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WARNING: Contains Socially Modified Organisms

For most of America's history, there have been distinct gender roles for men and women: traditional masculinity and femininity. What it means to be masculine has influenced the standards for how men should act and look, simultaneously the concept of femininity has governed how the ideal woman should behave. These established schemas have caused a rift between how males and females are perceived, especially when it comes to health. While America's obese population has been growing exponentially in recent decades, the number of men and women suffering from eating disorders has also been steadily increasing (Kimmel, et al. 425). Significant research is being done to combat rising obesity rates and many scholars have acknowledged possible causes of female eating disorders, however, very little talk has occurred surrounding the topic of males with eating disorders. While the commonly male-associated body dysmorphic disorder has been investigated, self-starvation disorders, like anorexia and bulimia, have been less studied and discussed in males. The traditional convention of masculinity has severely impacted the mental health services available to men, as well as the number of men who are willing to seek out such services. In turn, the notion is that men do not suffer from eating disorders at rates comparable to women, effectively nullifying male eating disorders. Heightened stigma and lack of research done on males suffering from eating disorders stems from the conventional archetype of masculinity, resulting in a misled public view.

Recently, media has made an attempt to talk about the problem that is plaguing the American nation: eating disorders (ED). While such strides are a nod towards progress, there is still a heavy stigma attached to men with eating disorders. Netflix's recent production, *To the Bone*, introduces the audience to a young woman struggling to find the need to overcome her eating disorder in a group home with other young girls and a single male. In a sardonic, semi-realistic portrayal of anorexia, bulimia, and binge-eating there's an attempt to showcase eating disorders' lack of discrimination across ethnicities, gender, sexual orientation, and age. However, the lone male suffering from anorexia, Luke, is decidedly in recovery, not obviously exhibiting classic signs of anorexia. Luke's presence in the film is no doubt a milestone for raising awareness for men with eating disorders, however the influence gender roles had on the production is obvious. Luke is introduced to the audience as a happy-go-lucky guy, who has worked the in-patient program to his health's advantage. He eats full meals throughout the day, in sharp contrast to all the women in the program, and even ventures out for dinners at fancy restaurants. There is never any mention of Luke struggling with his recovery, and instead emphasis is placed on the impact his physical knee injury had on his career as a ballet dancer. While the film attempts to highlight people from different backgrounds, it continues to play into the male stereotype modern society has established.

Historically, male eating disorders have been kept neatly packaged away from prying eyes. In turn, the image of an emaciated male form tends to evoke an uncomfortable and unfamiliar response, while a hulking man with overly huge muscles may not even elicit a concern in modern society. However, research has proven that reports of eating disorders in men have been recorded for as long as they have been for females (Murray, et al. 1). However, data gathered through history indicates that women report experiencing eating disorders more

frequently than men do. While about 10% of females are chronic dieters, roughly only 2% of males reported engaging in dieting behavior (Marsh, et al. 478). The statistical difference of reported eating disorders and indicative behaviors between men and women contributes to the false notion that eating disorders are not an issue for men. This blind eye American society has turned towards the prevalence of male eating disorders has severely impacted the manner in which male eating disorders are approached, diagnosed, and acknowledged. Underrepresentation has caused greater stigmatization and treatment non-engagement in men suffering from an eating disorder (Murray, et al. 1).

For centuries, cultures have documented self-starvation in men and women, sometimes for religious purposes, but have resisted placing starving males into the category of anorexic. The primary, documented reason stems from dated gender roles that reach as far back as Salem Witch Trials. Prior to the commonly known title of “anorexia nervosa”, the eating disorder was originally referred to as “anorexia hysterica” (Murray, et al. 2). The original name was based on the belief that males could not ever be hysterical, only women could suffer from such an affliction (2). “Caveman masculinity” and the norms it created for men universally forced women to seem more frail and irrational, and men to remain stoic and rational. As society developed from its witch burning days, the term “anorexia nervosa” was coined to reflect the presence of the eating disorder in men. However, for many centuries, symptoms of anorexia in men were not considered indicative of an eating disorder, but rather considered to be part of a more general psychological disorder (2).

It wasn't until the late 1970s and early 1980s that clinical data began to “illustrate a limited number of male ED presentations in specialist ED clinics” (Murray, et al. 2). In the 1990s, systematic research was conducted and revealed that males represented roughly 5-10% of

reported eating disorder cases across the globe (2). Data gathered in the United States indicates that certain eating disorders are increasing more rapidly in males than females, specifically anorexic behaviors and bulimic behaviors (2). Previous studies have suggested that males are less likely to engage in self-induced vomiting and seek treatment than females, but more likely to over exercise and binge eat (Stevenson, et al 201). Such data suggests that manifestation of eating disorders in males versus females is fairly diverse, making it more difficult to identify eating disorder phenotypes between men and women (Stevenson, et al 201). Such complexities have no doubt influenced the way scholars have interpreted rates of male eating disorders. Since anorexia, bulimia, and binge-eating are most commonly associated with females, the symptoms made familiar to researchers are vastly different in examples of men with eating disorders. These behavioral differences demonstrate the lack of research done in terms of male eating disorders, and also give a reason for a lower reported rate of men with eating disorders. Such disparities in measuring the morbidity of eating disorders in men have contributed to the lack of acknowledgement and support men with eating disorders have experienced, and only stand to support classic archetypes of masculinity.

