

## Men and eating disorders



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### NEXT ISSUE: Self Love

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## From the Editor

Hello everybody and welcome to another edition of Through the Looking Glass.

This month's edition looks at Men and eating disorders. Current research statistics suggest one in ten people experiencing an eating disorder is male. This figure probably under-represents the true prevalence of men with eating disorders due to the overall stigma of eating disorders combined with men's reluctance to discuss health issues in general (although with some men's health issues this is changing-think prostate!!). Whilst women tend to be more susceptible to eating disorders, men experience eating disorders too with many cases going undiagnosed or reported. Eating disorders can be very complex and in the first instance people can be in denial that they have a problem which can disenable men to access the support and resources needed for treatment. This inability to access support coupled with the high number of unreported/undiagnosed cases of males with eating disorders, suggests it could be more pertinent than the statistics would have us believe. Alarming!!!

So how do we go about bringing change to this issue? How do we get our boys, young men and older men to address their health issues as they arise or better still act on prevention and early intervention? These are hard questions to answer as the variables are endless, however we ALL can play a role in helping to break down the pre-existing stigmas of ALL eating disorders and encourage and support ALL sufferers to break free of their strangle hold and reclaim their lives through accessing support and treatment. We can all do our part to support young men (and the older ones too) to be more pro-active in not only identifying their health concerns but taking the brave and courage step to do something about it.

As you read some of the articles listed you will see that eating disorders do not discriminate against gender, race, creed, age or success....e.g. read Daniel Johns from Silverchair-page 13! An invitation goes out to ALL who would like to share their stories with us and our members to do so by phoning or emailing me at the EDA. Enjoy the month, enjoy the read and see you all next month.

**Melissa Marks (Resource and Support Worker)**



### Thought of the Month

How does a blind person assess whether someone is worthy of being a friend?



**The EDA Inc Board of Management:**  
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## From the Coordinator

Welcome to our men's edition!

As eating disorders effect men as well, we thought it important to dedicate a newsletter to men and eating disorders. We hope that stories of recovery and hope are useful for everyone! And we will try to be mindful of our male audience in every newsletter. We have included some general stats, some personal stories and a book review we hope will assist boys and men who have eating disorders, their friends and family, carers and health professionals.

### Eating Disorder Documentary

Exciting news for our members is that the Eating Disorder Network has decided to start work on a documentary that we hope to launch at the 2010 Annual Body Image and Eating Disorder Awareness Week.

The Eating Disorders Network has felt a need for a documentary on eating disorders to assist with the training of health professionals and there were a few participants from our recovery groups who were also keen to help develop and participate in a documentary.

As EDA's contribution to this wonderful project we are asking for consumers and carers who are interested in this project, to meet at the EDA on **May the 15th between 10am-12pm** at the EDA, 12 Chatsworth Road Greenslopes.

And we would love to have the voices of men represented!! So just contact the EDA to RSVP! You don't have to be "in" the documentry , but you can or you can help develop ideas for it :) Can you contribute a poem, play an instrument, have a strong desire to tell your story, sing, have an opinion on how things can change for the better, encourage someone you love to have a voice, ....

What ever your interest, what ever you contribution, you are welcome to come and participate in this community event !!

**The EDA would like to thank Tom Jackson for his years of support for the EDA as a board member and chair person. His pragmatism and cheerful personality will be missed! Tom we wish you all the very best !!!**

#### Advocacy

The EDA met with a range of policy advisors, Murray Watt MP Parliamentary Secretary for Health and Dr Aaron Groves Director of the Division of Mental Health, consumers, carers and health professionals to highlight the issues and table recommendations for better service provision for people with eating disorders and for the prevention of eating disorders. We believed the meeting was very useful for consumers and carers to be heard and we will be following up on our recommendations of needing more funds for research, non-government organizations and education in the near future.

#### Support Groups

The EDA together with the Eating Disorder Outreach Service, delivered another program for carers in Brisbane and together we will be delivering the same programs on the Gold Coast and Toowoomba in April. The EDA will also start our Seeds for Change program for people who are recovering from eating disorders and men are more than welcome to attend these groups. After a wide consultation with our carer's we have decided to have our informal monthly carer's group rotate between day a night as carers who work find it hard to attend during the day. All the details about our groups can be found on pg 10 & 11.

#### Volunteers

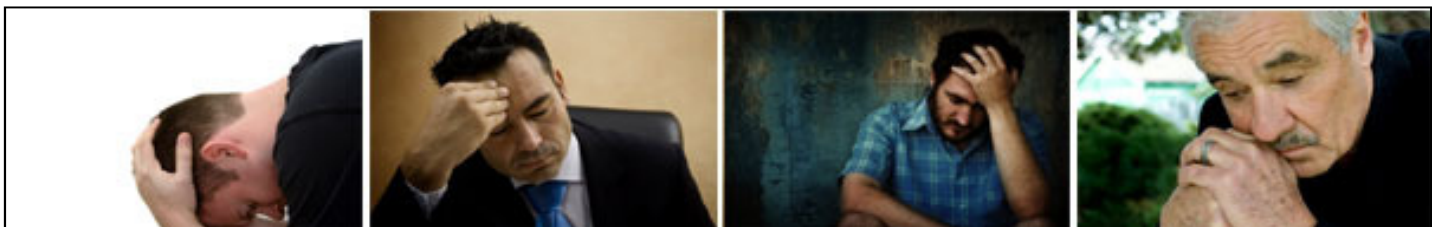
We are also interested to hear from anyone interested in running a fund raiser for the EDA. We are keen to eventually get our own premises and we were not successful in the last grant submission we put and so are always looking for volunteers to help. Contact us if you would like to help the organization in any way.

