

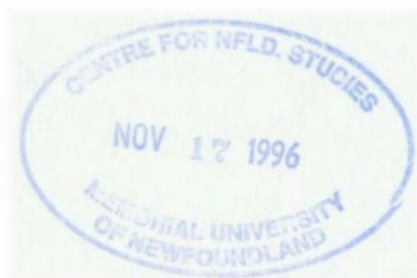
MORE THAN MERE VANITY
MEN WITH EATING DISORDERS

CENTRE FOR NEWFOUNDLAND STUDIES

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MORE THAN MERE VANITY

men with eating disorders

by

©David F. Philpott B.A.(Ed.), B.Sp.Ed.

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ABSTRACT

The purpose of this thesis was to further an understanding of eating disorders in men. The intention was to contribute to the literature on this subject by providing a forum where men with body image and/or eating disorders could openly and candidly tell their stories.

A qualitative research approach was utilized by conducting a series of semi-structured, individual interviews with a variety of men, 18 years of age and older. Paramount in this group were men who had disclosed eating disorders and who have initiated a recovery process. Focus was also given to men who expressed concern over body image and masculinity. Interviews were audio-taped and then transcribed. Candidates were obtained from referrals by counsellors, and word-of-mouth procedures with each participant giving prior permission for the referral. Consent forms were signed and anonymity offered via pseudonyms.

The thesis is organized into three sections. Part One examines the changing attitudes of men towards eating, body image, and masculinity. It includes findings from a wide variety of sources, providing insight into society's

evolving messages to males. It examines some of the reasons why men with eating disorders are hesitant to seek help and often fail to identify their condition. It also examines the escalating pressure on males to adopt unrealistic body images as portrayed in contemporary media.

Part Two, the core of the thesis, gives voice to the men who, with eloquence, shared their struggles with these issues. It explores the diversity of symptoms and behaviours experienced by these men, many of which challenge conventional stereotypes of eating disorders. It examines a variety of topics that the men identified, including: multiple addictions, sexual abuse, compulsive exercise, early rejection from peers and role models, and a poorly defined sense of masculinity.

The third and final section sheds a brief light on the individual recovery process, as experienced by the men who shared their stories in Part Two. It explores their attempts to find self acceptance by adopting healthier definitions of masculinity, separate from their addictions and pain.

Interestingly, all the men who were approached for the study were eager to participate and told their stories, some for the first time, with remarkable candour. While men are often

alleged to be disconnected from their feelings, all of the men who were interviewed spoke of a long history of having access to, and an awareness of a wide spectrum of emotions with an amazing repertoire of vocabulary to verbalize them.

ACKNOWLEDGEMENTS

I wish to acknowledge, with great sincerity, the courage of the men who shared their stories in this study with an honesty that both challenged and inspired me.

As with all things in my life today, this work is a testament to my friendships, both male and female, without whom I would not have become the man I am now. Special mention to my wife Donna, who continues to walk beside me, still teaching me of a love stronger than any I ever dared dream of.

A thank you, as well, to the reviewers of this work who helped make the final version much more coherent and precise.

And last but by no means least, heartfelt thanks is extended to my supervisor, Dr. Glen Sheppard, who remains both a beacon to guide me and a friend to journey with.

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PART ONE

INTRODUCTION

CHAPTER ONE

FASTING, FEASTING AND AESTHETICISM

a call to "slim down"

The Saturday morning routine at the M^{ac}Donald household was about to be disturbed. Donna, a 40 year old school counsellor and mother of four, was relaxing with her morning coffee - watching cartoons with her five year old son, Michael. Her husband Paul, a 43 year old lawyer, was busy with the endless list of chores that seem to consume his longed-for Saturdays. On this morning Michael gave as much attention to his toys sprawled on the family room rug as he did his favourite television shows. He seemed not to notice when one show ended and the commercials began. Donna took the remote control and began to scan the channels, searching for another show that would continue to hold his interest and keep him entertained, lest the peace after a long work

week be interrupted.

