CRITICAL INCIDENTS EXPRESSED BY
SELF-IDENTIFYING GAY MALES
WHO HAVE CHANGED THEIR EXERCISING BEHAVIOUR

BY

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B.Ed., UNIVERSITY OF ALBERTA 1984
DIPLOMA IN GUIDANCE STUDIES, UNIVERSITY OF BRITISH COLUMBIA 1993

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF
THE REQUIREMENT FOR THE DEGREE OF THE MASTERS OF ARTS

in

THE FACULTY OF GRADUATE STUDIES

(Department of Educational and Counselling Psychology, and
Special Education)

We accept this thesis as conforming
to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA
September 2000
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Abstract

Limited research has been conducted into Canadian gay males and how they attempt to change their bodies by lifting weights. Nine self-identifying gay males provided details of their experience through in-depth interviews. Flanagan's (1954) critical incident technique was used to investigate changes in each participant's exercising behaviour. From these interviews, 11 helping categories emerged which were composed of 51 incidents or events which assisted these individuals in changing their exercising patterns. The most frequently reported incidents included injury or illness, an attitude shift, participation in other activities, changing workout plans or goals, switching gyms or distance from gyms, and establishing a relationship with a lover.

A prominent result of this research points to the similarities of experiences. Six categories of critical incidents were reported by more than 25% of the participants interviewed while five categories of critical incidents had less than 25% participation rate. The validity of the categories was checked by two independent raters, by cross checking the categories with most of the participants, by the exhaustiveness of the participation rate and by identifying related literature to support this study.

Counsellors will hopefully benefit from this research which attempts to determine appropriate therapeutic techniques and
Acknowledgements

I would like to acknowledge the assistance of my committee, Dr. Bill Borgen, Dr. Marvin Westwood and Dr. Karen Meyer, for their support, suggestions, and guidance in the research and writing of this thesis.

My special thanks goes out to Bill Borgen whose kindness and generosity kept me grounded through this long and winding journey. Thank you for your encouragement and for your endless support.

Thank you to Dr. Coleman and John Lush for their assistance and knowledge in categorizing the critical incidents.

Thank you to Mary Smith, a counselling colleague, for her suggestions and editing finesse.

A very special thanks to the nine participants who willingly allowed their lives to be closely examined. I appreciate your contributions to this project for without you this project would not have occurred.

To Thomas Ciz, my partner of many years, I thank you for your patience and inspiration.
interventions for this particular group.

The result of this research also contributes to the field of Counselling Psychology by providing a system of categories or themes that describe a particular group of self-identifying gay males' perspective on what events or incidents influenced them to bring about change to their exercising programs.
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Chapter I

Introduction

This research explored the impact of body consciousness on urban western Canadian homosexual men. It studied gay men who previously invested a large amount of energy and time lifting weights in order to develop musculature. Body image in gay males, as it is with any population, is a multi-dimensional, complex subject. This phenomenon was investigated from a qualitative perspective using the critical incident methodology. This inquiry attempts to weave my own experiences, as a gay man who formerly exercised excessively, into the study.

Statement of the Problem

This study is exploratory, descriptive and inductive. Structured, recorded and in-depth interviews were adopted in an attempt to evoke the narratives of the participants. Open-ended questions were asked without guiding or imposing my own perspective or agenda on the participants.

The population investigated consisted of men self-identifying as homosexual who lived in western Canadian cities. Today, many urban Canadian gay men seem to believe that being healthy looking and attractive means being muscular. This investigation explored, with the participants, how each one of
them changed their exercise behaviours and why they no longer strive as vehemently for a muscular body.

Rationale for the Study

The lack of research on this phenomenon is one of the reasons why this topic was appealing to me. Another reason is my own personal experience with body image concerns. I was interested in exploring, with the participants, what incidents and/or events influenced them in stopping to exercise excessively. This investigation attempted to bridge a gap in the research literature by utilizing the participants' expertise. I aspired to identify useful suggestions for gay men to consider when dealing with exercise. In addition, therapists working with this population might find these results useful.

As the researcher of this study, I acknowledge that the collection of retrospective information is influenced by how long ago the participants' behavioural shifts took place and how they presently perceive their former selves. The amount of time since the behavioural change is one of the factors which could influence their cognitive biases as is their present satisfaction or dissatisfaction with their bodies.

Definitions

The relevant definitions, coming from the Concise Oxford Dictionary of Current English, for the ensuing constructs are as followed: 1. gay--(euphemism) dissolute, immoral; (slang)
homosexual, frequented by homosexuals. As a gay man, I know many within my urban gay community, who claim the word gay as their own; nevertheless, the greater world in which we live, does not always interpret the word gay optimistically when viewed in the context of homosexuals. In order for a participant to be included in this study, he needed be a self-identifying gay male living in a western Canadian city and be between the ages of 21 and 45. 2. exercise--exertion of muscles, limbs, etc., especially for health's sake; bodily, mental, or spiritual training. Weight lifting is the form of exercise which will be considered in this study. It is a highly effective form of resistance training for the building of muscle. The reason for choosing weight lifting for this study is that having an attractive muscled body appears to be highly regarded by many urban Canadian gay men. Today, this form of exercise is frequently utilized by gay men to achieve musculature. 3. excessively--overstepping of due limits; intemperance in eating or drinking; superabundance, extreme degree. According to the American College of Sports Medicine (1995), the guidelines for resistance training for people younger than 50 years are that they exercise working the major muscle groups two to three times a week, with weight loads that allow 8 to 12 repetitions and at an intensity of 50 to 85% of one's estimated heart rate and for the duration of up to 60 minutes of continuous exercise. According to the gay magazine The Advocate (1994) in which
subscribers were asked to fill in a survey, 19% of the 13,000 participants responded by saying they pump iron six hours or more per week and 59% said they lift weights regularly but less than six hours a week, while 32% lifted weights irregularly or not at all. In this research study, individuals within the top 19% of the above-mentioned survey were examined. According to Thomas Dolan, the coordinator of the soon to be published first Vancouver gay men's health project, of the 620 gay men surveyed and living in Vancouver, about 64% of them rated their fitness level as good to excellent and about 40% of them were involved in strength training. In Dolan's research project, 14% of the total surveyed respondents trained between 4 and 7 days per week. For the purpose of this research, excessively is defined as weight lifting for more than six hours per week. The six hours of lifting weights does not include the time spent warming up, the time spent stretching, or any other time spent on cardiovascular activities. The subjectivity attached to what might be considered excessive by some might not be by others. I acknowledge that my decision to define the word excessively to mean more than six hours a week was a subjective decision. However, on this point the American College of Sports Medicine seems to be in agreement. As well as, according to the Advocate (1994) survey, there seems to be a significant difference between the number of individuals who lift weights for less than 6 hours a week and the number who lift weights for more than 6 hours a week. The recent Vancouver survey seems to suggest there is a
significant difference between individuals who weight lift for less than 4 times a week and those that lift for 4 or more times a week.

Assumptions, Advantages and Limitations

Before conducting the research, I needed to recognize my own assumptions and potential biases for they could adversely affect how the interview questions were asked and how in turn the information collected was interpreted. I tried to remain impartial and to always be respectful of the individualistic experiences of all the participants. Many of my assumptions came from my own experiences with self worth and body image.

A large percentage of gay men have experienced some form of discrimination in their lives whether it happened overtly or more subtly. This often happens because Canadian gay men are growing up in a predominant heterosexual society; therefore, it is conceivable that they will have experienced some discomfort in coming to terms with and in accepting their gay identities. The difference existing between these gay men and their levels of self acceptance is determined primarily by the degree of internalized homophobia they experienced as well as by how supportive and accepting their family and friends are. In many cases, the way a gay man perceives himself is also dependent on what his own gay community values.

Today, in most urban Canadian gay communities, there seems to be a fervent emphasis on staying youthful and fit. The
importance of body image is not a recent gay phenomenon; however, currently many gay men take drastic measures to achieve a muscular body by excessively weight training. Some of these men even take steroids to further enhance muscular development.

This emphasis on appearance has become a new paradigm for gay men. Michelangelo Signorile (1997) discusses body fascism which he defines as the arranging of a rigid set of standards of physical beauty that pressures everyone within a particular group to conform to them and any person who do not meet these very specific standards is deemed physically unattractive and sexually undesirable. Signorile believes this trend developed as a way of dealing with feelings of insecurity and inferiority. He seems to be surmising that gay men have been made to feel effeminate so one way to feel superior is to overcompensate. This dynamic has further implications because it leads to a preoccupation with appearing masculine and forces one to adopt certain exercise behaviours. It often leads to the expectation that mates must have these physical characteristics as well. Fortunately, this preoccupation with body image is beginning to be criticized and challenged within the gay community.

