

Males' Body Image and Eating Disorders: An Increasing Concern

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When we hear terms such as bulimia, anorexia, eating disorders, or of concerns about body image, we rarely think of males. Yet more than 300 years ago Dr. Richard Morton documented the case of a 16 year old male with anorexia nervosa²¹. This is often cited as the first case of an eating disorder in a male. Corson and Andersen report that “historically, shame and fear of public humiliation drove men with eating disorders underground⁵.”

Yet in the past few years more males have been publicly sharing their experiences and struggles around their own eating disorders, perhaps in an effort to reduce the stigma associated with this illness in males. There is a newly heightened awareness of eating disorders in males: Recent media and online blogs include personal stories about men's struggles with eating disorders, excessive exercise, extreme dieting, and their body image problems. Such real life stories help us to understand the range of experiences facing males who have overcome, continue to struggle with, or in some cases succumb to, eating disorders.

Stories of males with eating disorders

The personal disclosures of men struggling with an eating disorder include those of John Prescott, former Deputy Prime Minister of Britain, David Beckwerment, a Canadian oil CEO, Gary Grahl, an American school counselor, and U.S. model Ron Saxen²³. Dr Thomas Holbrook, an eating disorder expert, shares his personal struggle and recovery from an eating disorder as a co- author of Making Weight³. For some males such as Michael Krasnow, the ending is tragic. Michael died shortly after publishing his autobiography detailing his struggle with anorexia.

For each of these public disclosures there exist hundreds of thousands of males who do not discuss their struggles with body image, eating disorders, extreme dieting, and excessive exercise. This silence – indeed, secrecy – about their eating disorders needs to be better understood in order to provide appropriate prevention and treatment for males at risk.

How many – and which – males have eating disorders?

Studies suggest a rise in the number of males with eating disorders¹⁴. Some research suggests that this number is likely to be substantially higher among male athletes,

especially those for whom there are weight classes or aesthetic ideals, e.g. rowers, jockeys, wrestlers, dancers,¹ gymnasts, and body builders, male models, and gay males¹³. Other research suggests this somewhat stereotypical view of eating disorders in particular athletic groups and gay men may be less evident than originally thought¹². The differences in findings may be due to the different samples of males studied and point to the need for a bigger body of research on males and eating disorders. Regardless, it is apparent that eating disorders in males - just as in females cross demographic lines of race, class, sexual orientation etc, and are the outcome of combined personal, biological, and social factors^{4,7}.

Recent studies suggest that as many as one in four cases of eating disorders occur in males, and that .3% of males will have anorexia nervosa at some point in their lives .5% will have bulimia nervosa and nearly 2% will have binge eating disorder¹⁴. Canadian researchers Woodside and colleagues previously estimated that “the overall rate of eating disorders in men was about one third that of women.” Binge eating is believed to occur about equally in males and females¹⁴.

What are the risk factors for males for an eating disorder?

Eating disorders are an outcome of attempts by the person to cope with problems by manipulating food and weight. Food and weight management is used in the absence of healthier coping strategies to regulate emotions and to feel effective and in control. There are many factors that increase vulnerability to developing an eating disorder. These include perfectionism, childhood obesity, genetic liability, dysfunctional eating of a parent, chaotic family environment impulsivity, depression, teasing, heightened sensitivity, dieting and low self esteem^{4,7}. Males in western societies are increasingly expected to conform to both traditionally prized masculinities such as independence, self-control, strength and problem- solving as well as to now also be emotionally sensitive and responsive, care-giving and family oriented. Pressure to conform to masculine stereotypes including muscularity is also part of the socio-cultural pressures that men and adolescent boys face^{19,8}. Muscularity in men is seen to denote power, character and strength and is thus seen as desirable. Eating disorders in males thus may begin with over- exercising, which gives the sense individual of achievement and self-control, and then include increasingly restrictive or otherwise problematic eating, leading to an eating disorder. Many authors consistently report that men are often reluctant to seek help and support for any medical condition and particularly mental illness¹². Many may completely isolate themselves in times when added support would be beneficial, such as when experiencing eating disorders. Traditional stereotypes of men as strong and invulnerable may hamper males with eating disorders from acknowledging and disclosing their eating disorder in fear of being seen as being an inadequate man. Isolation, substance abuse, anger, and self-harm are sometimes coping methods used by males to elude their struggles around body image, self-esteem, and eating disorders.⁹

Additional reasons why males are underrepresented in eating disorders treatment and research include the view that it is a ‘female-only problem’, driving allocation of resources to this larger population with eating disorders. This is compounded by poor knowledge and identification by health professionals of eating disorders in general, and in males in particular. Like health workers, many parents, educators and others working with men and boys lack knowledge and have biases about eating disorders in general and in men in particular⁶.

Hearing from men with eating disorders

Recent studies^{9,10} with small numbers of British Columbia males with eating disorders indicated that most of the male participants did not receive formal eating disorders treatment. Reasons for this lack of treatment included not disclosing their eating disorder, not feeling supported and understood when initially seeking help for eating disorders symptoms, and not feeling comfortable in a female treatment environment. The absence of resources specific to males with eating disorders was identified as a problem by most participants.

Summary

The voices and needs of males with eating disorders remain largely unheard in our society. Little is written on the subject of males suffering from eating disorders and few services are specifically designed to meet their needs. An increased understanding of the perspectives of males with eating disorders will add to public and health providers’ knowledge of the challenges males face, provide further insights into prevention and treatment, plus contribute towards added support to males who struggle with eating disorders.

Myths that increase males’ vulnerability to food and weight preoccupation

How you look is what you are: Boys and men are increasingly being marketed a narrow physical ideal of what they “should” look like in order to “fit in”. Slender, though muscular, bodies are portrayed as bringing all sorts of success – in romance, social desirability, career and self confidence.

There’s always room for improvement: Along with an unrealistic body ideal, males are increasingly marketed the idea that for success – and supposedly health – they should engage in activities that will bring them closer to the ideal body – working out, tanning, dieting, waxing and cosmetic surgery. If they don’t work for this ideal body, the message is that they are lazy, incompetent and worthless.

Be a Real Man! Traditionally boys and men have been expected to be strong, virile, in control, competent and financially successful. Now they are being asked to also be emotionally sensitive, gentle and family-oriented. There are few positive role models for this ‘new man’, especially in contemporary movies and TV shows. This is leaving many boys and men confused and unsettled.

Taking control always works:

Because boys and men are taught – and expected – to ‘take charge’, when boys and men with poor coping skills struggle with issues, they may displace their anxieties onto their bodies. Taking control over their bodies with exercise and dieting provides a sense of direction, control and achievement.

Signs and symptoms of disordered eating in males

- Boys and men struggling with disordered eating may exhibit some of the following attitudes or behaviours:
- Excessive concern about weight, shape and calories
- Tends to be perfectionist and self-critical
- Guilt, shame or secrecy about eating
- Turns to ‘health’ supplements to increase bulk or decrease weight
- Strict avoidance of certain foods, particularly those considered fattening
- Feeling fat or scrawny regardless of body-size
- Weight and food control determines how the person feels about his worth
- Exercise regimes are increasingly longer and more demanding.

How to help someone with an eating disorder

- Learn about eating disorders - the more you know, the more you can help
- Focus on the person's overall well-being, not food and weight
- Express your concern without judgement and provide support
- Find out what services are available in your area- see www.nedic.ca
- Be patient and compassionate: overcoming food and weight issues takes time and courage

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