As she moved from channel to channel her attention was caught by an infomercial for a new piece of in-home equipment the "Easy Rider". It seemed that Donna always noticed these advertisements, despite her dislike for the message that they carried. Nonetheless, she found herself, yet again, pausing for a few minutes, caught in a fantasy of having it actually work for her, transforming both she and her husband from the overweight adults that they were, into the svelte and gorgeous models featured in the ads.

On this morning her short lived fantasy was interrupted by Michael. "Mom, you and Dad should get that", piped the five year old as he continued to play with his toys. Shocked by his comment, she responded, "why?" His simple answer startled her even more, "because you're fat." Donna was unsure how to respond. It seemed that all her years of training and experience in counselling had failed to prepare her for this harsh moment of brutal judgement by her five year-old son, in whose eyes parents were supposed to be flawless. "Yes Michael" she heard herself say, "But I'm still your mom", almost afraid of what he might say next. Michael stopped his play and looked up at her, as if he had become aware of the emotions that his comments were

surfacing in his mother. "Yes", he responded, "and I love you, but fat is gross and I'd like a thin Mom and Dad."

Young Michael's comment obviously shocked his parents as much as it hurt them. While it may seem difficult to believe that a boy of such a young age could be so aware of body image, much less be so harsh in his judgement of his parents, it should hardly come as a surprise. Clearly, today's children, like the adults they emulate, are being given a powerful message that fat is no longer acceptable. *MediaWatch* (1994) reports that the dieting industry in North America has recently grown to in excess of an estimated \$40 billion dollars a year as more men and women alike are joining in the battle of the bulge. In a cover story titled "The War On Fat" (Chisholm, 1995) Maclean's magazine reports on our growing obsession with fat-free menus and lighter cuisine. Awareness of nutrition is at an all time high, with 87% of Canadians considering it an important factor in choosing what they eat. Fat and chemical residues top the list of nutritional concerns with 43% rating their eating habits as either excellent or good (National Institute of Nutrition, 1994). At the same time, a recent Gallup Poll (1994, May 30) reports that 70% of Canadians have exercised in the last 24 hours; up significantly from 54% in 1990. The report goes on to state that within the dieting craze there

is now only a modest difference between age and gender subgroups. Men are jumping on the diet band-wagon and becoming increasingly more concerned with their general health and physical appearance (American Dietetic Association, 1993).

One study (Selm and Fiola, 1990) shows that men and women differ very little in the amount that they think about food, eat for emotional comfort, and in the quantity of diet products that they consume. While men have not been subjected to the same pressures to lose weight that women have, they have not completely escaped the prevailing fixture on youth and physical fitness (Nudelman, Rosen, & Leitenberg, 1988). Another study (Anderson, Woodward, Spalder, & Koss, 1992) shows that 70% of personal ads specify athletic, thin bodies with men describing themselves as taller and thinner than they actually are.

We need only take a stroll through our supermarkets to see the extent of the dieting movement. "Fat-free", "Lite", "Calorie-reduced", "Cholesterol-free", and "High fibre" are words that now line every shelf and product from juices and vegetables to potato chips and chocolate. Consumer Reports (Pappas, 1993) state that Americans alone spend more than \$5 billion dollars annually on the various diet programs that are available to assist in the battle for slimness.

Television shows such as *Oprah* encourage people to "get moving" and shed those excess pounds while magazine stands are saturated with the dieting and fitness message. The message is well established in women's journals such as Vogue and Cosmopolitan. However, recent years have seen a surge of new magazines that now bring this same message to men. Men's Health, Men's Fitness, Details, and Esquire all put men on notice that modern masculinity has a new look. It's a message so powerful that young Michael seems to have learned it well at 5 years of age.

In Hollywood, where many of today's trends are established and cemented, the focus on male fitness and dieting has long been an accepted reality. Today, if 90's remakes were to be made of some of Hollywood's classics it is unlikely that a fat John Wayne would ever be cast in the lead. Even today's cowboys, certainly the last bastion of 'real men', have to be thin. Dennis Quaid had to lose 40 pounds, going down to a mere 147 pounds, for his role as Doc Holiday in 1993's *Wyatt Earp*. Today a puny Paul Newman could never play the sex symbol in *The Hustler*; nor could Humphrey Bogart make women swoon like he once did. Their roles would be cast by some of today's more muscle clad, and handsome stars such as Sylvester Stallone or Brad Pitt.