There are a multitude of reasons for why individuals stop exercising excessively. Some of the possible reasons are the lack of meaning or commitment to keeping up with this lifestyle and that one's worth might no longer be determined solely through exercise. Other possibilities might be that one begins to look for more than what this gay subculture can provide, one begins to
feel that they could never really measure up to the standards of attractiveness which has been set, and one finds other activities which are more gratifying than exercising excessively.

This research inquiry was conducted using a qualitative methodology. Qualitative methodologies have both benefits and restrictions. The qualitative methodology applied in this study was the critical incident technique. It allows the inquirer to collect information that is needed for working with people and in devising interventions. The critical incident methodology is advantageous in describing a phenomenon; yet, it does not necessarily reveal the entire picture for all individuals fitting the inclusion criterion.

The critical incident methodology has its constraints. It customarily uses only a limited number of participants who are not randomly selected and therefore it lacks generalizability. Flanagan (1954), considers the size of the sample to be the number of critical incidents obtained from the interviews, rather than the number of people interviewed. The critical incident methodology, however, necessitates the collection of a vast amount of data on each participant. This information is a challenge for the researcher to transcribe, to summarize, and to organize into categories. This procedure often proves to be time consuming and frustrating because some incidents are difficult to sort into categories and some incidents possibly fit more than one category.

In this study, the information was analysed after each
interview and before meeting with a new participant. This process assisted me in recognizing the emergence of repetitive patterns between participants and in establishing categories or themes. Participants were sought until no new categories emerged other than singletons which were specific to only one particular participant.

In the critical incident technique, the collection of information is not through clinical observations or tests. This methodology validates the subjective experiences of the participants and gives a voice to their experiences; nevertheless, it has been criticized for its lack of objectivity due to participants being asked to comment on preceding events and on their own behaviours.

**Autobiographical Situating**

As a gay male, I am well aware of how body image has impacted my life. I have felt the necessity to become preoccupied with my appearance. In the past, I would force myself to exercise daily even if I had an injury or had more important conditions placed on my time. I would focus intensely on my weight by checking it daily to see whether I had gained or lost. Nonetheless, I was less concerned with my health than with becoming muscular. I was rarely satisfied with the way I looked and the way my body responded to exercise. Continually I told myself "if only I had worked harder" even though, working harder meant not allowing my body to repair or to rest before subjecting
it to further training. I desired to transform my body from what I perceived as weak, ineffective, and effeminate, into a strong, assertive, and masculine individual. Unfortunately, this achievement had a price for it meant placing an astonishing amount of time and effort into this pursuit.

Starting from a young age, I had a poor impression of myself. I lacked confidence in my abilities and I did not appreciate my own physical qualities and personality traits.

When I first realized I had feelings towards men, I felt cut off and detached from my peers. I viewed myself as an outsider, who was experiencing life completely different from my peers and siblings. I had been brought up to believe that being homosexual was an aberration. This was later confirmed to be accurate, when my parents found out I was gay and had difficulty accepting it. My parents were embarrassed by what their friends and other family members might think if my sexuality was disclosed.

The fear of being discovered permeated my self-concept and affected how I related to people. I remained shy and introverted. I tried to blend in and hide my "uniqueness". I did not excel in any area of my schooling or in the activities and clubs which my parents made me join. I feared being noticed; therefore, leaving myself opened to being discovered as not really belonging to the group.

My feelings about myself began to change when I started to admit to my sexual identity. My initial negative image of what being homosexual meant was based on what I had heard in the
school yard and what I had been told both implicitly and explicitly from my family, my church, and the society in which I lived. It was not until I began to meet other gays and lesbians that I began to think differently and to construct a new understanding of myself. This process slowly began to emerge but it only started to happen once I finished high school and went on to university.

At university, I began to see that I was not alone. I no longer had to use defence mechanisms such as rationalizations to make sense of my homosexual behaviour and desires. I no longer needed to selectively remember only certain memories while forgetting others (Cass, 1984) in order not to loathe myself. It was at this point that I began the long arduous task towards self-acceptance.

As a teenager, I had no role models to look to for guidance. I knew no gay men and suspected that if they existed they must all be effeminate and weak. Only after entering university, did I embark on a campaign to actually meet gay and lesbian people. It was then that I discovered there was a community of people like myself in the world. I began to favourably observe that many of these men did not fit the stereotype of being weak, lonely and effeminate individuals. Still, I did not yet feel secure enough to fully identify myself as gay. It took years in order for me to reach the level where I could accept myself without self-loathing and to completely self-identify as gay.

Today the gay and lesbian youth have some positive role
models to look to and there is more acceptance of a gay and lesbian community than twenty years ago when I was growing up. This could make it easier to receive external and internal validation and it could assist in one's journey to self-acceptance. On the other hand, it is important to note that gay and lesbian youth of today are still at a higher risk of suicide than their heterosexual counterparts (Remafedi, 1994). Furthermore, there are additional stressors placed on young people such as the fear of AIDS and the fear of the other sexually transmitted diseases. These strategies were not significant influences on me when I was a young person.

I commenced with exercising to improve my physical appearance and as I became fit my self esteem also improved. As I began to be more muscular, I felt more confident, more attractive and more desirable.

Intellectually, I knew that a perfect body was unrealistic and unattainable. Yet, I admit that even today I could easily, once more, become preoccupied with my body image especially if I do not feel confident and secure with myself.

As a young gay man, I often felt hopeless and lacked confidence. For many years, I felt less of a person because of my homosexuality. This internalized homophobia took me years to move beyond and could be called into question once more during moments of weakness.
Chapter II

Synthesis of the Literature

According to Bawer (1993), gay men have two challenges which they need to overcome in order to function emotionally and intellectually in this world.

They are required to come to terms with the challenge of the heterosexual mainstream society with its prejudices, stereotypes, and dictates. In our Canadian urban culture, it is paramount for gay men to find their own way of living in the larger society. Once these men begin to accept themselves, they can begin to either live as openly gay men or continue to hide their sexuality which means denying a part of their identity. It is nevertheless possible for some men to have a fluid-like sexuality which inhibits them from identifying with either the homosexual or heterosexual labels (i.e. they might be genuinely bisexual).

The second challenge is that gay men must undoubtedly learn to deal with the challenges of their own culture which has its own prejudices, stereotypes, and dictates. An illuminating example of this is the trend by a number of gay men to strive for the illusion of an infallible body.

Currently, a substantial amount of research is taking place on body image and its effects on women's lives; unfortunately, limited research has been conducted on the relationship men have with their body images. There have, however, been more studies on men and eating disorders (Andersen, 1986; Burns & Crisp, 1984;
Herzog, Norman, Gordon & Pepose, 1984; Striegel-Moore, Silberstein & Rodin, 1986). These studies observed that the way men view themselves affects the way they behave, especially in regards to eating. Subsequent research, disclosed that there is a relationship between body image difficulties, such as anorexia and bulimia, and the way men eat (Thompson, 1990). Some of the researchers discovered a relationship between men with eating disorders and identifying oneself as homosexual (Herzog et al., 1986; Robinson & Holden, 1986; Yager, Kutzman, Landsverk & Wiesmeier, 1988). In comparing homosexual men with heterosexual men, homosexual men seem to have a higher risk of eating disorders and a higher risk of body dissatisfaction (Schneider & Agras, 1987; Striegel-Moore et al., 1986; Silberstein, Mishkind, Streigel-Moore, Timko & Rodin, 1989).

**Self Concept Theories**

Generally, self concept is defined as how individuals "see" themselves in relation to others. It is the unique thoughts, feelings, and behaviours which differentiate them from others (Gettelman, 1991). Body image is a component of one's global self-concept (Gecas, 1982). One's global self-concept is inevitably influenced by one's sexual identity.

Historically, a lower self-concept by members of a minority was believed to be due to the stigmatization that members of the minority group faced by the larger culture (Coopersmith, 1967; Deutsch, 1967; Long & Henderson, 1968). This research has
recently been criticized for not necessarily being accurate. Some researchers now suggest that minority group membership might actually serve as a buffer to counteract the negative effects of stigmatization (Crocker & Major, 1989; Rosenberg, 1979; Harter, 1986).

The symbolic interactionist theory is a theory which describes the process one goes through to develop one's own self-concept. Researchers such as Mead (1934), emphasize that one's self-concept is a reflection of how one believes others see them. Gettelman (1991) proposes that symbolic interactionist theories address the phenomena of one's self-concept changing over time due to interactions with one's environment.

