



# ManBoobs

## Anxiety a Shirt Won't Cover

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**In this article, I deal with issues of the male chest, and how much such issues have risen to the foreground in our contemporary moment\***

**R**obert is a 14-year-old who won't take his T-shirt off at the community pool, beach, or even in his own back yard. In a culture that increasingly encourages adolescent boys to be body conscious, and where chiseled torsos and sculpted pecs are everywhere—in ads, TV shows, even in cartoons of villains and plain old pirates—having a chest that doesn't fit that norm is excruciatingly embarrassing. It is also ego-deflating.

If you're looking to know what is going on with the rise of chest issues and “man-boobs,” I hope to provide answers here. I'll deal with adolescent concerns of the chest, but also adult men's.

There are several factors we should understand: First, is the rise in obesity in children and adolescents, which can obviously contribute to what may already be happening normally: breast tissue engorgement in some male children when these enter puberty's Tanner Stage 3.<sup>1</sup> There is also a problem *not* due to weight, but rather anomalies of hormones which can occur during this period, sometimes even later in young adult males. To further complicate the issue of enlarged breast tissue, is the fact that for some men a condition called *prolactonemia* will not only exacerbate such tissue growth but may also encourage milky secretions. (I'll explain the latter below in detail.)

### Rise in Obesity and Consequences for the Chest

**S**ome male children will start to gain adipose (body fat) weight when entering puberty. The body is, in a sense, amassing fat to burn, knowing that there will be ensuing growth hormones that trigger muscle and other growth, and consequently greater activity. Boys who experience these situations during puberty, usually between 11.5y – 13y, remember it as their

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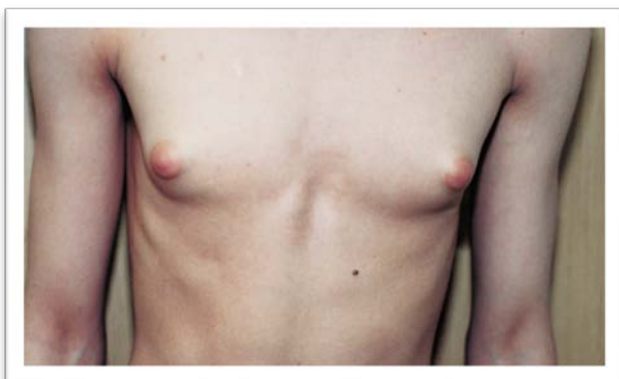
<sup>1</sup> If you're not familiar with the Tanner Stages and have a teen, you should look up the Tanner Scale on *Healthline*: [www.healthline.com](http://www.healthline.com). Article title is “Navigating Puberty: The Tanner Stages.”

“chunky period.” It’s natural in these situations for boys to grow some adipose tissue in the chest, often making them feel very self-conscious.

Then “magic happens,” when **growth hormones** (GnRH) and **testosterone** ramp up between 13 and 16, and starts to transform that boy’s body into decidedly male features, in the process building muscle, reducing fat, and thus shrinking the adipose tissue collected around the nipples and chest. Most adult men retain some adipose cells around their nipples, but the chest does not appear abnormally rounded and soft (unless they are overweight).

However, if a boy continues to add on weight by either over-eating (via too many carbs), or not engaging enough physical activity (all that video-gaming?), chest tissue may not resolve on its own. The adolescent young man will be overweight, have a more rounded body, and a chest that has assumed a fuller, more feminine appearance. It can be emotionally devastating to self-esteem, generating an overly-conscious and negative body image.

The bigger problem here is that once a body acquires adipose fat and glandular chest cells as part of its growth and maturation cycle, “these cells don’t disappear” even when the weight is lost: Adipose tissue and glandular cells may shrink, but these won’t naturally go away.



**Grade 2 Gynecomastia in 13.5yo boy.** David Reitman, MD. *Consultant 360, 2005, 45:11.*

The adolescent or young man may have developed ***gynecomastia***,<sup>2</sup> the medical term for the condition that negatively affects the size and composition of the male breast. In more pronounced gynecomastic cases, it’s not just adipose tissue, but growth in the glandular tissue that both men and women share that becomes more abundant.

The National Institutes of Health calculated in 2018 that from 4–69% of adolescent boys will experience some period of gynecomastia during their pubertal years. (That’s 39 out of 100 boys as a median). For most the condition will resolve on its own, sufficiently for the chest to look normative. For those overweight, obese, or with ongoing hormone issues, about 10% will continue to exhibit gynecomastia life-long. The condition is recognized as a medical disorder, and it’s obviously not uncommon, but very treatable!