Today's top male stars are turning to personal trainers, in-home gyms, and lighter cuisine to retain their youthfulness. Tom Arnold hired a personal trainer to help him shed 30 pounds for his role in *True Lies*. Michael Douglas recently had a face lift to help keep his career on track. David Letterman is rumoured to eat only one meal a day in an effort to keep his weight down. Rock super-star Elton John checked himself into a six-week residential program to get his bulimia under control. Canada's own John Candy tragically lost his battle with weight problems. Even American President Bill Clinton has joined in, replacing the White House french chef with a health conscious one. Clinton continues with the ritualistic morning jog/photo opportunity, as established by his two predecessors Reagan and Bush, that is more about national security and administrative vigour than it is about personal fitness concerns.

Long considered the exclusive domain of women, men, in growing numbers, are joining in the dieting movement for reasons other than health and are expressing dissatisfaction with their body size and shape. 53% of Canadian adults are not pleased with their body weight, a number that continues to increase (Statistics Canada, 1993). This finding is supported by a study (Drewnowski and Yee, 1987) of college

freshmen which reported that an equal number of males and females were dissatisfied with their bodies. All of the women studied reported as wanting to be smaller, while half the men wanted to be thinner and the other half wanted to be more muscular. The study went on to conclude that 53% of the men with normal weight expressed a desire to be thinner.

Psychologists have been telling us for years that girls as young as Michael are being bombarded by messages to diet. Today, this message has become so pervasive that it has extended to young boys. The Campbell Survey on Youth (Fitness Canada, 1991) reports that 67% of males between the ages of 10-14 state that controlling their weight is very important to them. Other studies (Drewnoski and Yee, 1987) report that the chief preoccupation with high school and college boys is to gain muscular strength and definition with as many as 53% of them expressing a desire to lose weight, even though only 26% described themselves as overweight. While the message for girls is toward thinness, the message becomes more complicated for boys. They are told that excess weight is not acceptable, while, at the same time, they are also encouraged to attain muscular definition. They become caught between dieting to lose weight and eating to gain bulk.

The trend for today's male to be increasingly concerned about their bodies is not going unnoticed by the media. In an article in the Toronto Star David Friedman (1994) writes:

"There once was a time when the human male was judged much the way a chef would rate a steak: the prime stuff came marbled with fat..... clearly, a cultural shift has occurred. Say goodbye to portly and powerful. Say hello to buff and tough"(p.4).

Even Psychology Today has taken notice. In a cover story titled, "The Beefcaking Of America" (Neimark, 1995) they report that, "there seems to be emerging a single standard of beauty for men today: a hyper-masculine, muscled, powerfully shaped body - the Soloflex man. It's an open ended question whether that standard will be as punishing for men as has women's superthin standard"(p.35). They go on to say that; "Contemporary men are experiencing an upheaval in their social role. It is unclear just what it means to be male anymore. The physical limits of the body provide a tangible arena of control and purpose. And so the ideal male body has become more rigidly masculine than ever"(p.72).

An obsession with male beauty is not altogether new. For centuries, the male form has been revered. The ancient Greeks introduced modern male athleticism, the Renaissance period was filled with images of beautiful young boys, and Elizabethan Courts paraded their males in revealing tights.

However, for a growing number of men, some as young as Michael, today's seductive message is bringing with it a dark side.

In an article titled "The Vainer Sex", Dana Wood (1995) explores this dark side:

"Not only are men increasingly anxious about their looks (both steroid abuse and eating disorders are on the uptick, as is consumption of fragrance, skin care, salon services and plastic surgery), they also assume that women are far fussier about specific physical characteristics, i.e., height, hairline and muscle mass, than they actually are.....this shift in mind-set was inevitable, especially given the rampant media images of all the chiselled gods in our midst." (p.24)