Gecas (1982) describes two ways one's self-concept can be influenced by external factors. The first is through labelling. If a person is believed to deviate from the societal norms in exhibited behaviour, thoughts and/or feelings, than they are "labelled" thus symbolic "deviant" by the society (Becker, 1963; Scheff, 1966). Homosexuality is no longer considered to be deviant by the medical and psychological communities; yet, many individuals within our community still believe it to be an illness, a sin, or some aberrant lifestyle people can choose. Gettelman (1991) believes that a specific name does not necessarily have to be applied to the implied label and the stereotypical information in order for the person to internalize the label. This will influence the person's identity and a self-fulfilling prophecy might develop. The second way Gecas
describes is similar to Rogers (1980) and it deals with the need of the individual for congruency in thoughts, feelings, and behaviours. Gecas emphasizes how the individual processes and organizes information in order to maintain a perceived homeostasis state.

By belonging to a minority, a person can see their place in the world quite differently than if they belonged to the norm. Homophobia is defined as the fear and hatred that characterizes reactions to gay people by family, friends, and society (Gonsiorek, 1988). Gays and lesbians grow up learning the same negative attitudes and beliefs as do non gays. Homophobia can become internalized and complicate the experiential process to self acceptance even leading to self-hatred and destructive behaviours.

The Process of Self Acceptance

One of the most crucial transitions which gays and lesbians experience is the process of self acceptance and self disclosure to the people in their lives (i.e. "coming out"). Miranda and Storm (1989) found that self-labeling as a homosexual and self-disclosure of sexual orientation to others were related to the development of a positive identity. Several researchers describe this process (Cass, 1984; Troiden, 1989; Siegel & Lowe, 1995; Coleman, 1985) but of particular value is the way Siegal and Lowe (1995) frame this process. They use the images of turning points (i.e. pre-emergence, self-acknowledgement, self-identification),
coming out (i.e. assuming a homosexual identity, accepting homosexuality, celebrating self-expression), and maturing (i.e. reevaluation and renewal, mentoring). Siegal and Lowe present their stages in a linear and sequential fashion. This linear process might necessarily not be the experience which develops for all gay males. Still Siegal and Lowe's framework is useful in providing possible insights into the process gay men move through in accepting themselves. Siegal and Lowe acknowledge that the development of a gay identity takes place along with the integration of other aspects of the self which makes up one's global identity.

**Physical and Sexual Attractiveness**

Gettelman (1991) proposes that since most gay men are initially socialized as males and then develop a homosexual identity, they may place a great importance on finding a physically attractive partner. In addition, he suggests gay men may think that other gay men are also looking for physically attractive partners and feel compelled to present an equally attractive image. Gettelman believes that during the early stages of homosexual identity formation, males seem not to emphasize emotional attachments to other males. Instead, they may focus on being physically and sexually attractive to other males as a central component of their identity. The double emphasis on physical and sexual attractiveness could predispose gay men to the intense desire to improve their appearances through excessive
exercise.

Yager et al. (1988) studied homosexual males on measures of disordered eating and/or body satisfaction. They found that the homosexual males reported more past and present problems with binge eating and using diuretics to lose weight than heterosexual males. The gay men were also significantly more likely to report a present or past problem with feeling terrified of being fat and feeling fat despite others' perceptions of them. Silberstein et al. (1989) compared 71 homosexual males with 142 heterosexual controls on measures of body dissatisfaction, self-esteem, self-roles, disordered eating, and reasons for exercise. Gay men were significantly less satisfied with the body parts that contribute to the traditional "ideal" male body (i.e. upper body, shoulders, and abdomen) than the heterosexual men as measured by the Body Esteem Scale (Franzoi & Shields, 1984). On the Figure Rating Scale (Stunkard, Sorensen, & Schulsinger, 1983), there was a trend for gay males to have greater perceived-ideal body discrepancy indicating greater dissatisfaction with their bodies. On the Self-Roles Inventory (Linville, 1985), which assessed the importance of physical attractiveness, the gay men reported that physical appearance was more important to their sense of self. On the Reasons for Exercise Questionnaire, designed specifically for Linville's study, the gay men reported that they exercised more to improve physical attractiveness while the heterosexual males exercised more to improve fitness and overall health. A 1993 study (Gettelman and Thompson) found gay men and
heterosexual women showed greater concern with appearance, weight, and dieting, and were perceived to possess greater body image disturbances and dieting concern when compared to heterosexual men and lesbians. Siever (1994) found similar results when he compared gay men to heterosexual men. Siever put forth a theory that gay men and heterosexual women are dissatisfied with their bodies because of a shared emphasis on physical attractiveness that is based on the desire to attract and please men.

Body Satisfaction and Dissatisfaction

In current Canadian urban gay communities there appears to be pressure on men to look a certain way. Historically there have been demands placed on gay men to be thin but with the onset of AIDS another emphasis began to appear.

A growing number of gay men started to think it was necessary to develop extremely muscular toned body in order to be sought after. This emphasis on physical development enabled many to feel they could control and sculpture their bodies in a time when AIDS has had a devastating effect on their community. The need to appear strong and muscular may be a guise to being HIV free. This strong emphasis placed on body image may lead many gay men to spend an excessive amount of time at the gym and it might even compel them to experiment with muscle enhancing drugs. Researchers, Strawford et al. (1999), recently reported on how anabolic steroids and resistance exercise can reverse muscle
wasting in patients who have the human immunodeficiency virus (HIV) infection. A number of HIV+ men, who became overly thin due to this disease, began to be given steroids by their doctors which caused many of them to make miraculous recoveries and coupled with resistance training to develop significant musculature. This phenomenon eventually impacted on body building because people discovered that if steroids could have an amazing effect on individuals with HIV, then think how dramatically it could affect an uninfected person. At that time in the gay urban community, it became more prevalent for gay men to take steroids.

Crisp (as cited in Herzog, Bradburn & Newman, 1990) found that gender identity conflict pertaining to sexual orientation can precipitate the development of an eating disorder. He observed that gender identification uncertainties were frequently present at the start of an eating disorder. His male subjects tended to either develop obesity or become acutely focussed on their bodies. Schneider and Agras (1987) on the other hand, showed that gay males had an increased risk for eating disorders due to the cultural pressure within the gay community not to be fat.

Silberstein et al. (1989) by comparing self-identifying gay men with heterosexual men found that gay men showed more body dissatisfaction and considered appearance more central of their sense of self. They also found that heterosexual men tended to exercise to improve their strength while gay men to improve their
Fallon and Rozin (1985) found that compared to heterosexual males, gay males were more dissatisfied with their body build. Even in the pre-AIDS years, in comparing heterosexual men to gay men, researchers (Prytula, Wellford and DeMonbreun, 1979) found that gay men seem to possess a lower self-concept and a more negative body image than heterosexual men. These researchers pointed out that during adolescence many gay men had experienced negative feedback from their peers and from their families about their body appearance. Prytula et al. (1979) seem to believe that early negative experiences appear to have a strong impact on a gay man's present body image and self-concept.

Prytula et al. (1979) conducted a quantitative study which compared homosexual men to heterosexual men on their memories about themselves during adolescence. The results of their research could be interpreted as controversial. These researchers used a self-reporting inventory which assessed six factors: body self-concept, body weight problems, sports activities, parental relationships, interpersonal self-concept and general self-concept. They concluded that during their adolescent years, homosexual males were significantly less well adjusted than heterosexual males. Prytula and his fellow researchers seemed to be searching for factors which influence the origin of one's sexual orientation. They postulate that for some adolescents (i.e., at least those whom the researchers identified as secondary homosexuals--those who possess normal biological
makeups and consequently have the ability to develop heterosexual preferences if certain environmental factors occur), the way these men are treated, the way they see themselves, and the way they behave thus determines their sexual orientation. Prytula and his fellow researchers seem to be suggesting that performance on the six measured scales could be changed thereby, altering one's sexual identity. This is a stereotypical outdated view of homosexuality. These researchers seem to assume that their research variables can influence and contribute to the development of homosexual preferences. It is conceivable for sexual identity to be fluid for some individuals; however, it is questionable whether it is ethical or even possible to attempt to alter one's sexual identity through clinical interventions. Nevertheless, it is plausible to conclude from the results of these researchers that the overall lower results received from the homosexual sample (i.e., lower arithmetic averages) substantiates how turbulent and difficult adolescence was for many of these gay subjects.

It is crucial that unconditional positive support and acceptance are given to young gay men in order that they might feel better about themselves instead of attempting to manipulate and change their sexual orientation. Acceptance is significantly more worthwhile and beneficial than trying to manipulate environmental factors in order to change them.

Scott (1986) identifies four personality profiles for men who have eating disorders. His findings reveal that men who
exercise obsessively partially do so to control their weight. The first personality he identifies is a borderline personality whose eating disorder is an attempt to divert fears of engulfment, loss of identity and abandonment. The second is an addictive personality or character disordered personality whose eating disorder is the effort to dull frustrations or to obtain rapid physical gratification. Impulse control is typically faulty in these individuals. The third is a neurotic personality whose eating disorder is the result of faulty learning about emotions such as guilt. The final type is an integrated personality whose eating disorder is the result of an emotional sensitivity. These individuals have not learned to accept their sensitivity by responding in ways other than through control or lack of control of their eating patterns.