#### Resources

Our information booklet on anorexia is very close to being complete and we look forward to launching that in the near future.

#### Hope

As we head in to autumn, I hope it gives people a chance to reflect, focus, set new goals and make the changes we need to feel deserving of a life free from an eating disorder. Recovery is possible!



# Men and Eating Disorders

Clinicians agree that diagnosing anorexia and bulimia in men is more difficult than it is in women despite identical behaviours.

Men are also much more likely to be diagnosed with depression associated with appetite disturbances.

A large proportion of men suffering from eating disorders are athletes. There is a tendency among male-athletes to diet or avoid certain foods in order to achieve a target weight or body image.

Other occupations which are prone to developing eating disorders are horse racing, modelling, dancing, distance running and driving.

The lack of visibility of eating disorders in men means a number of things.

First, men don't discuss anorexia-bulimia problems and they don't share their information with other men. Most of them think that the topic is a female issue.

Secondly, men associate beauty with body mass, muscle bulge and definition, not weight loss. For many men admitting that they have an eating disorder can undermine their masculinity. This makes men keep their secret about their eating problems to themselves if they have one.

Thirdly, men think that society expects them to be tough and seeking help for emotional problems (especially something related to food) makes many males feel uncomfortable, so they don't do it.

## Nevertheless, the statistic shows that:

- About 3% of men diet all the time or at least ten times a year.
- About 10-14% of young men deliberately vomit after meals in order to control weight and/or relief their stressful feelings.
- Up to 21% of men have history of binge eating

The latest studies also showed that psychologically male eating disorders are similar to female eating disorders. They both have similar emotional grounds and start for similar reasons.

What are the kind of strategies we can use for prevention and early intervention of male eating disorders?

1. We should recognise that eating disorders do not discriminate on the basis of gender and men can be affected the same as women.
2. We need to learn about the warning signs of eating disorders in men: weight fluctuations, extreme concerns about weight and body image, general withdrawal from others, extreme fussiness regarding eating certain foods, mood swings, frequent measurements of their own body and weight, counting calories and reading food labels, over-exercising and the like.
3. We must understand that certain activities and professions (being an athlete, actor, dancer, jockey etc.) put men at risk of developing eating disorders.
4. We should talk with young men about cultural attitudes to "masculinity" and how it is portrayed by media.
5. Encourage men's critical thinking about gender such as involvement in traditional "non-masculine" activities like shopping, laundry, and cooking.
6. Should never emphasise body size or shape as an indication of a man's worth or identity as a man.
7. We should confront others who try to tease men who do not meet traditional cultural expectation for masculinity.
8. As parents and teachers we should listen carefully what young men are saying about their feelings and emotions and take them seriously.
9. All fathers should understand their important role in the prevention of eating problems in their sons by not degrading them if they are not interested in sport or other so called manly events. To conclude, male eating disorders are an important issue nowadays. Understanding, talking openly about these problems will help enormously to fight it. Encourage men to talk and share their experiences will be the first important step to overcoming it.

Adapted from [Anorexia Cure—eating disorder blog](#)



# Body Image and Men

“Body Image is the perception that someone has of their physical self and the feelings they experience as a result of this perception. The feelings that someone experiences regarding their body image can be both positive and negative.”  
Body think program

Your body image is what you think you look like. This may have no bearing at all on your actual appearance. Around one in four Australian men in the healthy weight range believe themselves to be fat, while 17 per cent of men are on a weight loss diet at any given time. Men also worry about being muscular. A desire to fit the ideal masculine image of lean muscularity means that over-exercising and the use of dangerous and illegal drugs (like steroids) are on the rise. It's estimated that about 45 per cent of Western men are unhappy with their bodies to some degree, compared with only 15 per cent some 25 years ago. Gay men and athletes are particularly vulnerable to poor body image or feeling insecure about their bodies.

## Self-destructive behaviours

A negative body image encourages a range of self-destructive behaviours, including:

- **Dieting** - around 17 per cent of men are dieting at any given time.
- **Eating disorders** - one in 10 people with anorexia nervosa is now male, while 4 per cent of men are purging (vomiting, also known as bulimia) and about 3 per cent of men have problems with binge eating.
- **Exercise dependence** - around 20 per cent of regular exercisers (approximately 5 per cent of the population) are addicted to exercise, either psychologically or physically.
- **Steroid abuse** - around 3 per cent of Australian teenage boys use muscle enhancing drugs (like steroids).

## **A range of causes**

Some of the factors that contribute to a negative body image include:

- Teasing in childhood and adolescence (for being too thin, too weak or too fat).
- Peer pressure among teenage boys to be tough and strong.
- A cultural tendency to judge people on their appearance.
- The emphasis on male sports players as role models for boys.
- Advertising campaigns and media coverage featuring idealised male images.
- Promotion by society of the ideal man as always being strong, lean and muscular
- Well-meaning public health campaigns that urge people to lose weight.

## The figures could be higher

Most experts believe the real figures on eating and exercise disorders among Australian men could be much higher. Men are less likely to seek medical help than women for any type of illness. Since worrying about weight and body shape has always been seen as a 'female' problem, men are even less likely to ask for help, for fear of looking weak and effeminate.