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<sup>2</sup> There are ***degrees of gynecomastia***. In “Grade 1” the areola appears a bit swollen, sometimes button-like. Grade 1 often resolves on its own when growth hormones and testosterone ramp up. In “Grade 2,” mammary tissue grows along with an accumulation of fat around the area, giving the chest and nipples a more rounded appearance. In “Grade 3,” the glandular and fat tissue has grown enough to pocket the skin into breasts, giving the chest a decidedly female appearance. Grade 2 may not resolve on its own; and 3 may also require gynecomastic surgery to reshape the chest to a more masculine appearance. Surgery is recommended if there is more than 5cm of breast tissue. (Source: WebMD)

## Hormonal Imbalances in Puberty and Beyond

**P**uberty is a time of great hormonal fluctuations in teens of both sexes. In boys, pubertal hormones that are most active are **pituitary growth hormones** called **GnRH** (these govern the production and stasis of other gonadal hormones), **testosterone**, **luteinizing** and **follicle-stimulating hormones** (LH and FSH respectively), all of which go to work in different parts of the body.

If there is faulty production or fluctuation of these hormones, especially testosterone, LH, or FSH, such can trigger glandular and adipose tissue collection around the breast. In some boys there is an overproduction of *estradiol* (an estrogen) which is converted (“aromatized”) from excess testosterone being produced.

These hormonal irregularities are also evidenced in cases of obesity, but not always. Parents thus need to watch for hormonal imbalances, which may show up in male adolescents of normal weight but with chest tissue growth, lack of muscle development, or lack overall growth itself.

Akin to these is another hormonal issue that may present itself in pre- or during puberty: **thyroid hormone irregularities** (usually *hypothyroidism*, or its opposite, *Grave’s disease*). These are under- or over-production of the hormone *thyroxine*. Here, it’s not a lack of *gonadal* hormones that contributes to weight gain and soft tissue growth in the chest. Left untreated, *thyroid disease* can affect vision, vital organs such as the heart, kidney, etc., and require medical attention, sometimes life-long. In some cases, surgical management of the thyroid is ultimately necessary, and lifelong thyroxine supplementation.

Adding to these issues is the possibility that some adolescents with pubertal gynecomastia will also experience *galactorrhea*, where a milky secretion comes from the nipples. This is not the same as lactation in women, but it is the result of the mammary tissue being stimulated, usually by an overproduction of *prolactin*, another hormone that can go awry. For a teen to have milky secretions from his nipples is often a nightmare, one which at times brings questions of whether he’s turning into a woman.

This teen needs reassurances and a medical workup. **In today’s gender-diverse atmosphere, where biology, sex, and identity get stated as fluid or a spectrum**, such teens need the reassurance that *No, they aren’t turning into the other sex*; that this condition is manageable, and that who they are isn’t dependent on a rare chest condition or problem.

A blood test for levels of prolactin is the first step in assessing what is the cause of this effusion. In rare cases, there is a **prolactinoma**, a prolactin-secreting tumor. But when in puberty, most often tumors are not the culprit, but rather hormonal imbalances. (I should state here that some adolescents being treated for mood disorders with “next generation antipsychotics” can potentially get elevated prolactin levels—and not only develop gynecomastia, but also galactorrhea. It’s

essential, then, that all avenues of exploration and all meds taken be given attention if the adolescent is experiencing “milky” secretions from their nipples.)<sup>3</sup>

**Beyond puberty.** Hormonal imbalances in males may occur not only at adolescence, but also during the life course. In such instances, the male may also witness adipose weight gain, soft tissue growth in the chest, low libido, lack of erectile function. Men don’t have to be “old” to have these symptoms appear. They can be in their 30’s or 40’s and have hormonal imbalances that can account for soft chest tissue, and more. (See below for more on men and their aging chest.) Reasons enough men need their yearly medical checks, and if suspicious of any of the symptoms described, a total hormonal work-up by their GP.

## Treating the Male Chest

**Getting the weight off.** For most male adolescents, losing weight takes little effort: skip the grazing in-between meals (if they are active) and the weight will go down. Adolescent boys can burn 2–4,000 calories a day without breaking a sweat (remember, they are growing!) For **overweight** adolescents (BMI of 25–29.9), and even more so for **obese** adolescents (BMI of 30 or higher), taking off the pounds means dietary and exercise regimens on a sustained basis. Most helpful is to have medical oversight of weight loss and a dietician’s input.