A study published in fall of 2017 asked 1,751 participants at a university to complete the American Psychology Association approved Eating Disorder Examination Questionnaire (EDE-Q) (Stevenson, et al 202). The study was conducted from 2010-2015 at the same university for a larger sample size. Female participants composed 58.21% of the sample size, and men 41.79% (202). The majority of the study was composed by Caucasian volunteers, the rest was composed of Asian, American Indian/Alaska Native, African-American, Pacific Islander, and Hispanic/Latino (203). The study concluded that about 73.30% of the women who participated in the study classified as “low behaviors”, meaning they endorsed very few, if any, behaviors

associated with anorexia, bulimia, or binge-eating (205). About 6.60% of the sampled women endorsed “high behaviors”; these results indicate this group represented people with the highest eating pathology (205). Of the men who participated in the study, about 6.93% endorsed binge-eating behaviors, 10.3% endorsed “high behaviors”, and the remaining 82.7% endorsed very few, if any, eating disorder characteristic behaviors (206). The study’s results suggests that college-aged men are experiencing increasingly high rates of disordered eating behaviors, at rates similar to women. This indicates a similar rate of eating disorder behaviors between college-aged men and women, as well as calls attention to the prevalence of eating disorders in males.

Eating disorders in women are commonly assumed to stem from the beauty being sold to them, whether through social media platforms, television, or models on the runway (McCaughey 136). Other possible causes include trauma, a need for control, and a means of escaping “heterosexually attractive” norms society places upon women (McCaughey 134-135). While predictors of eating disorders in women have been heavily publicized, such predictors for males require a deep dive into research databases. Recent studies have suggested that eating disorder symptomology is underestimated in men, even reporting that up to 25% of individuals with an eating disorder are male (Doumit, et al. 237). The same study reported that rates of common predictors of female eating disorders are relatively similar to male eating disorders, like laxative abuse and fasting (Doumit, et al. 237). Recent research has shown that the comorbidity between depression and body image dissatisfaction is rather high in males, a large step in male eating disorder research (237). Sociocultural influences proven to be linked to eating disorder behaviors in men include peer pressure, weight-related teasing, and negative comments from family members about image and body size (237). Males are more likely to engage in activities that

increase muscle tone and lead to weight gain, cooccurring with the increasing media focus on a “muscular ideal” (237). Over the last 30 years, there has been a documented increase in the frequency of semi-naked, broad shoulder, narrow waisted male images in popular magazines (237). The research of Doumit, et al. suggests a common causal link between men and women with eating disorders. The overlapping predictors of eating disorders in both men and women are accepted to mostly involve media presence, suggesting that assigned gender roles are no longer an accurate description of either sex.

Between the time of the Salem Witch Trials, when anorexia was first described, to the modern day, only one study has been conducted to examine the impact of strategies to “lose weight, increase muscle tone and use food supplements on both positive and negative affect (anxiety, sadness) in men (Doumit, et al. 237). While this study does show the connection between males and eating disorders, its focus is on muscle building and weight gain rather than self-starvation disorders. Body dysmorphia is well connected and associated with males because of this lone study, which has produced yet another stereotype for men: hulking statures and plates burgeoning with macronutrients, often coupled by the use of anabolic steroids to grow further muscle mass. Body dysmorphic disorder is more researched and referenced in respected literature because its associated behaviors allows men to establish themselves as “unquestionably, essentially male”, compared to the emaciated form an anorexic or bulimic male may take on (McCaughey 137). This exaggerated body type of an average man elicits less discomfort than a malnourished body *because* of the affect outdated gender roles have had on modern society.

The scarce nature of literature examining the impact of body changing strategies in men has contributed to the heightened stigma of males with eating disorders, especially males

suffering from self-starvation disorders like anorexia nervosa. Coupled with the commonly accepted “male values” of American society (lack of emotion, physically and mentally strong, caveman masculinity, etc) has created a male breed that is built to reject mental health services, and a society that refuses to notice the necessity of such aid. For that reason, the argument that trauma can cause eating disorders and mental health issues in men has been largely ignored. Until recently, studies associating eating disorders with a traumatic cause have been under performed. However, a 2017 study explored the possibility that male veterans may be at an increased risk for an eating disorder due to high rates of trauma exposure and experiences of multiple traumatization (Hall, et al. 1328). The study specified trauma to include childhood physical abuse, adult physical abuse, childhood sexual assault, and military-related trauma (Hall, et al. 1328). Survey data was collected from 642 male veterans, using the Trauma History Screen and National Stressful Events Survey as methods for trauma data collection (1328). Eating disorder symptoms were assessed using the EDE-Q (1328). The results concluded that multiple traumatization is correlated to eating disorder symptoms, and the correlation between military-related trauma and eating disorder symptoms was not driven by combat exposure exclusively (1330). This suggest that men, in fact, *do* experience trauma. Their reactions to trauma can manifest itself as an eating disorder, proving an overlap in causation between male and female eating disorders.

The overarching similarities of females with an eating disorder and males suffering from the same disease are numerous, demonstrating that eating disorders do not waste time discriminating between gender. Only recently has the scientific community and its audience begun to appreciate the rising rates of eating disorders in men, as evident by the recent dates of the studies conducted. The few research studies conducted to measure differences and

similarities between male and female body perceptions indicates a difference in behavioral manifestation. This key phenotypical difference is cause for more research and public awareness, as to facilitate better support services for men with eating disorders. With the current articles and studies published on the topic, there is far too much room for men with eating disorders to fall through the cracks. The institutionalized gender roles and the impact femininity has had on eating disorder associations stems from traditional archetypes for what makes a male a “man”, ignoring a significant portion of the population in need of assistance. As a result, ignorance has made itself comfortable within the American population, allowing for dated and sexist gender roles to negatively permeate through society.

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