## Healthier choices

A negative body image develops over the course of your life, so changing it can take time and effort. Suggestions on improving your body image include:

- Reflect on your experiences and try to unravel the influences on your body image from childhood.
  - Try weighing yourself less often.
  - Make a pact with yourself to treat your body with respect, which includes eating well and not embarking on punishing exercise routines, or taking drugs.
  - Try to strike a healthy balance between being concerned about how your body looks vs the way it functions.
  - Get informed by reading up on body image issues.
- Develop a range of reasons for exercising (such as stress release or improved concentration), rather than concentrating only on changing your body shape.

## Type of help available

If you are feeling depressed about your body, or if you are developing destructive behaviours (like crash dieting, binge eating or compulsive exercising), then professional help is a good idea. There are counsellors and psychologists, trained in the areas of body image, who can help you change negative beliefs and behaviours.

## Where to get help

- Your doctor
- Counsellor/Psychologist/Social Worker etc
- An Accredited Practising Dietitian,
- The EDA Queensland

## Things to remember

- Body image is the way you perceive, think and feel about your body.
- Poor body image is a male problem too, with around half of all men feeling unhappy with their body shape or size. Figures on male anorexia, bulimia, binge eating and exercise dependence could be much higher, since men are traditionally reluctant to seek medical help.

**Adapted from Better Health Website**



## *Eating Disorders and Men: What NOT To Do*

Often people feel afraid to ask for help, or don't know how to ask. The eating disorder sufferer may feel they do not deserve help. There are a few things you should avoid saying once someone has plucked up the courage to face the problem and seek help. The person with an eating disorder already has low self esteem. There's nothing wrong with approaching a close friend or family member you may be concerned about and saying "you've lost a lot of weight and I'm concerned about you" in a caring way, followed by "I'm here to listen if you want to talk," but any comment that comes across as insulting or an attack will be heard defensively and can be unproductive.

**"I don't understand why you don't just EAT..." "You better stay out of the bathroom!"** These can be seen as not words of love, but of control. Threatening a sufferer with "take-over" is not a good idea if you're trying to help. There is a lot of guilt attached to an eating disorder, so statements like these only perpetuate this. If you're close enough, there's nothing wrong with a gentle "Want to have some dinner with me?" or "Talk to me" after a meal.

**"Why are you doing this to me/your girlfriend/wife/kids..." ?** Again, with these types of questions you are only perpetuating guilt. You're basically saying "why do you burden us with all this worry" even if not meant that way, and can be perceived as "look at all the trouble you're causing." If you are close to someone with an eating disorder, take it as an opportunity for yourself to learn to communicate more clearly, and to be a more understanding individual. Those suffering with an eating disorders are not *DOING* anything to you, but are struggling tremendously inside themselves. You need to keep this in mind when posing questions that can be hurtful (even if unintentionally).

**"Why are you doing this to yourself?" "You have a good life, what's the problem?"** Those with an eating disorder do not choose to do this to themselves. In most cases there is no conscious choice where a person suffering from an eating disorder would prefer that lifestyle as opposed to one filled with self-love and happiness. Eating Disorders can be coping mechanisms, a means for dealing with depression, stress and self-hate that has been built up over many years. It can be a reflection of how the person feels about themselves inside. Wonderful partners, parents and supportive friends have little influence in creating the true self-esteem required for permanent recovery so the person can cope with life positively, and to learn to believe they deserve good things in life.

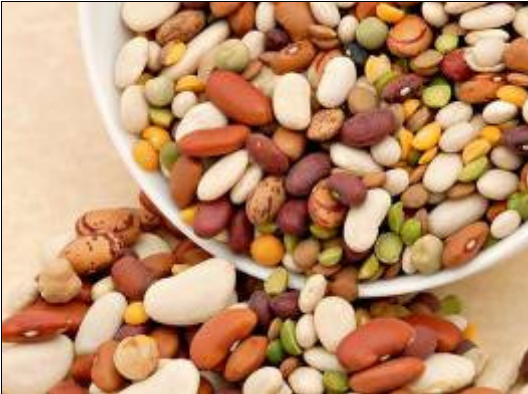
Most importantly, avoid discussing food and weight. Don't continuously ask what the person has or hasn't eaten, or comment about how great or bad they look after gaining or losing weight. This can be very threatening and you cannot win - saying "you look healthy since you've put on some weight" is heard as "you are fat," and expressing disappointment or concern in weight loss comes across as "you're a failure". By the same token, don't be afraid to talk in front of the person about your own day to day living, such as "Fred and I went out for dinner last night and the food was so good". Avoiding topics will be noticed in the same way as persistently discussing them. Don't watch the person "like a hawk" when they are eating, or give looks when they excuse themselves from a meal or from the table. Recovery is not easy and does not happen overnight - be respectful and courteous and do not try to be The Food Police!

**Eating Disorders Association Queensland—Men's Resource Pack**



# Nutritional Page!

As we all know eating disorders can rob us of the nutrients we need to keep our bodies healthy and sometimes rob us of the knowledge of what we should eat. Each month we will feature a spice, herb or food, with its nutritional value and benefit to the functioning of our organs, bones, body and mind. We hope you find this nutritional information useful and embrace food as fuel, medicine and vital for the on-going health of your body and mind.



## Beans

It's hard to imagine a more perfect food. One cup of cooked beans can provide up to 17 g of fibre. Loaded with protein, beans also offer dozens of key nutrients—such as calcium, potassium and magnesium. Studies link beans to a reduced risk of heart disease, type 2 diabetes, high blood pressure, and breast and colon cancers. Keep your cupboards stocked with bean varieties such as kidney, borlotti and cannellini. Use them in salads, stuffed baked potatoes and vegetarian chilli con carne, or try spreading pureed beans on your sandwiches.