Mickalide (1990) found that exercise can have an addictive effect on men by leading them to become obsessive and causing detrimental effect on their mental and physical well-being. Proof of this can be found in the prevalent number of individuals who take anabolic steroids to increase their muscle mass and to boost strength. She also reports that anorexia nervosa and bulimia in males does not appear to discriminate on the basis of socioeconomic status. Conversely, she did find that white males tended to have a slightly higher percentage of eating disorders than Afro-American males and that males employed in professions where weight restrictions were necessitated (i.e., jockeys, wrestlers, boxers, swimmers, models, dancers, flight attendants)
tended to have a higher incident of eating disorders.

**Summary and Critique of the Literature**

The literature supports that for a majority of gay men their physical appearance is an essential component of their sense of self. For many of them, they had experienced a negative image of themselves during their adolescent years. The research suggests, that by improving their musculature many gay men believe they can improve their physical appearance, their desirability, and their self image. Much of the pressure for gays to stay attractive and physically appealing is self-generated but the research demonstrates that it is also encouraged by the urban Canadian gay men's community. This pressure to become muscular may lead gay men to take extreme measures such as exercising to excess and the taking of muscle enhancing drugs such as steroids.

The purpose of this study was to explore with the participants how they were once enmeshed in exercising and what helped them to let go of this behaviour. On the basis of the literature researched for this study, there is an obvious absence of information on the topic; hence, the exploratory and descriptive nature of this current study.
Chapter III
Methodology

Introduction

A review of the literature suggests that there is a scarcity of research on gay men which explores the connection between exercising and change. Furthermore, there has been little research conducted on men, body image, and exercising excessively.

The intent of this study was to conduct responsible inquiries into the lives of gay males who formerly exercised excessively. I was particularly interested in exploring the influences which impacted on these participants' decision to change their exercising regimens.

I believed that all individuals have unique lives within a commonality of shared experiences and that each individual constructs knowledge from the social context of his life. Patterns of behaviour, developmental stages, and prior knowledge cannot be relied on to explain thoroughly who we are. We must also account for the changing world in which we live as having an influence on us.

The Researcher's Assumptions

Reality is multilayered and is both an individualistic and socially shared experience. I observed and described the phenomenon of stopping to exercise excessively with as little preconceived ideas as possible. From the outset, I preferred not
to formulate a hypothesis. I did not wish to reduce and dissect
this complex phenomenon; instead I desired to examine it in its
rich and integrated wholeness.

A valid and reliable study applying the critical incident
methodology requires the researcher to remain open-minded to the
reported findings rather than lead the participants in a
direction that he or she considers to be significant.

For this particular study, a quantitative approach would
least compliment the researcher's values, beliefs, and topic. In
quantitative studies, an established design and a fixed
methodology are unquestionably needed as are clearly defined
hypothesis-testing strategies and theory testing strategies. A
quantitative approach would require the researcher to control the
inquiry situation in order to isolate and reduce a phenomenon to
independent and dependent variables. These variables would then
be studied using a preestablished experimental or a correlational
design.

I strongly believed the approach needed to study the
aforementioned phenomenon must be fluid and less rigid than what
a quantitative approach requires. I had no desire to design my
research question so that it could be reduced to a few variables
and then statistically analysed. For this project, I was
primarily interested in understanding a social phenomenon from
the participants' point of view. More specifically, I was
interested in discussing with the participants how their
behavioural changes were influenced by the context in which the
changes occurred. This inquiry aimed to establish some semblance of context-bound summations' not context-free generalizations.

The Critical Incident Methodology

The critical incident technique, which is the methodology of choice for this study, was developed by Flanagan (1954). Woolsey (1986) stated that the critical incident technique uses interview procedures to collect information from people about their own observations of their behaviour and that these reports on behaviour are preferable to ratings and surveys. Flanagan (1954) defines an incident as "...an observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act." (p.327) An incident is critical if it makes a meaningful contribution, either in a positive or negative way. According to Woolsey (1986), there are five steps required to implement the critical incident technique. These include determining the aim of the activity to be studied, setting the plans by establishing specifications and criteria for the information to be obtained, collecting the information in its richness, and analysing the thematic content of the information and finally reporting the findings.

Andersson & Nilsson (1964) provided research on the reliability and validity of the critical incident methodology. They concluded that this technique is both valid and reliable. In this research study on body image, incidents assisting or helping
to facilitate the changing of the participants' exercise behaviour were examined. For this study, the research topic has evolved into an investigation of gay males living in western Canadian cities, between the ages of 21 and 45, who formerly lifted weights excessively but now have chosen to modify or even to cease this form of exercising.

Given the exploratory nature of this research, it was unknown initially how large the sample would need to be in order to achieve redundancy of categories. I suspected the sample size would range from 8 to 15 participants. In actual fact, a repetitive pattern, allowing for the redundancy of categories of incidents, was established by the fifth participant. No new categories were emerging by the sixth interview. Because of this, I assumed that sufficient incidents had been gathered and therefore only nine participants were interviewed. This was fortunate since it had been extremely difficult in locating volunteers to participate in my study.

Woolsey (1986) emphasized that the research should focus on incidents or events that were directly observed or experienced which are critical in significantly affecting the outcome of the research topic. In this study, only information that described a specific event or incident was classified as a critical incident.

The critical incident technique provided the population studied with the opportunity to contribute their own experiences to the research. Due of this fact, there was less of a chance that I could impose my own personal values on the information
gathered. I do however recognize that my own perspective was utilized in creating the categories into which the information was organized. This is the primary reason why I made a concerted effort to meet with each participant for a second time. Unfortunately, 1 of the 9 participants was unavailable for a second session. The objective of this second meeting was to allow each participant to review their own critical incidents for the accuracy and authenticity of each incident identified. At the second session, I obtained the agreement of the participants regarding how the incidents had been organized into categories or themes.

The Interviewing Procedure

During the interview process, I discussed with each participant the context of the participant's former exercising regiment and identified the helping or assisting critical incidents related to reducing the amount of time spent exercising.

I was interested in searching for and identifying categories or themes which could be extracted from the critical incidents. This was achieved first by identifying the critical incidents and then by dividing each incident into its three parts: what led up to the incident, what was the experience of the incident and what was the outcome of the incident. Once each critical incident was identified, the process of categorization could then begin.
Ethical Considerations

This study was conducted in accordance with the ethical standards of the Canadian Psychological Association. Prior to participation in the study, each participant was informed of the purpose and nature of the study. Before the information process began, each participant signed an informed consent (Appendix A) and was informed about the confidentiality procedures. Information was gathered in the strictest of confidence. Each participant's name was coded for anonymity.

During the first interview session, it was necessary to have the research purpose thoroughly explained. This occurred before the participants were asked to commit to the research process. The participants each received a clearly written statement and a brief verbal explanation outlining the purpose and the focus of the research. Once an understanding and a commitment to the research were attained, then the information gathering began. In addition, each participant was given a list of counselling resources to pursue if the interviewing process brought forth issues which they desired to explore further through therapy.

Participants and Sample

Other researchers have utilized small samples which were not randomly selected and supported the use of in-depth interviewing techniques in accessing sensitive information (Swinburne, 1981). In my study, I connected with 9 self-identifying gay men who previously were involved in exercising excessively.
Demographic information was then collected on each participant: age of the participant, occupation, family history, relationship status, views of their past and present fitness level/their appearance, HIV status, steroid usage, where they lived, what it means to be in great shape, present weight, ideal weight, descriptions of their present diet, years of education, and the role fitness presently plays in their life, and what exercising excessively means. This information was collected through a questionnaire. This information assisted the researcher in establishing a profile on each of the participants.

A summary of the relevant demographic information gathered on the participants is reported in Table 1.