**Hormonal treatment.** If the weight is coming off but the chest isn’t reconfiguring via diet and exercise, it is possible that the gynecomastia will respond to hormonal treatment. Before such treatment is initiated, however, the physician should review a complete hormone panel to assess the adolescent’s hormonal profile and determine whether, for instance, addition of testosterone or pituitary hormones are needed. If so, these are administered only for a time, until it is assessed these are making a difference.

When hormones don’t reduce the gynecomastia, it may have become a permanent aspect of the upper torso. This is especially true if by the end of teenhood and hormonal growth into a young adult male body, the breast tissue and appearance hasn’t diminished or changed. At this point, the male either has to learn to discount the meaning of their chest, learn to cope with feelings, or seek a more invasive medical remedy. That remedy is surgery for gynecomastia.

**Gynecomastic surgery.** Surgery isn’t recommended outright unless there are medical issues, the male chest causes ongoing emotional distress, or the person is continuously anxious over how it looks. In such cases, if one is not able to alter the feelings and accept one’s chest, and if hormone treatment, exercise, and/or diet isn’t working, having surgery under the guidance of a plastic and reconstructive surgeon is the ultimate option. This is not the medicalization of a natural condition: It is an option for those diagnosed with gynecomastia.

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<sup>3</sup> There are also documented cases (three) of adolescent boys stimulating their nipples and generating galactorrheic reactions. If there is sufficient breast glandular tissue in such boys, repeated stimulation may induce temporary prolactin surges, which can conceivably trigger the glands to produce a milky effusion. (Reference: Rohn, RD, “Benign galactorrhea/breast discharge in adolescent males due to breast self-manipulation.” *Journal of Adolescent Health Care*, July, 1984)

Gynecomastic surgery is now common, done by a variety of plastic surgeons, many who specialize in breast reduction techniques with minimal invasion. In the hands of a knowledgeable surgeon, results can be very natural, well sculpted, dramatic and life changing. Even in tough cases (e.g. a lot of breast tissue removal), gynecomastic surgery can bring the individual to a completely different perspective of their chest and overall body. To note, this type of surgery should never be recommended or undertaken on a pubescent male adolescent, because their hormonal growth and body morphing isn't complete: Any tissue removed prematurely may find new growth after surgery, simply due to hormone action that continues until pubertal changes resolve. Painful as it sounds for those desperate and embarrassed, gynecomastic surgery should wait till the body has reached adulthood at around ages 18-21+. Knowing that such is possible, and forthcoming, may bring some relief to the anxiety.

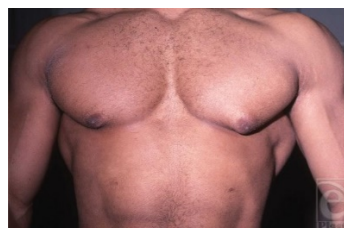
### Chasing Pecs and Muscle

**G**ynecomastia in men may also be a consequence of steroid use to build muscle, and not caused by hormonal deficiencies or obesity. Many young men are lured into turning their physiques from looking weak and underdeveloped to muscular and sculpted with the use of anabolics. If men become frustrated by the “slow burn” and lack of quick muscular build up—when exercise, protein shakes and natural boosters aren't working quickly enough—some may turn to the use of steroids. Medically unsupervised steroid use can be dangerous.

Steroids will increase muscle bulk and do it more quickly than just hours at the gym. However, any excess anabolic steroids in the system can be converted into **estradiol** (a female hormone) by the body. Body builders who consistently use steroids often experience puffy nipples, growth in mammary tissue, and enlarged areolas. The problem here is that the resulting gynecomastia won't go away when these stop abusing steroids. Remember, glandular and adipose tissue cells won't just shrink away. They are permanent. Consequently, it's not infrequent that body-building young men who use steroids will have to resort to gynecomastic surgery to “bring back” the sculpted chest look these were looking for in the first place!