## Greek-Style Yoghurt

Yoghurt is a great way to get your calcium, and it's also rich in immunity-boosting bacteria. A nutritious food with unique health benefits, it is rich in protein, calcium, riboflavin, vitamin B6 and B12. But next time you hit the yoghurt aisle, pick up a tub of the Greek variety. Part of what makes Greek yogurt different than regular yogurt is that it is strained to remove the whey, giving it a dense texture. Since it is strained, the protein content is concentrated, providing up to twice the protein of regular yogurt. And Greek yogurt does not have any artificial sweeteners, flavours or colours!



## Dark Chocolate

Dark chocolate is filled with flavonoid antioxidants (more than three times the amount in milk chocolate) that keep blood platelets from sticking together and may even unclog your arteries. Two tablespoons of dark-chocolate chips with fresh berries as an afternoon snack or after-dinner dessert should give you some of the heart-healthy benefits without the guilt!

# Men, Eating Disorders & Patrick Bergstorm from *I Chose to Live*

SOURCED AND ADAPTED: MS From Weightless website  
By MARGARITA TARTAKOVSKY

Patrick Bergstrom suffered from anorexia nervosa for five years before he sought treatment. Now recovered and an eating disorder advocate, Patrick has created his own website, [I Chose to Live](#), and shares his story of recovery throughout the U.S. He spoke with me last week about his own struggles, misconceptions about male eating disorders, and why recovery can actually be fun.

## The Misconceptions & Facts

The number one misconception, according to Patrick, is that heterosexual males don't suffer from eating disorders, which may prevent men from wanting to talk about this in the first place. Patrick has also received emails from parents of 10- and 13-year-old boys who are suffering from eating disorders. "Eating disorders don't discriminate," he said. Another misconception is that "Guys don't suffer from body image issues." But, in fact, "when we're in the locker room, we talk about six-packs, our bench press and being cut," Patrick said. Guys, too, worry about achieving an unattainable ideal.

When we do think of men suffering from eating disorders, we typically think of a select few athletes: jockeys, wrestlers and marathon runners, athletes who are under great pressure to maintain a certain weight to compete. "In my experience, it's been a broad range," Patrick said, giving soccer and football players as examples. "It's not tailored towards sports where you have to cut weight, so it doesn't matter what sports you play," he said.

While extreme workout routines make matters worse, like with eating disorders in general, there are deeper issues.

## Patrick attributes his eating disorder to his competitive nature, perfectionism, fear of failure and being a people pleaser.

He also knew little about nutrition, thinking that it was OK to run four times a day while eating just one meal. "The lack of nutrition knowledge is a huge thing for high school and college athletes," he said.

Also, many men seem to seek treatment at the end stages of their disorder "when they need to be in treatment ASAP." Some feel like they have to be "completely and utterly sick" before getting help. Part of the problem is that family, friends, coaches and people in general don't think of eating disorders in men. So they aren't spotted until the final stages. Patrick talked about 10 times in his 5-year battle when his disorder could've been diagnosed but was overlooked. Patrick's "cry for help" was his drinking problem. He said that if he hadn't had a drinking problem, it's likely that no one would've picked up on his eating disorder and he wouldn't have gotten help.

On his website, Patrick highlights some of the red flags of eating disorders in men:

- Perfectionist attitude
- Over exercise
- Substance abuse
- Strong fixation on appearance and athletic performance
- Isolation
- Mood swings
- People pleaser
- All or nothing mindset
- Loss of interest in friends and family
- Denial

Overuse of supplements or performance enhancing drugs

## Insights from His Struggles & Recovery

For Patrick and many men, bottling up or ignoring emotions can take its toll and contribute to an eating disorder. "You have that alpha-male stereotype, you never cry, you're supposed to be mister fix-it and be in control. I've learned that a lot of my problem was building up walls and not being able to deal with feelings," he said.

Recovery "allowed me to open up and not be afraid of experiencing feelings instead of pushing them aside. I see that a lot in guys; you just ignore it, and that caught up to me."

**"The best thing I ever did was to open up to my family and friends and to the world. I was pretty clueless and I felt so alone. But I realized that I wasn't. The support has been amazing. I don't think I would've been able to be in recovery by myself. Guys tend to think you can do it by yourself. Recovery for me is all about your treatment team and your support. And that made all the difference in my life."**

### What He'd Like Others to Know

Shame and embarrassment kept Patrick from getting help. Telling others that they don't have to feel isolated and humiliated is one of the reasons he works tirelessly as an advocate.

"You think there's something wrong with you. It's my fault, you blame yourself, and you need to move past that. It's not your fault," he said. There are genetic, biological and psychological factors at play. I've learned to not be ashamed of where I've been and where I'm going. Shame won't prevent me from getting healthy."

His number one piece of advice to others, women or men, is to "get it off your chest and tell someone." He said, "Once I told someone, everything just changed. People out there really care and understand and will be there to pick you up." He also suggests doing research and figuring out the best course of action for you. After asking his family for help, Patrick found a therapist who specialized in eating disorders... he also sought treatment at Canopy Cove. It took him a few weeks to find a treatment center that took men, but he was determined to recover. He was the only guy at the treatment center. At first, he tried to leave the center but was convinced to stay, which he calls "the best decision of my life." Being the only guy didn't bother him. "I needed to be out of my element. It made me see a whole new side of life." He enjoyed equine-assisted art and music therapies. He feels like he learned from the girls and they from him. "I saw [these girls] crying, opening up and sharing their feelings. I broke down and it helped me," he said.