**TABLE 1**

**DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS**

<table>
<thead>
<tr>
<th>(Codes)</th>
<th>Age</th>
<th>HIV status</th>
<th>Single/Coupled</th>
<th>Use of steroids</th>
<th>Years of Excessive Exercising</th>
</tr>
</thead>
<tbody>
<tr>
<td>(001)</td>
<td>25</td>
<td>Neg.</td>
<td>Coupled</td>
<td>No</td>
<td>10 years</td>
</tr>
<tr>
<td>(002)</td>
<td>44</td>
<td>Neg.</td>
<td>Single</td>
<td>No</td>
<td>1.5 years</td>
</tr>
<tr>
<td>(003)</td>
<td>45</td>
<td>Neg.</td>
<td>Single</td>
<td>No</td>
<td>8 years</td>
</tr>
<tr>
<td>(044)</td>
<td>34</td>
<td>Neg.</td>
<td>Coupled</td>
<td>No</td>
<td>5 months</td>
</tr>
<tr>
<td>(041)</td>
<td>45</td>
<td>Pos.</td>
<td>Single</td>
<td>No</td>
<td>3 years</td>
</tr>
<tr>
<td>(072)</td>
<td>34</td>
<td>Neg.</td>
<td>Coupled</td>
<td>No</td>
<td>3 years</td>
</tr>
<tr>
<td>(068)</td>
<td>31</td>
<td>Neg.</td>
<td>Coupled</td>
<td>No</td>
<td>3 months</td>
</tr>
<tr>
<td>(042)</td>
<td>28</td>
<td>Neg.</td>
<td>Coupled</td>
<td>No</td>
<td>2 years</td>
</tr>
<tr>
<td>(004)</td>
<td>41</td>
<td>Neg.</td>
<td>Coupled</td>
<td>No</td>
<td>4 years</td>
</tr>
</tbody>
</table>
### TABLE 1

**DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS**

<table>
<thead>
<tr>
<th>Cities (Codes) lived in</th>
<th>Professions</th>
<th>Still Lifting Weights</th>
<th>Currently Lifting for</th>
</tr>
</thead>
<tbody>
<tr>
<td>001 Vancouver</td>
<td>Music Teacher</td>
<td>Yes</td>
<td>3hr./week</td>
</tr>
<tr>
<td>002 Vancouver</td>
<td>Psych. Worker</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>003 Richmond</td>
<td>Airline Sales</td>
<td>Yes</td>
<td>Sporadic</td>
</tr>
<tr>
<td>044 Victoria</td>
<td>Bartender</td>
<td>Yes</td>
<td>1hr./week</td>
</tr>
<tr>
<td>041 Vancouver</td>
<td>Unemployed</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>072 Vancouver</td>
<td>Social Worker</td>
<td>Yes</td>
<td>Sporadic</td>
</tr>
<tr>
<td>068 Vancouver</td>
<td>Library Assist.</td>
<td>Yes</td>
<td>3hr./week</td>
</tr>
<tr>
<td>042 Vancouver</td>
<td>Personal Trainer</td>
<td>Yes</td>
<td>3.5hr./week</td>
</tr>
<tr>
<td>004 Vancouver</td>
<td>Elem. Teacher</td>
<td>Yes</td>
<td>1 hr./week</td>
</tr>
</tbody>
</table>

The participants ended up being of various ages and professions. Some of them were single others were in long term relationships. Some had lifted weights excessively for years and others just for a few months. Some were still lifting weights but of those that were, they all lifted weights less frequent than they once had. One of the 8 participants was HIV+. It is important to note that none of them disclosed having ever taken steroids. All of them lived in British Columbian cities.

Unfortunately a 10th participant had to be eliminated from the study during his first session because though he fulfilled all of the other requirements, he did not self-identify as gay when he commenced with his vigorous exercising regime.

For this study, the participants also needed to present an ability and willingness to provide information and to communicate in English even though for one of the participant's English was
not his first language and his strong accent made the transcription of his interview onerous.

**Information Gathering and Analysis**

**The First Session**

The first session interviews ranged in duration from 45 minutes to 2.0 hours. These sessions were conducted over a period of 7 months due to the difficulty I had in locating willing and suitable participants. I extensively canvassed the local gay community by placing numerous advertisements in various gay publications as well as by posting a large quantity of posters around the city. All of the interviews were conducted by me and all of them were tape recorded.

During the critical incident phase, I asked each participant to think back to the time when he exercised by lifting weights for more than 6 hours a week. I asked the question: "What was your reason for exercising excessively?" Then the participant was asked: "What helped you stop exercising excessively?"

Each incident was thoroughly examined for what led up to the incident, what was the experience of the incident, and what was the outcome of the incident. The outcome of the incident was the component which was analysed. To understand the experience of each incident, I probed with questions such as: "Can you tell me more about that?", "How did you know it was helpful or beneficial?", "What exactly happened that was helpful or
beneficial?", "How did you know it was not helping?" and "What exactly happened that was not helpful?" To acquire information on the outcome of each critical incident, the questions asked were: "What impact did this incident have on your eventual stopping to exercise excessively?" and "How did it impact on your life?"

Once each interview was completed, the information was transcribed verbatim and the critical incidents were identified and extracted from the transcripts. Due to the vast amount of information collected, it was at this point that I decided to only analyse the helping or assisting incidents collected.

Each helping incident was written up on a recipe card. The words of each participant were written down and left unchanged. These critical incidents were later grouped by similarities into categories which encompassed the content of the incident. These categories provided a map of what helped this group of participants and revealed the similar incidents which existed between the participants. According to Flanagan (1954), these thematic outlines can be used for theory development, interventions, developing practical programs and for further research in order to refine, extend or revise the categories. Later on, some of the participants' critical incidents were used as examples to describe a category. Some of these incidents were edited, paraphrased or summarized for stylistic reasons but this only occurred after the participants gave their consent.

It was my intent that the interviewing process be empowering
for the participants. I validated the changes each participant made in their exercising patterns and encouraged them to tell more details of their stories. I utilized listening and responding skills such as empathy and probing to elicit the participants' critical incidents.

The Follow Up Procedure

Once the critical incidents were identified, I started to categorise them into category or theme clusters. I then began the process of refining, extending and revising the clusters.

The process of refining and extending the information was reductionary but it was done carefully and thoughtfully, without losing sight of the essence of each participant's experiences. This procedure allowed for the continual refinement of categories. The categories needed to be constantly scrutinized to determine how thoroughly they represented the comprehensiveness of the incidents.
Chapter IV

Results

Introduction

At this point an inductive analysis of the data will be presented. It lead to the formulation of a map of helpful or assisting categories which enabled the participants to stop exercising excessively.

This chapter will focus on the results of the 9 in-depth interviews. The helping critical incidents were eventually sorted into 11 categories with an average of 5.7 incidents per participant. A rank order summary of all of these incidents and the participation rates for each category are listed in Table 2. Following this table, these categories are described and excerpts of critical incidents encompassing each category are presented. This chapter ends with the results of the validation procedures.
Description of the Categories

Table 2: Helping Critical Incidents

<table>
<thead>
<tr>
<th>Helping Categories</th>
<th>Frequency (Total # of incidents)</th>
<th>Participation Rates (Number of participants providing incidents under these categories N=9)</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Injury and/or illnesses.</td>
<td>10</td>
<td>6</td>
<td>67%</td>
</tr>
<tr>
<td>2. Attitude shift.</td>
<td>16</td>
<td>5</td>
<td>56%</td>
</tr>
<tr>
<td>3. Participation in other activities.</td>
<td>8</td>
<td>5</td>
<td>56%</td>
</tr>
<tr>
<td>4. Changing workout plans or goals.</td>
<td>5</td>
<td>4</td>
<td>44%</td>
</tr>
<tr>
<td>5. Switching gyms or distance from gym.</td>
<td>4</td>
<td>3</td>
<td>33%</td>
</tr>
<tr>
<td>6. Establishing a relationship with a lover.</td>
<td>3</td>
<td>3</td>
<td>33%</td>
</tr>
<tr>
<td>7. Rest and recovery time.</td>
<td>1</td>
<td>1</td>
<td>11%</td>
</tr>
<tr>
<td>8. A Disappointment.</td>
<td>1</td>
<td>1</td>
<td>11%</td>
</tr>
<tr>
<td>9. Bad Weather.</td>
<td>1</td>
<td>1</td>
<td>11%</td>
</tr>
<tr>
<td>10. Pressures from friends.</td>
<td>1</td>
<td>1</td>
<td>11%</td>
</tr>
<tr>
<td>11. Encouragement/Reinforcement from friends.</td>
<td>1</td>
<td>1</td>
<td>11%</td>
</tr>
</tbody>
</table>

51 total incidents

Category 1: Injury and/or illness

(10 incidents - 67% participation rate)

The participants have an injury which was influenced by lifting weights with improper form, and/or lifting too frequently, and/or using too many repetitions of the same exercise, and/or using too much weight. In addition, it could be an injury which occurred while the participants were exercising excessively which in turn affected the participants' training program (i.e., a car accident). The participants could also be
faced with a chronic long term illness which developed while they were exercising excessively but was not necessarily a consequence of their exercise regiment.

**Example 1**
I went into the gym one day, I started to do bench presses with a heavy weight. I got just in there, I put up the weight and it came down on my chest. That pretty much was the end of my training.

**Example 2**
I'd hurt myself and had to take time off. I'd stopped going to the gym because I pulled my rotator cup.

**Example 3**
After my car accident, I retrained myself because I couldn't exercise with weights so I learned different techniques. I couldn't weight lift right away so I had to do other stuff.

**Example 4**
It got worse and then all of a sudden, boom, my hip swelled up. Once my hip swelled up then it was my back. I sort of had a major fibromyalgia attack and it didn't go away for months and months so of course the gym was gone.
Example 5

I fell deeply into a depression. I went on to heavy doses of medication which led to an isolation that remains to this day.