*Steroid induced gynecomastia: (L) Before and (R) after surgical correction. Courtesy Wikipedia.*



*Untreated gynecomastia in steroid-using bodybuilder. Note left pectoral especially.*

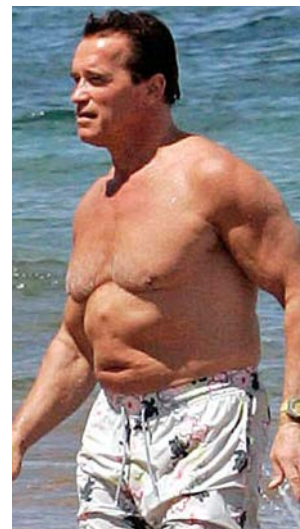
**M**en start to decline in testosterone production during their mid-thirties. However, the decline from year to year is often not noticeable, until men reach their 50's – 60's, when “T levels” get low enough to start men's bodies accumulating adipose fat (it can start earlier if men don't cut down their caloric consumption and do away with regular exercise). Along with gaining fat (usually around the abdomen and hips,) also comes adipose tissue gains in the chest. Middle-aged and aging men who may have had a normally sculpted chest may now see

muscle decline and fat tissue replacing it. In some, it causes the chest to become more rounded, sometimes “flabby,” and eventually even droopy. (Check Arnold Schwarzenegger’s pic below.)

All of this is exacerbated if men quit aerobic and weight training in their middle years. Weight-bearing exercise, especially, helps maintain muscle tone and testosterone hormone production. In turn, testosterone especially helps prevent rapid erosion of muscle mass.

If the aging male wasn’t over-weight or obese as an adolescent or adult, it may be possible to reverse some of these effects through rigorous exercise and diet. But in most cases, mid-adult and older men won’t follow through with consistent exercise or dietary plans: Macho culture at large tells them to think they’re “fine the way they are,” so “no need to change” lifestyle; or in many cases, how they look.

Unfortunately, such thinking isn’t healthy, in that weight gain in the middle-to-later years of a man’s life, lack of exercise, and over-eating, all exacerbate the production of **cholesterol**, which can result in **cholesterolemia** and **plaque build-up** in arterial walls and the heart itself. Such can lead to heart attacks and strokes, either of which can be deadly. Not to mention those ‘moobs’...



Arnold at 70. Reuters.

### Chests Also Matter to Men

The number of adolescents and men who struggle with chest issues today has risen due to the rise of obesity in children, and loss of exercise regimens by many middle-aged men. We can’t discount the burden social ideals also pack onto young men in the pursuit of a more acceptable body. Acknowledging this burden certainly has come to the forefront of how younger men feel about their bodies and self.

Nothing written here should suggest, however, I am medicalizing what should be regarded as a natural variation in how male chests are constructed. Yes, it’s true, there are many different, and natural chest variations in both men and women, and I wholeheartedly support not stereotyping. But that’s not the point of this article: It’s to bring attention to the recent growth in male chest consciousness, a growth which is also exacerbated by children becoming overweight and obese, lacking in exercise, spending too much time on “screen time,” and overeating. These, and more reasons, has created a rise in *gynecoastia*. Furthering the problematic is middle- to later age males who determinedly give up good habits and suffer the results.

This paper is not a philosophical or contemporary ruse on man-boobs. It is an effort to educate you on what may be a very personal issue for many men, young and old, many of whom don’t dare to voice that they have an increasing “issue,” “concern,” “embarrassment,” with how their chests look—And it isn’t “just” about social ideals of sculpted bodies; it’s about how these feel emotionally about a condition they think speaks negatively to their masculinity, as well as their inability to change it. While our culture is a co-conspirator, the net effect is personal and emotional for many men.

I've attempted to condense for you the many variables involved here—cultural, developmental, hormonal, lifestyle, and emotional, so you gain a perspective on the issues.

Parents must attend to their children's development, and men in general should attend to both their hormonal profiles as they age, as well as keeping regimens for health and for staying emotionally and physically well. But neither of these males should be made to feel abnormal due to a changing body; or compared to a social ideal.

In the end, know that there are solutions to a chest that shames, that feels imperfect to the owner, and which brings hidden pain.

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#### ABOUT THE AUTHOR



**VINCENT E. GIL, PhD, FAACS**, is Emeritus Professor of Medical & Psychological Anthropology and Human Sexuality at Vanguard University. He holds an MA and PhD from UCLA (Medical and Psychological Anthropology), Postdocs in Sexual Medicine and Therapy (Masters & Johnson Institute), and in Public Health Epidemiology/Sexual Diseases (UCLA School of Public Health.) His recent book, *"A Christian's Guide through the Gender Revolution"* (Cascade, 2021) gives voice to understanding gender and intersexuality as well as addresses a theology of being that reflects Jesus' care and concern for all. Dr. Gil is also a licensed minister with the SoCal Network of the Assemblies of God, and a member minister of the support network of United Evangelical Churches. Dr. Gil can be contacted at [vgil@vanguard.edu](mailto:vgil@vanguard.edu).

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