### Resources That Helped

For Patrick, the following books were helpful in his recovery: *Making Weight*, *Life without Ed* and *Failing Forward*. Reading *Life Without ED* helped Patrick separate from his eating disorder. He realized that anorexia didn't make up his identity, something that many individuals with eating disorders struggle with. He also didn't know how to deal with failing. He found *Failing Forward* to be an empowering book that helped him understand how to take adversity and grow from it.

### Why Not Me?

Many of us, regardless of what issues we struggle with, tend to think, "Why Me?" So did Patrick throughout his struggles. "Why did I have to struggle with an eating disorder and substance abuse? I can spend the rest of my life trying to answer that."

In treatment, he flipped that, and asked "Why not me?" In addition to finding effective treatment, Patrick believes that "recovery is 100 percent attitude." "My life isn't perfect. But my attitude is to stay positive. You can face the day, if you're positive. I believe in full recovery. I still see myself in recovery. One day I'll be recovered from my eating disorder, but never from life. That's how I live. Life is going to happen, and I'm in recovery from life, not anorexia, which allows me to push through each day. **I chose to live.** You're going to struggle in life whether it's with an eating disorder or something else. It's about creating for yourself the path you want to go."

### On Recovery

"Recovery, for me, is a learning process, and has been the best thing for me. It's opened so many doors. Recovery is difficult but you can make it fun. Attitude is so important. There's no right or wrong way to recover. It's about finding out what works for you and making that happen."

One of the things that helped Patrick was setting goals in recovery. "I was a big athlete. I lost that and took a year off from working out, so my goal was to get back in shape and play lacrosse again and to have stuff to look forward to."

"I truly believe that exercising in a healthy way and getting out is so important for recovery, because it builds your serotonin." In treatment, he learned that working out doesn't have to be a job. You can exercise for enjoyment and health. "I don't need to be that super-athlete," he said. Also important are attending support groups and being around others who you can relate to. Patrick also started creative writing and journaling, which have been helpful.

Though recovery is far from easy, Patrick said that compared to being miserable and unhealthy for five years during his anorexia, recovery, in retrospect, has been fun. "Once you get through the fear of weight gain, then your mind clears; that fog clears. You can enjoy things like yoga, stuff I never would've attempted. Now that's fun for me. I joke that the Wii game system should be in every treatment center, just because sitting around bowling with friends and family is fun. Having fun has boosted my recovery and self-esteem."

Check out Patrick's website on  
<http://www.ichosetolive.com/>

## Anorexia, “bigorexia” may have same genetic roots

A new study with twins suggests that for men, the obsession with being too small and undeveloped, known as muscle dysmorphic disorder, may share the same genetic underpinnings as anorexia nervosa. In five twin pairs, each including one male with anorexia nervosa, Finnish researchers found a “striking familial liability” for traits related to the eating disorder, including major depression, muscle dysmorphic disorder (which is sometimes called ‘bigorexia), and obsessive compulsive disorder. The findings suggest that all of the symptoms have similar genetic roots, the researchers point out.

Anorexia nervosa is rare in men, and the course of the disease is poorly understood, Dr. Anu Raevuori of the University of Helsinki in Finland and colleagues note. To better understand how the illness progresses in men, and to examine the potential familial factors, they identified the five twin pairs from a group of 2,122 male twins born in Finland between 1975 and 1979. Each of the five men with anorexia had been overweight before age 17, but all of their co-twins were normal weight in their early 20s. “The early overweight in otherwise vulnerable males seemed to have had a crucial role in triggering the dieting, which, in turn, led to anorexia nervosa,” the researchers write in the *International Journal of Eating Disorders*.

Four of the men with anorexia and four of the co-twins had a lifetime affective disorder, which was major depression for all but one of them. In all of the anorexia nervosa patients, the eating disorder preceded the onset of depression. Just two of the individuals with anorexia nervosa underwent treatment. While all recovered from the illness, they retained some symptoms including muscle dysmorphia, obsessive weight-lifting, and the use of protein powders and other supplements intended to build muscle. Even though all of the men had anorexia for a relatively short time, Raevuori and colleagues note, they said that their bout with the eating disorder was “an especially distressing period” in their lives. “Feelings of shame, isolation and alienation were ubiquitous among them and appeared to result from the double stigma of having not only a mental illness, but also a ‘woman’s illness,’” the researchers conclude. SOURCE: *International Journal of Eating Disorders*, July 2008



**Elton John**  
The legendary British musician and composer entered rehabilitation in 1990 for substance abuse problems and bulimia. Post-recovery, he came out as a homosexual, and today enjoys as much success as ever.

Sourced from Hug Pages

## Eating Disorders in Me

By MARGARITA TARTAKOVSKY, MS From Weightless website

When we think of eating disorders, we rarely picture a man working out obsessively, starving himself to look lean or wanting to emulate celebrities on magazine covers. For years, eating disorders have been viewed as a “white woman’s disease.” And estimates of male eating disorders told a similar story: while the majority of women suffered from eating disorders, only about ten percent of men did. Recent research, however, paints a different, bigger picture: more men are suffering from eating disorders than previously thought. Out of 3,000 people with anorexia and bulimia, 25 percent were men (and 40 percent had binge eating disorder, according to a Harvard Study.