Category 2: Attitude Shift (16 incidents- 56% participation rate)

The participants acquired more knowledge about weight training or else they developed a deeper awareness and understanding about themselves. This process occurred primarily internally for the participants.

Example 1

Seeing a psychiatrist, which I've been doing for a year, places the focus more on myself inwardly as opposed to being physically focussed. I notice things around me more. I notice myself more too, what's going on inside as well as outside.

Example 2

I've come to realize that I can feel good without the weights. That feeling good about myself does not come from working out at the gym which is what I sort of used to feel.

Example 3

I think I'm a different person now. I'm more aware. My priorities have changed. I think another important part of it is getting old, becoming comfortable with your age and your body rather than feeling that I have to fight age, fight the aging
Example 4

I became aware that rest is important. I got educated more on the exercise regime. I now believe weight training is 30% of it, diet is 50% of it, and rest is 20% of it.

Category 3: Participation in other activities

(8 incidents- 56% participation rate)

Participants were able to find something more fulfilling or pleasurable to participate in such as a new activity or a career or job change. They could be involved in this activity by themselves or with a friend or partner.

Example 1

I spent $10,000 on plants in 6 months. I loved learning about them. I loved doing research on things but mainly I loved the dirt. I just loved the planting and the nurturing.

Example 2

I was working at night, working a lot of nights in a bar where there was always alcohol and I drank more. More hours came up at work so I worked more. Giving up exercising was tied directly to the job I got at the navy base in the bar.
Example 3

I don't know, my interests just shifted elsewhere. For a time, I had been very involved in the party scene and the rave culture. That took up more and more time and the hours were quite different and once you've fallen out of one routine you fall into another and it's hard to switch back again.

Category 4: Changing workout plans or goals
(5 incidents- 44% participation rate)

The participants have developed concrete new expectations or priorities. This could be due to them having achieved their goals and now having started to follow a new program or it could be due to them modifying their programs to achieve different results.

Example 1

I had my goal, I wanted to look good for New Year's Eve and I did that and after that it all fell apart.

Example 2

My goal before was to be really big and muscular. Now, it's to be trim, to be very cut (i.e. to be extremely toned) and to be very sleek looking. This is like where I am now. I try now to build my body like those guys in Men's Fitness would look like.
Category 5: Switching gyms or distance from gym
(4 incidents - 33% participation rate)

The participants moved to a new gym which affected their training program or the distance they lived or worked from the gym became problematic with their attendance at the gym.

Example 1

For myself, going to a smaller gym there were fewer people so I seemed to be more motivated and more focussed on myself. Now at my present gym, which is bigger, with a lot more people whether they are muscle bound or not; I still seem to be more externally focussed and not as focussed on myself as much at this big gym.

Example 2

Something which also deters me from going to the gym is the distance. Because I don't live close to a gym any more means it is a half hours ride in the car to get there and a half hours ride to get back again.

Category 6: Establishing a relationship with a lover
(3 incidents - 33% participation rate)

The participants are no longer single and now have less free time to spend at the gym.
Example 1

I think because I'm in a relationship it makes a difference too. When I was more really geared up at the gym, well I was single. Today, there is no need, there is no competition, I don't have to fight to keep my appearance up because I have already got my mate and I'm happy.

Example 2

I was exercising a lot to get a guy and then one day I met one. We just sort of fell in together and his lifestyle was not at all the same as mine. I found myself loving someone who was not physically perfect.

Category 7: Rest and recovery time

(1 incident- 11% participation rate)

The participant become aware of the fact that his body needed a break from his intensive strength training program or his body had started to show signs of overuse injuries. In addition, the participant began to lose interest in weight training and began to exhibit a lack of motivation.

Example

I was reaching the point where I was always tired and I just couldn't seem to maintain that motivation. I started to lose interest, I backed off a bit and reduced my activities.
Category 8: A Disappointment

(1 incident - 11% participation rate)

The participant's hopes and dreams were not met and this impacted on his exercising regime.

Example

I really wanted to take this fitness theory course and the individual conditioning course at the YMCA. But two days before the course was to begin, they phoned me and said the course was full. It was a big disappointment and very discouraging.

Category 9: Bad weather (1 incident - 11% participation rate)

The seasonal changes in weather affected the participant's ability to exercise regularly. This is a specific event.

Example

I stopped going because it was winter. It became harder to get myself out of the house. When the weather was bad, I didn't feel I had any reason to keep exercising. I didn't even feel like getting out of the house.

Category 10: Pressure from friends

(1 incident - 11% participation rate)

The participant's friends did not value weight lifting and did not encourage him to continue with this form of exercise.
Example

Well, I guess I was receiving some pressure not to exercise from my friends. Exercise was not important to them. They told me I should just relax by sitting around, smoking pot and being inactive.

Category 11: Encouragement/Reinforcement from friends
(1 incident - 11% participation rate)

The participant's friend encouraged him to continue to exercise yet validated him now more than when he was exercising excessively.

Example

We encouraged each other. Maybe if you don't get much encouragement, you continue to go more often hoping that by working harder more changes in your body will occur and more people will notice the change.

Reliability and Validity Results

Anderson & Nilsson (1964) attempted to demonstrate that the critical incident technique was both reliable and valid. They concluded that the number and structure of critical incidents was only minimally affected by whom the interviewer was and the way the information was gathered (e.g., interviews, surveys).

In this study, I attempted to contact each participant for a second meeting. I met with one participant in person while all of
the other participants I attempted to contact over the phone. In the end, 8 of the 9 participants the researcher was able to contact. In all cases, they were each read their own critical incidents to see if they were in agreement with what had been identified as an incident and how the incidents were categorized. For these 8 participants, there was 100% agreement with my analysis of the collected information. No allowances or revisions had to be made and no new incidents were added to the research. In total, 51 helping or assisting incidents were collected. It was at this point that I also asked permission of the participants to paraphrase, edit and summarize some of the incidents if used to demonstrate an example of a category in my research paper.

The 51 incidents were easily organized into categories suggesting that the system developed was comprehensive. When many participants reported similar events or incidents, the strength of that category was bolstered. Many of the participants reported the same kind of event or incident which reinforces the strength of that category. This agreement is presented by the participation rates in each category. 6 of the 11 categories or themes had a participation rate of greater than 25% while 5 categories had participation rates of less than 25%.

The next step was to see whether the information had been categorized in a reliable and valid way. Two colleagues were asked to act as independent raters to sort a portion of the incident (i.e., 43 of the 51 incidents which were 84% of the
total incidents) into the identified categories in order to see if the reliability of the categorization could be established.

One of the independent raters was a counsellor with a Master of Arts in Counselling Psychology and the other was a Registered Psychologist. Both of these individuals have extensive experience working with gay men in Vancouver Canada. Each of the raters was provided with a brief description of the categories and then asked to place the 43 incidents into the appropriate categories. The first independent rater, the counsellor, only differed from my categorization scheme with 1 out of the 43 incidents. The second rater, categorized 36 out of the 43 in the same way as I had done. The result of the reliability of categories is presented in Table 3.

<table>
<thead>
<tr>
<th>Independent Rater</th>
<th>Percentage agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Rater #1</td>
<td>98% (42/43)</td>
</tr>
<tr>
<td>Independent Rater #2</td>
<td>84% (36/43)</td>
</tr>
<tr>
<td>Aver.</td>
<td>91%</td>
</tr>
</tbody>
</table>

During this reliability and validity process with the independent raters, 13 categories were collapsed into 11 categories. I did this with the raters consent. I collapsed injuries and illnesses into one category because it became apparent that some of the incidents could be placed in either categories. I did the same for switching gyms and distance from a gym.

The high level of agreement achieved between the raters and
my results indicates that the categorization utilizes a reliable system. The high level of agreement represents that these categories can be used by other people to categorize incidents in a consistent and reliable way. According to Andersson & Nilsson (1964), categorization of incidents was achieved in their study, once an acceptable level of agreement among the independent raters was between 75% and 85% with respect to placing incidents of the same nature in the same category.

In order to achieve reliability with the selected categories, the 9th transcript, which had been withheld, was now categorized. This was another validity check which Andersson & Nilsson (1964) mentioned. This 9th transcript contained 8 different critical incidents which works out to 16% of the total incidents collected for this study. All 8 of the incidents from the 9th transcript were easily placed into the designated categories suggesting that the category system was exhaustive and comprehensive.

According to Flanagan (1954), the higher the participation rate the more valid a category becomes. Borgen & Amundson (1984) suggest in their research that a participation rate of 25% or greater is sufficient in establishing the validity of a category. In this research, the categories with 25% or greater participation rates were: injury and/or illness, an attitude shift, participation in other activities, changing workout plans or goals, switching gyms or distance from gym, and establishing a relationship with a lover. At this point, I proceeded to
determine whether there was relevant literature to support the
soundness of these categories.