The connection between rigid societal standards of beauty and dysfunctional eating behaviour among the female population is well established. Conditions such as Anorexia Nervosa (self induced starvation) and Bulimia Nervosa (a destructive binge - purge eating pattern) among females is well presented in the literature. More recently, researchers (Pope, Katz, & Hudson, 1993) are documenting the destructive use of excessive sports and the manifestation of a new eating disorder titled "Reversed Anorexia" (fear of being too small) among an increasing number of male body builders. Today these disorders are no longer considered to be separate conditions, but are believed to occur along a continuum of dysfunctional behaviours (Scarano & Kalodner-

Martin, 1994; Steiger, 1989). Labels such as anorexia and bulimia are now thought to be descriptors of the severity and manifestation of body image distortion and the resulting abusive use of food. One point that the research is remarkably clear on is that they are among the most life threatening of all psychiatric conditions and are increasing among men at alarming rates (Zerbe, 1991). Some reports now estimate that between 10-15% of reported cases of eating disorders are male (Herzog, Norman, Gordon, & PePOSE, 1984; Inbody & Ellis, 1985; Zerbe, 1991).

Contrasting the drive towards thinness, and seeming to contradict it, is the increase in obesity. On the same day that the Maclean's magazine cover story regarding the war on fat hit the stands, the cover of Time magazine carried the titled "Girth of A Nation" (Elmer-Dewitt 1995), reporting that despite our growing concern, North Americans are fatter than ever. They report that, "The number of Americans who are overweight, after holding steady for 20 years at about a quarter of the population, jumped to one-third in the 1980's, an increase of more than 30%"(p.40). The rates are similar in Canada where 23% of the population aged 20-64 is at risk of developing health problems because of excess weight. And, again, the most alarming trend is among males where the prevalence of being overweight is far greater than

women, 28% and 18% respectively (Statistics Canada 1991).

Identifying and labelling compulsive overeating, without purging behaviour, as a psychiatric condition has been a controversial one (Devlin, Walsh, Spitzer, & Hasin, 1992; Mitchell, 1992). However, the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV, 1994) has made provision for it's consideration. In a separate category, titled Eating Disorder Not Otherwise Specified under which is outlined: "Binge-eating disorder: recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviours characteristic of Bulimia Nervosa" (p.550). This provision is in line with 12-step, self-help groups such as "Overeaters Anonymous", established to assist compulsive overeaters find recovery, and who are witnessing a dramatic rise in male membership.

Eating disorders, undoubtedly, have complex causes among which are the negative stereotypes associated with obesity and the high value on physical attractiveness, as well as the socio-cultural pressure towards thinness (DelRosario, Brines, & Coleman, 1983). As the pressure mounts for males to adopt societally dictated body sizes there is little wonder that more and more of them will turn towards dysfunctional behaviour to attain these standards.

An article in Newsweek (Seligmann, 1994) titled "The Pressure to Lose" attempts to draw attention to the growing frequency of eating disorders in men of all ages. They cite a 1992 Harvard graduate study that shows in a "survey of 1982 Harvard graduates eating disorders in women had dropped by half, but among men, they had doubled." (p.60).

While one of the first two reported cases of anorexia nervosa was male (Morton, 1689. cited in: Ziesat & Ferguson, 1984), eating disorders are still widely considered female diseases. While almost everyone (99% of females and 97% of males) know about anorexia, only 70% of females and 16% of males know about bulimia (Murray, Touyz, & Beumont, 1988). Further complicating this is the fact that most studies from which prevalence rates are derived, are based on self-reporting measures. One study (Stoutjesdyk & Jevne, 1993) examined the inherent bias in this method, concluding that participants will lean towards socially desirable responses causing incongruencies between reported behaviour and actual behaviour.