### What distinguishes men with eating disorders from their female counterparts?

- **Symptoms:** The diagnostic criteria for anorexia, for instance, focus on women, which is evident in its hallmark symptoms of amenorrhea (the absence of menstruation) and fear of fatness. Though some men do exhibit a fear of fat, others typically want to be muscular (particularly their chest and arms), obsess over attaining a low body fat percentage and focus their efforts on excelling at a sport (which prompts some to abuse steroids and exercise excessively). Instead of engaging in traditional compensatory behaviors like vomiting or abusing laxatives, men instead are more likely to exercise compulsively (as cited in Weltzin, Weisensel, Franczyk, Burnett, Klitz & Bean, 2005).

- **Images and ideals:** For decades, women have been inundated with unrealistic, thin images in magazines, movies, ads and other media outlets. And now, men are also feeling the pressure for physical perfection, surrounded by unattainable images of muscular physiques, six-pack abs, bulging biceps and lean bodies. But, in contrast to women, where the images are one size fits all (thin is always in), men have a variety of images to emulate, psychiatrist Arnold Andersen, M.D., told *The Wall Street Journal*:

“Some want to be wiry like Mick Jagger; some want to be lean like David Beckham, and some want to be really buff and bulked, like Arnold Schwarzenegger.”

Interestingly, reports that wiry images are contributing to eating disorders have prompted one fashion show to ban thin male models with a BMI below 19 or 26 and 28 inch waists, UK’s *Telegraph* reported this Monday.

• **Dieting:** Men might diet for different reasons than women, including (as cited in Greenberg & Schoen, 2008):

- to prevent weight gain (many eating disordered men were overweight as kids).
- excel in sports. According to an article on CBS News: Athletes whose weight is crucial to their performance – jockeys, wrestlers, distance runners and gymnasts – have a higher incidence of eating disorders. [Co-author of *Making Weight*] Cohn said they can develop bad habits when weight loss is seen as a requirement of the sport.
- avoid health complications.
- improve appearance after childhood teasing.
- for their jobs. Dr. Andersen told *The Washington Post* Other patients include men who began dieting to meet job requirements — and couldn't stop. "We've had a number of military people like colonels," said Andersen, who was formerly on the staffs of Johns Hopkins Hospital and the National Institutes of Health. "The military is very strict, and they're afraid they're going to get chucked out" or fail to win a promotion if they don't lose weight to meet certain requirements. Not surprisingly, these differences make it harder for professionals to diagnose eating disorders in men. And, oftentimes men are unaware that they're suffering from an eating disorder in the first place.

### In homosexual men

Eating disorders are more prevalent in gay and bisexual men than in heterosexual men (Feldman & Meyer, 2007), though one expert attributes the higher prevalence to a greater likelihood to seek treatment. Either way, some have pointed to the increased emphasis on physical attractiveness in gay communities as a contributing factor, whereas others view participation in these communities as protection against eating disorders (as cited in Feldman et. al, 2007).



Daniel Johns  
Australian rocker Daniel Johns from the band Silverchair has been open about his history of anorexia and depression, which nearly led him to suicide in his teenage years. The incidence of eating disorders in Australia has doubled in the past ten years, recent studies show. Sourced from Hug Pages

### Silverchair's Daniel Johns on his Recovery from Depression, Anorexia

"When it comes to just being a person and living a normal life and actually having a life, I didn't for a year," Johns told MTV News. Johns' depression and paranoia really began to surface as the group was touring in support of its "Freak Show" album in 1997. Back at home once the tour ended, on the advice of a therapist, he moved out of his family home and into a rented house. But things took a turn for the worse when Johns isolated himself to the point where he saw virtually no one and did nothing but write

poetry for the first six months of 1998. "I didn't want to go in public," he explained. "I had a lot of troubles with anxiety and had to take medication, because every time I left the house, I would think people had conspiracies and people were after me, and every time I left the house [I thought] I was going to get beaten up." While living alone, away from the watchful eyes of his family and friends, Johns' eating disorder intensified. Norris asked the singer-songwriter how little he was eating when his illness was at its worst. "It got to a stage where it was pretty little," he replied. "When I wrote 'Ana's Song,' when I wrote the actual poem, I was eating, like, I don't know, two or three pieces of fruit a day... not very much."

Unlike many people who suffer from eating disorders, most of whom are women, with Johns **it had nothing to do with having a negative body image.** "It was never about my body, because I always... I was always embarrassed about being skinny," he clarified. "Every time, I guess, I felt that my life was out of control and it was kind of out of my hands, I couldn't do anything about it, **I guess I took control of food intake, because it was the only thing that no one could really take charge of.**" Norris asked Johns if it seemed strange to him that most people assume it's impossible for a man to have an eating disorder. "Yeah, because I think the biggest myth about eating disorders is that it's all to do with fashion, and it's all to do with feeding a certain stereotype," he replied. "It's not about losing weight to a lot of people, it's more about just having control."

But when Johns' weight dropped to its lowest, he realized that the disease had taken control of him.

"I know that the lightest that I was, was like, fifty kilograms [110 pounds]," he said. "When that happened, that was when I saw a doctor and was told to change, or things would get dramatically worse."

Fortunately, things took a turn for the better. The cathartic effect of writing poetry, combined with the helpful impact of antidepressant medications and the positive response of his band mates (drummer Ben Gillies and bassist Chris Joannou) to the music he'd written, helped draw Johns out of his seclusion and into the studio, where Silverchair began work on "Neon Ballroom."

Now, out on the road in support of the album, Johns is able to call the shots in his career more than ever and is keeping things from spiraling out of control. Cynics might suggest that the frontman's newly confessional side serves a promotional purpose as well, but he's got little time for such charges.