Support from Related Literature

Since the commencement of this research study, the topic of
body image on men has become more prominent in the media. In the
next chapter, I will attempt to highlight some of the literature
which supports or give credence to my research findings. There
has been little research done which directly affirms or disclaims
the categories from my study; still, I argue that indirectly
there is substantial supportive literature.
Chapter V

Discussion

General Themes

What now follows is an explanation of the categories or themes which more than 25% of the participants held in common and some of the recent literature which supports my findings. Support was also located which backs some of the categories with less than 25% participation rates. Many of the reasons for why the participants changed their exercising behaviour are in agreement with my suspicions mentioned in chapter one.

Injury or Illness

According to doctor Chris Lydon (1999), overtraining leads to declines in strength, explosiveness, endurance and motor skills. This can lead to physical injuries including chronic joint stiffness, overuse injuries and persistent soreness. He also mentions that presently there is no known test that can reliably confirm the presence of overtraining.

Artal & Sherman (1998) in their research on exercise as a prevention tactic against depression mention, that exercise can have an adverse response if it is overused. People may undertake extreme physical activities if driven by a disturbed body image and that individuals compulsive in other areas of their life could become compulsive about exercise at the expense of personal relationships and with increase risk of injury. One participant of this research study stated: "I had intentions of conditioning
myself and weight lifting was going to be a permanent part of my lifestyle, but with the injuries it just went down the tubes and along with that my whole attitude changed."

Dr. Cooper (1996) believes too much exercise stimulates an outpouring of free radicals which are chemicals formed in the body when oxygen is burned. Free radicals are fought by the body and Cooper believes this action impairs a person's immune system and also makes a person more susceptible to colds.

**Attitude Shift**

The literature supports the belief that for many individuals who are heavily involved in exercising, much of their self-worth is determined by how they look and that appearance concerns can cause significant distress. Edisol Wayne Dotson (1999), in his book *Behold the Man: The Hype and Selling of Male Beauty in the Media and Culture*, makes a convincing argument that the perpetuation of men in our media and culture as masculine beings only if they are muscular and beautiful, degrades men in much the same way that women have historically been damaged. Dotson believes that because our society is becoming fixated on the notion of masculinity defined primarily by one's appearance, modern men believe that being muscular is the only means to improve their self-security and to not be ashamed of how they look. He states:

For a man to admit that his self-worth and self-esteem are diminished because he does not live up to the current
standards of male beauty removes the male self from the world of male domination and places the male self in the world of female submission. (pg. 144)

In other words, it emasculates him and it takes away men's right to choose because society demands men alter their bodies to be muscular, toned and therefore acceptable by societal standards.

Phillips, Pope and Olivardia (2000) in their book *The Adonis Complex: The Secret Crisis of Male Body Obsession*, interviewed hundreds of men about their body concerns. They identified a growing number of men preoccupied with the appearance of their bodies. Some of these men developed muscle dysmorphia, a new syndrome in which individuals become preoccupied with their body size and musculature. Some of the clues the researchers identify for the presence of muscle dysmorphia are exercising or dieting excessively and having unrealistic expectations about how their bodies should look which leads to continual anxiety about their appearance. One participant of this research study mentioned: "Even when I was at the peak (i.e., of my conditioning), I still wasn't comfortable taking my clothes off in front of people."

For individuals with muscle dysmorphia, their self-esteem and sense of masculinity becomes closely equated with how they look. They seem to experience much shame and humiliation if they are unable to maintain a muscular body. In treating this disorder, they suggest certain psychiatric medications which are effective for obsessive-compulsive symptoms and depression and anxiety (i.e., serotonin re uptake inhibitors such as Prozac and
Luvox) and cognitive-behavioural therapy focussing on the here-and-now, helping the person resist compulsive behaviours, face any situations they might have been avoiding (i.e., social situations), and developing more realistic views of their appearance. This appears to fit in well with what I noticed in the participants who underwent attitude changes. These participants noticed they had developed a deeper yet more realistic impression of themselves. For instance, one participant stated: "When you exude comfortably with yourself people perceive that and people are attracted to that. Nobody wants to go out with someone or to be around someone who's down on themselves all the time."

Perhaps for some of the participants who encountered an attitude shift, they have freed themselves from what Michelangelo Signorile (1997) describes as the cult of masculinity. Today's commercial gay sexual culture sells a narrow image of the type of man which is considered desirable and promotes that men conform to it. Signorile puts forward that internalized homophobia may encourage gay men to value a hyper muscular body as a way of compensating for their perceived lack of manliness due to being homosexual. By being secure with how one looks, one realizes and accepts that an idealized body is unattainable unless one is willing to take drastic measures such as the use of steroids or having cosmetic surgery done. One participant stated it this way: "I still feel pressure (i.e., to exercise excessively) because every time I buy a magazine, I look and think where are
the 40 something men like me?"

Signorile maintains that when one no longer allows others to dictate one's self-worth and determine one's value then a real paradigm shift occurs. This self acceptance is liberating. Signorile asserts that by being proud about our appearance and how we present ourselves to others, as opposed to being overly concerned, can boost our self esteem instead of diminishing it. One participant emphatically stated: "If you don't like me for whom I am with my body type, that's not my problem, that's your problem!"

**Participation in Other Activities**

Signorile (1997) states that the cult of masculinity demands conformity and therefore does not encourage one to participate in other activities. He suggests that in order to break free of the cult of masculinity, one must make an effort to develop other interest beyond the gym and bar scene. Because if not, we become locked into certain environments, which assists in perpetuating our attachment to being excessively focussed on how our bodies look. Signorile also discusses how, in urban settings, gay male couples have to work hard at their relationships to keep them monogamous. They also learn to validate themselves through means other than their physical beauty such as settling down into a long term relationship with another man, having a pet, raising children or developing a hobby. In my study, one participant stated: "I started to get my strokes through my career and
because my relationships were working well."

Changing Workout Plans or Goals

The purpose of exercising should be to develop and maintain a healthy body. According to the American College of Sport's Medicine (1995), strength training is only a part of a complete fitness program which also includes aerobic exercises and stretching exercises. By focusing only on muscle building, the person is not following a balanced program for optimum health.

In my research study, if the participants continued to exercise but for significantly less time, it was because they developed more realistic expectations and because they began to follow a more balanced exercise program.

According to exercise physiologist Edmund Burke, who was interviewed by Foreman (1996) for The Boston Globe, learning to exercise the right way without damaging muscles and one's immune system means not exercising hard for any more than 90 minutes at a time and developing a well-balanced program. It has been suggested that a wise program also allows for periodization which is the intermittent changing of exercises, repetitions and sets in a lifting program. According to Fahey (1998), this practice varies the volume and intensity of the exercise so the nature of the exercise stress frequently changes. This practice has been proven to be quite successful for many body builders and places less of a strain on one's body. Fahey also believes that weight-lifting should be sufficient to stimulate an adaptation, which is
a systematic application of exercise stress, but not so severe that breakdown and injury occur.

**Switching Gyms or Distance from Gym**

It is important that one attends a gym where they feel at ease. According to Bryant Stamford (1998), you must choose to work out at home or at a gym depending on your individual needs. If you choose to work out in a gym, then it must be one where you feel stimulated and motivated to work out. One participant in this study, in talking about his new gym, mentioned: "It's a different atmosphere. There is no cruising. No people are watching you. They are just there to exercise."

**Establishing a Relationship with a Lover**

This often brings forth stability and contentment. McWhirter and Mattison (1984) in their definitive study of 156 male couples, discuss the stages relationships go through from blending to nesting on to maintaining and building to releasing and renewal. However, one of the research participants commented: "I know for a fact that if I left this relationship, I would move right back into exercising."

Gay men need to debunk the stereotype of the lonely old gay man who has to be alone. Signorile (1997) states: "A truly intimate relationship gives us strength and support and is an example to us that we are valued beyond the superficial qualities we tend to elevate." (pg. 301)
Other Categories

The validity of these other categories, which did not achieve 25% participation rates, are less supported in the research literature. Some support was found on the significance of rest and recovery time. The American College of Sports Medicine (1995) recommends that you take at least 2 days off per week - these are days with no workout at all (i.e., these include days without cardiovascular training as well). Research shows that injury levels rise sharply once people exercise more than five days per week. For strength workouts, even more rest is needed - at least 48 hours between workouts and no more than three workouts per week are recommended. Michael Ross (1999) in discussing muscle soreness stated that any muscle soreness after exercising which persists requires a rest period. The area should not be exercised again until the discomfort subsides. Acute soreness can become delayed-onset muscle soreness which is the result of microscopic tearing of the muscle fibres and swelling in and around the muscle increasing pressure on the neighbouring structures, resulting in greater muscle pain and stiffness. This soreness, weakness and stiffness must subside thoroughly before vigorous exercise is recommenced.

