muscularity oriented EBP).

2

Finding D emphasises a need for EBP organisations to change how they are perceived by men. Research should look to locate areas of EBP organisation provision that contribute to this feminine perception to identify key targets for future inclusivity developments aimed at men.

3

Despite the repeated mention of masculine influences (as shown in finding D), several barriers/facilitators match those from research looking at women's EBP help-seeking. Researchers should remain cognisant of potential barriers/facilitators that may span gender and look for similarities, as well as differences, when interpreting data.

4

Finding E highlights an opportunity for policy and resource development in EBP organisations. Changes should aim to accelerate knowledge acquisition and dissemination of men's EBP experiences in healthcare staff, wider society, and in men themselves. This may help reduce barriers and expediate facilitators.

## References:

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