Men are not supposed to admit that they have a problem, least of all one that is considered feminine. Asking for help is not socially accepted, much less encouraged among men. John Hough and Marshall Hardy (1991), in Against The

Wall: men's reality in a co-dependent culture elaborate on this by stating:

"One of the most prominent ideals in our culture is that men are supposed to be strong enough, competent enough, and intelligent enough to handle their problems on their own. Especially emotional problems. This is the ideal - that real men are supposed to be "independent". The test of independence is to not need anything or anyone to get by. If circumstances called for us to get along on our own, we could. We might even want to."(p.30)

Clinicians are not immune to the widespread public ignorance about the prevalence of eating disorders among the male population. Arnold Anderson (1990), in his book Males with Eating Disorders expresses the view:

"There is a widespread but misleading stereotype of the kind of person who develops an eating disorder: young, white, upper middle class, and female. This stereotype may lead clinicians, especially those not accustomed to routinely treating disorders, to miss the diagnosis when it does occur, as it so often does, in older women, in minorities, or in males of any age." (p.136)

The National Association of Anorexia Nervosa and Associated Disorders (ANAD) have been saying for years that:

"Eating Disorders know no barriers. They strike both females and males of all ages, races, religions, and economic backgrounds. Male cases are being reported with increasing frequency. The result can be chronic deterioration of the body accompanied by severe psychological problems or even death." (Brochure)

Researchers have also been noting the growing diversity of the eating disordered population. Rates are particularly

high, and growing, among high school and college aged males (Lachenmeyer & Muni-Brander, 1988). Another sub-group not often considered to be particularly at risk is the aged where as much as 26% have inappropriate attitudes towards food such as preference for having their stomachs empty, avoiding hunger, and excessive dieting (Miller, Morley, Rubenstein, & Pietruszka, 1991).

The Canadian Fitness and Lifestyle Research Institute (1994) attribute two reasons for the growing dissatisfaction with body size.

" - Societal and cultural values and norms in North America dictate a thin, ectomorphic body for women and a muscular, mesomorphic body for men. Generally, women judge their bodies largely in terms of physical attractiveness; men judge theirs in terms of physical fitness and efficacy.

- Powerful dietary, cosmetic, fashion, and fitness industries flaunt an ideal body type which they present as achievable by anyone who works hard enough at it. However, the ideal is unrealistic because of the great differences in body size and shape due to genetic and social influences associated with race, class, age, and ethnicity."

Given the "codes of silence" that most men seem to operate under, there is very little incentive within the male community to encourage disclosing eating disorders. It becomes increasingly clear that it is impossible to estimate

the true rates of eating disorders in the general population.

Obviously, in recent years we are witnessing the evolvement of a uniquely different set of standards for men and the young boys attempting to gain masculine identity. One cannot help but wonder if the current rise of eating disorders is indeed "new" or if it reflects a loosening of the "silence rules" that have traditionally kept men silent. Whatever the case, it is clear that much exploration is warranted into this phenomenon and it's causative factors.

While many people will agree that gender is a significant predictor of dissatisfaction with body shape and size for females, they will also have to agree that this is becoming increasingly so for men. It is only recently that the results of this change are beginning to emerge. We have been made well aware of the ills of such rigid standards on young girls. As five year-old Michael painfully and powerfully told his parents, this new obsession extends far beyond normal health concerns and attacks the core of one's individuality. It becomes clear that a starting point for future study on eating disorders in men is an examination of societal pressure under which boys are being placed.

CHAPTER TWO

TO BE A MAN

the pressure to "measure up"

Rod has been squirrelling money away for several months now. His secret bank account continues to grow, dollar by dollar, one deposit at a time. Saving money in this fashion is nothing new to him. In fact, this is the fourth time that he slowly watches the balance inching him closer to his goal. This time, however, the wait is shortened as the target sum is relatively low at \$2,200.00. Rod doesn't mind the wait, by now he knows well that cosmetic surgery doesn't come cheap.

This will be the fourth surgical procedure that the 33 year-old self-employed stylist will have completed, and he has no qualms about discussing any of it. The jawbone augmentation

that was first completed at 18, the skin peel around his eyes at 27, and the cheek bone implants at 28 are now all shadowed, he feels, by his much hated double chin. He is quick to lower his bottom jaw and pinch what he is referring to, obviously a ritual that gets repeated daily for the strikingly handsome young man. "Liposuction will soon fix this", he says with determined resolve, "and I don't give a damn if no body else can see it."