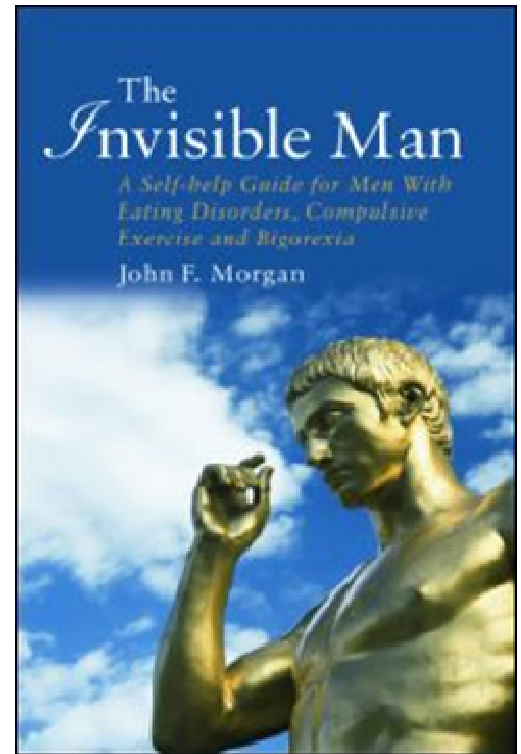
"I don't care what people think," Johns asserted. "When you get letters that say, 'You've helped me admit to anorexia,' and... 'I was gonna kill myself until I heard this album,' that makes people that say, 'You're exploiting your problems,' just seem like such a little speck in the dirt. You just don't worry about it." Norris asked Johns if he thought had been fully cured, or if he would be cured in time. "I don't think I'm a hundred percent cured. That would be naive to think that," he replied. "But I'm definitely on the road to being cured. Definitely a lot better than I've been ... my state of mind, at the moment, is better than it's been in the last two or three years."

Sourced from MTV.com. June 1994

## Book Review...

Morgan, J. (2008) *The Invisible Man* New York: Routledge

Increasingly boys and men are suffering with eating disorders and related body image problems. Some have full-blown conditions such as anorexia nervosa, bulimia, binge eating, compulsive exercising or bigorexia. Others are distressed by slightly lesser degrees of disordered eating or over-exercise and seek ways of overcoming their problems. *The Invisible Man* applies the latest research to produce a practical, problem-focused self-help manual for men with eating disorders and body image problems. Divided into four sections, this evidence-based survival kit covers: the wider cultural context of male body image problems, features unique to men, science fact and science fiction, a 7 stage approach to treatment. By combining the science of cognitive behaviour therapy with motivational enhancement and problem-solving therapies, *The Invisible Man* will provide help to all men with body image disorders, as well as families and professionals involved in their care. By J.Morgan



### Author John Morgan

The author of 'The Invisible Man' John Morgan is head of the Yorkshire Centre for Eating Disorders in the UK. Morgan has been involved in researching the causes and treatments of eating disorders and has also been involved in writing commentaries on eating and body image disorders in men for both journals and the media. As one of the top UK clinicians in the field of eating disorders, Morgan's influence reaches internationally.

### Who is 'The Invisible Man' aimed at?

This book is a must-have for any health professionals working in the field of eating disorders, especially those who are working directly with male sufferers....this book is a fantastic self-help resource for males affected by eating disorders. Parents, partners and friends of male sufferers will also greatly benefit from reading as the book provides valuable insight into how the condition impacts upon men.

### Part One: Fat is More than a Feminist Issue

Part one is divided into two chapters; the first examines key barrier or obstacles to getting help such as the stigma surrounding the illness, increased shame and a widespread lack of knowledge about the implications of eating disorders upon males. Chapter two provides information about the first case of anorexia nervosa and also looks at Lord Byron's experiences of living with the condition.

### Part Two: Do You Have a Body Image Disorder?

The second part is separated into four different examples of body image related disorders and includes an exploration of the following: anorexia nervosa, bulimia nervosa, binge eat-

ing disorder, obesity and muscle dysmorphia. Often referred to as 'bigorexia' or 'reverse anorexia' muscle dysmorphia is thoroughly explained through the use of a case study in terms of its symptoms, causes, treatment and how this relates to other eating disorders.

### Part Three: Science Fiction and Science Fact

Part three focuses on the possible causes of eating disorders in men and how exercise may become very unhealthy and turn into an addiction. Health implications of anabolic steroid abuse is also discussed in addition to the physical and mental problems associated with body image disorders. The final chapter in this section looks at the negative impact of both past and today's culture upon body image.

### Part Four: Seven Stages to Recovery

This final section is particularly helpful as it provides the reader with a greater understanding as to what recovery truly involves through breaking the term down into seven stages. Throughout each stage key terms are explained with practical easy to follow tools and suggestions. The section on seeking professional help is likely to be very useful as it offers a wide range of ideas from groups to intensive inpatient treatment.

To conclude, 'The Invisible Man' is an excellent resource not only as a self-help tool for male sufferers of body image disorders but also for health professionals involved in the field. Partners, friends or relatives will also find this a helpful guide to understanding the key implications such conditions have on men's health and well-being.

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## In the Media... Men's eating disorders hit record levels

AUSTRALIA has one of the highest rates of anorexia in boys in the world with research showing that one in four children battling the illness is male. Almost one in three male year 9 students used fasting, skipping meals, diet pills, vomiting after meals, laxatives and smoking cigarettes to keep off weight, figures released by eating disorders organisation the Butterfly Foundation found. In Britain, one in five children diagnosed with anorexia is male while in Canada boys make up 17 per cent of sufferers.

Among adults, one in 10 diagnoses of anorexia is for men, while binge eating disorders have risen among males by up to 5 per cent in the past decade.