Limitations of the Study

The critical incident methodology allowed me to explore a phenomenon and to describe the experiences of participants. However, successful this technique was, it does have some profound
limitations.

Some of the incidents could have been placed in more than one of the designated categories. Examples of this caused me to collapse injury and illness into one category as well as, switching gyms and distance from gyms into one category.

Because the methodology relies on the collection of information from interviews through self reporting and does not depend on observations made by myself, the information could be biased. The information is dependent on what the participant remembers. Possibly, some events might have been forgotten depending on how long ago the phenomenon occurred in the participant's life.

How favourable the excessive exercising period was viewed is dependent on factors such as how successfully the participant sees himself today and what losses have occurred in his life since giving up his previous exercise regime. The participant would surely respond differently if he longed to be still exercising excessively.

It is also possible that I might have overlooked unclear events in my interpretation of the information collected. Potentially, an incident could have been overlooked if I did not identify it or if the participant was not readily aware of it. Nevertheless, I attempted to counteract this possible difficulty by using a process of reliability and validity checking which enabled me to consult with most of the participants about the information collected and my organization of the information. Through the
utilization of two independent raters, I had confirmation that my interpretations were highly reliable.

This research study was exploratory and descriptive; yet, it enabled me to collect the stories of my participants in the hope that the information collected would assist others in understanding their own stories. The participants were not randomly selected. All of the participants readily volunteered to participate in this study so there is an assumption that they felt content with talking about a behavior change. This behavioural change could possibly be problematic for individuals who regrettably did not volunteer and therefore were not included in this study.

Implications and Recommendations for Counselling

This study takes into consideration individual differences and acknowledges this by presenting all the categories even those with less than 25% participation rates. This research study acknowledges that there is a wide range of responses for why people allowed change to come into their lives.

It would be advantageous and practical for counsellors who work with gay men to identify whether their clients are overly concerned about their appearance and if so, the counsellor could then explore with these clients body image issues. It could possibly be beneficial to explore with them other activities which they enjoy participating in, what gains and losses come from exercising excessively, whether their self worth comes through exercising or primarily body image, whether a long term
relationship is important to them, whether they are developing sport's related injuries, what rest and recovery time means to them, whether they considered one gym over another and whether there is congruency between their behaviours, thoughts and feelings.

There is much information collected in this research project to warrant further exploration in order that community-based initiatives might be developed to work with this population, such as support groups for gay men with muscle dysmorphia and campaigns to counteract the force of the cult of masculinity.

This study does highlight the impact that homophobia, both internal and societal-based, can have on the overall development and well-being of individuals. Counsellors can assist clients from this population in enhancing their self esteem and self confidence. They can help them to see that they are more than their bodies. Much liberation alone comes from the participants having the opportunity to tell their stories without the fear of being judged or dismissed.

Hopefully in reading this study, counsellors would agree with me that in working with individuals from the gay mens' community, the counsellors need to be knowledgeable and sensitive to the gay culture. Further research is needed to develop relevant techniques and specific interventions. The information gathered in my study contributes to the field of Counselling psychology. It hopefully could be a starting point to a thorough examination of a particular phenomenon using a larger sample.
Suggestions for Future Research

Further research could refine and expand on the categories from this study. It would be beneficial to widen the research to possibly look at a larger sample of gay men, maybe from across Canada. Even a study of heterosexual men could be included to see if and how these individuals are impacted by body image concerns. Popes et al. (2000) in their research, seem to feel that heterosexual men are becoming more concerned about body image issues. Whatever the case, further research is needed to develop suppositions and practices. In addition, it would be beneficial to conduct further research on incidents which hinder men from changing their exercise regimens.

This research set out to describe and examine a phenomenon by establishing initial categories or themes that explain how a specific group of men were assisted or helped to exercise less. It did not aspire to be a comprehensive study of its topic, only a beginning. This study allowed me to develop categories or themes which many of my participants shared in common. The categorisation system, which developed, assisted me in understanding how these individuals brought long term change to their exercise programs.
References


Appendix A. Informed Consent

This research study is investigating excessive exercise in gay males. This research is being conducted to fulfill one of the requirements for Douglas Matear's Master's of Arts degree in Counselling Psychology.

Douglas Matear is looking for individuals to volunteer to participate in this research. As a participant in this study, you must be a self-identifying gay man between the ages of 21 to 45 who previously exercised by lifted weights for more than six hours a week.

Participation in this study will involve the completion of a short questionnaire designed to elicit demographic information. This will require 15-20 minutes. Participants will also take part in a structured interview for approximately 100 minutes. This interview will be audio taped and later transcribed. After information has been collected and organized, a second meeting of approximately 60 minutes will be held in person or over the phone. The purpose of the second meeting with each participant, is to add further to the information collected and to obtain feedback regarding results and the organization of this information.

Any information resulting from this research study will be kept strictly confidential. All documents, computer records and audiotape will be identified by code numbers and will be kept in a locked filing cabinet. Participants will not be identified by name in any reports of the completed study. Computer files will be secured by a confidential password and all files will be destroyed following the completion of this study.

If you have any questions or require further information regarding this study, you may contact Douglas Louis Matear at 254-1729 or William Borgen at 822-5259. If you have any concerns about your treatment or rights as a research subject, you may contact the Director of Research Services at the University of British Columbia, Dr. Richard Spratley at 822-8598.

In order to participate in this study you must willingly sign the following informed consent:
I understand that my participation in this study is entirely voluntary and that I may refuse to participate or withdraw from the study at any time without any consequences whatsoever.

The researcher will be at my disposal to answer any questions I might have concerning the study and its procedures either before or after the sessions.

I, ___________________________(please print) has read and understands the intent and purpose of this research.

I consent to participate in this study.

I have received a copy of this consent form for my own records.

Participant's Signature               Date

Signature of a Witness                Date
Appendix B. Purpose of the study

Are you a self-identifying gay man between the ages of 21 and 45 who once lifted weights for more than six hours a week? Why did you stop or modify this behaviour? What allowed you to do this?

The purpose of this research is to collect information about helpful events or hindering events which affected gay males when they disengaged from exercising excessively.
Appendix C: Biographical Information

Fill in the biographical information and then we will discuss your responses. Our discussion will be recorded.

Age ___________________ Participation Number _____________

Occupation __________________

Years of education __________________

Do you self-identify yourself as a gay male? __________

For how long has this been the case? _________________

HIV Status __________________

Relationship Status __________________

Family History

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

What does it mean to you to exercise excessively?

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

How long ago did you lift weights for more than six hours a week?

_________________________________________________________________

_________________________________________________________________

How long did you lift weights to this intensity?

_________________________________________________________________

_________________________________________________________________

At the time, did you participate in other exercise activities besides lifting weights?

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Do you still lift weights? __________________

How often? ______________________
What other exercise activities are you now involved in?

Have you ever taken muscle enhancing drugs? ____________________________
If so, what did you take and when did you take them? ______________________

When you were lifting weights more than six hours a week, what did it mean to you to be in great shape?

What is your present weight? ____________________________
What is your ideal weight? ____________________________
Describe your present fitness and health level?

What role does fitness play in your life today?
Appendix D. List of Resources

If you feel that you need some additional support and a caring compassionate ear, you might want to contact the following organization:

1. **The Centre:**
   Operates a help line seven nights a week from 7 to 10 pm. Peer counsellors can also provide you with referral names of qualified gay and gay positive counsellors. Free professional counselling is provided on the site by appointment. The number to call is 684-6869. The Centre also houses a large library of gay books and resources. The library is open from 7:30 to 9:30 pm seven days a week. The location is 1170 Bute Street (off Davie).

2. **B.C. Society for Male Survivors of Sexual Abuse:**
   This organization is for male survivors of childhood sexual abuse or recent sexual assault. Offer professional counselling, referrals, advocacy, workshops, and a library. The counselling sessions are by appointment. Their phone number is 682-6482.

3. **Eating Disorders Resource Centre of B.C.:**
   Nonprofit information, referral and education service that works to address the problems of people with eating disorders. It has a resource library and focuses on education and prevention. Their phone number is 631-5313.

1. **Hominum:**
   Offers a support group for gay and bisexual men who are married, separated or single. Inquiries are referred to a member of the outreach committee. The phone numbers are 688-0924, 684-5307 and 684-6869.

2. **Living through Loss Counselling Society of B.C.:**
   Provides professional grief counselling to adults and children who have experienced loss such as death, break up of a relationship or loss of health. It has a sliding scale for counselling services. Their phone number is 873-5013.

For further information, please call the organizations themselves. The researcher of this study is in no way responsible for the support and counselling services that these organizations might provide for you.