Rod speaks with equal candour about his life long struggles with body image. "I was always a little below average in body weight, preferring to stay thin by avoiding fatty foods such as meat, poultry and most dairy products. It was seldom questioned in my childhood. I just told people that I never liked meat and preferred to be vegetarian and by so doing I was never forced to eat it, or explain why I ate so little. I did eat fairly regularly but would consistently go for days and days without eating anything at all. There was what I guess to be an eating disorder for quite awhile that included purging my food whenever I overate anything that I considered sinful."

"It started in my young adolescence, in fact I guess that I was always like it. I resented anyone who had weight on, because I never understood it. All I knew is that I never

wanted to look like them. I resented the fact that they would make fun of me because I was thin. I thought everybody should be thin. I would be okay if I only ate a couple of mouthfuls several times a day because I never felt like I had anything in my body. But if I actually sat down and got into a big blow-out meal then I would be in trouble. I would feel full and have to get rid of it, so much so that it was beyond my control at that point. After the purge I felt great - thin, beautiful, in control, normal - the way I always wanted to feel. In hindsight I guess that I was naturally thin and never really had to work hard at staying so, but I starved anyway and got rid of whatever I did eat without having them know."

Rod describes his childhood as a period in which he was surrounded by friends whom he always wanted to look like. "I always thought that I was uglier than they were, I was too tall, I was too thin, I was too gangly, I was too odd looking. I was never good enough."

At 17 he discovered that this harsh and relentless judgement of his body could be lessened by cosmetic surgery. "The first surgical procedure was explained for medical reasons, that my jaw was deformed and I needed to have it fixed. But as far as I was concerned it was plastic surgery. There was

never a struggle as to whether I would have it done, but only a question of how fast they could complete it. Having my mouth wired shut for six weeks was an added bonus because I lost even more weight. I was in my glory as I couldn't eat even if I wanted to. Everything was liquid and it was FABULOUS. After it healed I REALLY liked it. I was very, very thin, I had the jaw line that I always wanted and I LOVED it. I thought it was beautiful. That's when my family finally figured out that something was wrong."

"I actively tried to keep the weight low and was fairly successful for a couple of years. Then my father's death launched me into a depression which caused me to lose even more weight, bringing me down under 130 pounds, which at six feet tall was real thin. One day I was swimming with friends and when I got out of the pool I fainted. They became very concerned but I got a sick sense of pleasure from it - thinking that this is the smallest that I can go without actually dying from it. It was then that my friends started to make connections to all the other stuff; the mood swings, obsessive behaviours, the flawless standards, and perfection in all things. I ended up having to see a doctor and start to gain a few pounds."

While he did return to a relatively normal weight by

adopting more healthy eating habits, under the watchful eyes of doctors and friends, his displeasure with his appearance continued. He began to notice the deepening lines around his eyes and quickly returned to his surgeons office for the eye peel.

"After that procedure I felt great. For awhile. I soon started to get picky again, not liking part of my profile, looking for places and ways to improve and quickly settled on raising the cheek bones. It makes me feel beautiful, powerful, attractive from every angle, I love it when people say that I look sexy because sexy was something that I never was and to have it dished out to you is fabulous. So now I'm building for the lipo and planning for a permanent waist reduction at some point in the future. "

Rod is not alone in the lengths to which he will go to find satisfaction with his body. The drive for perfection is sending an increasing number of men in search of more immediate solutions. "If you can't suck it in - suck it out" has become the slogan of the growing number of men who are turning to plastic surgery for answers. The American Society of Plastic and Reconstructive Surgeons, Inc. (1992) reports that 13% of aesthetic surgery is now performed on men. The most popular procedures for men include nose reshaping, eye

surgery and liposuction. In fact, 32% of all cheek implants and 28% of nose reshaping is being completed on men. Males are now considered the fastest growing group of people who are turning to cosmetic surgery and the rates are increasing as more and more procedures are being developed. A man can now have the fat removed from his waist and inserted into his stomach so as to create the muscular "washboard" effect that is so popular. He can even have his penis enlarged for the right price. What's even more surprising is, as Rod says, "most of these men whom you see in the surgeons offices are attractive heterosexuals."