"In Australia, we are one of the worst in the world [in terms of male eating disorders]," the foundation's chief executive Christine Morgan said. "When it starts as young as year 9, you are getting very, very disturbing patterns coming through." She said boys were becoming increasingly focused on what they looked like because of a greater emphasis on male body image.

Many boys also formed unhealthy attitudes towards food and exercise after being bullied, often about being overweight. Anorexia in males is similar to that in females, in that highly restricted eating and excessive exercise are the two main components of the disease but, in boys, there is more of an emphasis on the latter, Ms Morgan said. The foundation, which started providing support services in NSW this year, reported an increase in the number of inquiries being made by boys in their late teens to early 20s.

"We need to encourage young men in making the call, reaching out for that help," Ms Morgan said. "It is a bit like depression. The guys do not like asking for [help]."

Trends in the fashion industry, which increasingly demand male models look emaciated, were also to blame, she said. In July, Australian model David Sciola told *The Sun-Herald* that, at 76 kilograms, his 188-centimetre frame was considered too big to model for the European catwalks.

"As the focus turns more and more to men being skinny, that pressure on their body image [increases]," Ms Morgan said. "You start down that process of very disordered eating." Male anorexia was thrust into the spotlight when Silverchair front man Daniel Johns revealed in 1999 that he was battling the disease. Research by *Girlfriend* magazine found that almost half (46 per cent) of teenage girls reported that they would feel better about themselves if they lost weight. Of 653 girls aged between 10 and 18 surveyed this month, 39 per cent said they were "unsatisfied or not at all satisfied" with their bodies.

CAROLINE MARCUS, March 22, 2009, *The Sun Herald*



## Web-Based Support and Information

### ED-Sufferers

www.eda.org.au  
www.isis.org.au  
www.butterflyfoundation.org.au  
http://recoveryispossible.com.au  
www.bulimiahelp.org  
www.smart-eating.com  
www.oabrisbane.org

### ED-Young People

www.reachout.com.au

### ED-Family/Carers

www.maudsleyparents.org  
www.feast-ed.org  
www.eatingwithyouranorexic.com  
www.e-mental-health.eu/anorexia/website/

### Health

www.womenshealth.org.au  
www.awhn.org.au  
www.beyondblue.org.au  
www.depressioNet.com.au  
www.pale-reflections.com/  
www.dadsanddaughters.org  
www.manhood.com.au

### Body Image/Self Esteem

www.selfesteem4women.com  
www.lifeafterdiets.com.au  
www.girlsinc.org/gc/  
www.justthink.org

*The Eating Disorders Association resource centre takes no responsibility for the content of these websites*

## Previous Topics of Through the Looking Glass

Family and Friends– March 2010  
Transformations - February 2010  
Finding Support at Xmas - Dec 09 / Jan 10  
After Recovery- November 2009  
Treatment Options- October 2009  
The Recovery Process -September 2009  
Effective Communication -August 2009  
Managing Difficult Emotions -July 2009  
Self Care -June 2009  
Being True To Yourself -May 2009  
Family, Friends & Carers -April 2009



## Other Services

### **ISIS– Centre for Eating Issues**

58 Spring St, West End 4101 Ph: (07) 3844 6055

### **EDOS-Eating Disorders Outreach Service**

Rosemount, Building 14, Windsor Ph: (07) 3114 0809

### **Eating Disorders Adult Service (Gold Coast)**

Ashmore, Gold Coast Ph: (07) 5667 2000

### **Child and Youth Mental Health Service (CYMHS)**

Info line: 1800 177 279

### **New Farm Clinic**

22 Sargeant St, New Farm 4005 Ph: 32549100

**ARAFMI** Ph: (07) 3254 1881

**Parentline** 1300 301 300

**Kids Helpline** Ph: 1800 551 800

**Lifeline** Ph: 131114

**Statewide Sexual Assault Service (24hr)** Ph: 1800 010 120

**Domestic Violence Telephone Service (24hr)** Ph: 1800 811 811

**Crisis Care** Ph: 3235 9999



**ARE YOU INTERESTED IN HELPING SOMEONE WITH AN EATING ISSUE ?**  
The EDARC is calling on people in recovery who may want to assist those in need of support. We are seeking volunteer support workers from all regions of Qld for our Telephone Support Network. If you are interested in becoming an after-hours contact for those in need of support please contact the EDARC on (07) 3394 3661.

## NEED TO TALK?

Do you have an eating disorder and need to chat to someone who REALLY understands? Are you a parent who'd like to chat to other parents? Why not call our

## Volunteer Telephone Support Network

### People with an eating issue call:

#### Brisbane

Jan (07) 3398 4119 (Leave a message anytime)

#### Sunshine Coast

Sally (07) 5439 6043 after 6 pm Mon-Sun

Sharon email: Sharon.noel@hotmail.com (mon-fri)

0468854684 (Mon, Tues, Wed 3pm-7pm)

#### Cairns

Cherie 0409227448 (away until mid April)



### Parents call:

#### Brisbane

Lesley (07) 3378 6730 / 0404 091 696, 6.00pm to 8.00pm weekdays, 9.00am to 1.00pm weekends

Vicki 0400298818 (leave a message anytime)

Jill 0405321292 (after 5pm Mon/Wed/Fri, w/ends any time)

Judy 0412085303

#### Sunshine Coast

Gill (07) 5478 2854 before 9 pm 7 days

*Remember, these people are not trained counsellors. They are volunteers who are offering support, not telephone counselling. These are home numbers so please ring before 9pm.*