Debbie Then, a California based social psychologist quoted in an article by David Friedman (1994) on this growing phenomena, states that: "Men are starting to experience appearance-related discrimination in the workplace. They're competing with younger men - and with women. For many of these middle aged men, a face lift seems a small price to pay and an excellent investment"(p4).

While Chapter One documented the rising concern that men express about their diets, a closer examination reveals that health is not the motivating factor. Men are becoming increasingly concerned with physical appearance and are prepared to go to much greater lengths to improve their

bodies. It is a growing trend that has been developing for some years now. Magazines are filled with ads by designers such as Calvin Klein who has created a fashion frenzy by presenting muscled, nude males in his *Obsession* ads. His underwear ads have made a star out of young buffed Marky-Mark who angrily holds his crotch, proudly flaunting a rippled torso. The television ads for *ONE* - Klein's new unisex cologne, feature waif-like, androgenous boys and girls whose gender is difficult to distinguish. Meanwhile Italian designer Gianni Versace ads feature sculpted men with bone structure reminiscent of the Greek gods. Even *Shoppers Drug Mart*, in an effort to boost sales of their bath products, has jumped on the band wagon by featuring a muscular man lounging nude in a bath as two female voices impatiently wait for the suds to settle.

The message continues to primetime television in shows such as *Cheer's*, the top rated bar room sitcom, where the character of "Rebecca Howell", chased corporate executives in the 80's, but happily settled for a buffed and lean plumber in the shows final episode. Young heart throb Brad Pitt was selected as *People Magazine's Most Sexiest Man Alive for 1995*, joining a list as diverse as 60+ year old Sean Connery (1989), swaggering Nick Nolte (1992) to preppy Tom Cruise (1990), (People Magazine, personal communication,

1995). Country music star Dwight Yoakam, with his tiny 27 inch waist squeezed into a skin tight pair of ripped jeans is considered as much of a sex symbol as 7'1", 301 pound basketball superstar Shaquille O'Neal who earns \$12.5 million a year in product endorsements (Forbes 1994, December 19). Meanwhile the Diet Coke ad featuring an office full of women in business suits rushing to the window to gasp at a male construction worker peel off his shirt to reveal a muscled torso has launched the model, Lucky Vanous, into celebrity status. And super-hunk Fabio has made a career out of just looking good.

Jennie Becker (personal communication, March, 1995) host and producer of *Fashion Television* elaborates on this growing objectification of the male form. "For years we have been looking at the Claudias', the Cindys', and the Lindas' but now women are demanding that they have good looking male models to fantasize about as well. The whole male model thing has really taken off in recent years."

Not only is the message powerful, it is big business. *MediaWatch* (1994) reports that we are each exposed to over 2,000 ads a day. Canadians watch an average of 23 hours of television per week with more than 40% of homes owning more than one television. Studies (Anderson & DiDomenico, 1992)

are telling us that today's ads are constantly encouraging males to become focused on changing the shape of their bodies. While less than 1% of the population has the body type portrayed in these ads (*Mediawatch*, 1994) the business continues to escalate. While adults have the ability to realize that these images are as impossible for males to attain as the waif-like images portrayed for women are for young girls, children may not have the same awareness.

With such an array of diverse images and role models for males to choose from what exactly is 'the look' that is currently in demand? The Vice-president of *Elite Models*, Richard (personal communication, April 1995) reports that the ideal physical requirements for a male model today is at least 6 feet tall, V-shaped body with clear muscular definition but not too bulky, a 40-42 inch chest and a 32 inch waist. He states:

"It isn't like with female models where we can change the image with hair and makeup. With men it's "what you see is what you get". The girls can spend hours in make-up but the guys may require 15 minutes of grooming so they have to show-up for the shoot looking good. Society demands that they look good. We perpetuate an image that is totally unrealistic but that's the business. If they gain weight they will lose the body work but may be able to hold to some ads. But we don't usually have a problem. During 11 years in the business I have seen only 2, maybe 3 men have weight problems, men seem to be able to maintain it much better than women."

One model who perfectly meets these requirements as outlined by *Elite* is Scott, a 27 year old marketing major. At 6 feet in height, with a 40 inch chest, 32 inch waist, and weighing in at 178 pounds, Scott has a striking image. Six months ago he was coaxed by friends to enter a competition with 400 aspiring male models. To his surprise he won the swimsuit competition, was runner up in the runway category, and placed in the top 10 in the acting division! The 'instant' success brought contract offers from several top agencies and call backs for television work.

While at first he claims that his impressive frame "comes naturally", he does admit to watching what he eats and working out several times a week. "I get on the weights 4-5 times a week for 2 hour sessions, do something aerobic everyday, and eat healthily. But I don't have to worry too much about it. I don't have a sweet tooth, I don't drink beer, and I have a fast metabolism." He reports that since meeting with such quick success he is experiencing more pressure to maintain his look and spends more time thinking about it. Surprisingly, he adds: "I would like to improve a few things. I have to watch the waist line, and I would like to do some work on my legs. I have been warned against getting much bigger, and I have to watch what I eat." When asked what would happen if he gained 20 pounds his agent,

sitting nearby is quick to answer for him: "I'd kill him!"

If having the perfect body is not good enough for Scott, what is? Is there any wonder that approximately 40% of males between the ages of 15-24 are regularly involved in weight training (Fitness Canada, 1991). In addition, the Canadian Centre on Substance Abuse and The Addiction Research Foundation of Ontario (1994) reports that over 30,000 Canadian males between the ages of 16-18 are using anabolic steroids. 265,000 young people between 11-18 use painkillers to improve their performance and 94,000 use stimulants for the same reason.

This growing trend of male concern over their physical attractiveness is not limited to the modelling world. The cosmetic industry, for years considered the exclusive domain of females, is now seeing an emerging market for male products. Clinique Laboratories, upon discovering that men were secretly using the female products, launched a line for men in 1979. The identical product was repackaged to give it a more masculine look. Grey plastic bottles replaced the pastel greens and new names were developed to attract the male client. The clarifying lotion was called "scruffing lotion". The moisturizer was titled "M-lotion"; exfoliants became "face scrub"; face blush was called "bronzer"; and

eye cream was renamed "daily eye fitness". The line has quickly grown to represent 10% of their business and is now carried in every store. Michelle Polite, national education administrator for *Clinique Laboratories* (personal communication, January, 1995) reports that, "Stigmas are falling, today's consumer is much more educated. Men feel much more comfortable in approaching cosmetic counters, are showing more interest in their appearance and will use whatever means necessary to improve on that."

The Body Shop's corresponding line of male cosmetics, *Mostly Men*, introduced in the mid 1980's, continues to increase dramatically in sales. The products are also repackaged and renamed to give the line a more 'masculine look' (Body Shop Public Information Department, personal communication, January, 1994)

The trend is also felt in the clothing industry. Fred Bryan, Executive Director of the Men's Clothing Manufacturers Association (personal communication, February, 1995) reports that:

"The generation today is physically larger than in former times, bodies in general are getting bigger due to dietary improvements. Men's clothing is reflecting this. In fact, men's clothing is the only article of clothing designed to fit the body dimension, where as women and children's fashion use a coding system."

Bob Kirk, Executive Director of the Apparel Manufactures Association (personal communication, February, 1995) reports that despite this general increase in body size, "Suits today are made to make men look like they have broad shoulders and tiny waists - creating a physique that men simply don't have." W magazine (March 1995) reports that for Spring 1995; "Armani is reintroducing the power suit with shoulders that would make Schwarzenegger proud"(p.60). To assist men in attaining this look that is contrary to many of their bodies, People magazine (May 1, 1995) reports that New York mens' wear designer Matthew Batanian has included a lace-up corset in his Fall 1995 collection.

Jennie Becker, host and producer of *Fashion Television* says:

"The 90's are showing a huge increase in attention to men's fashion. This past season in Paris people were saying that the word "Glamour" has finally emerged as a buzz word for men's clothing and designers were sending their male models down the runway in clothing that you would never have seen men in before. Men today are a lot more adventurous about the way they dress partly as a result of the fact that there is so much fashion all around us, it's so much more accessible than it used to be.

Variety is key in fashion today and even men are dressing to reflect their image. Guys are having fun experimenting with different looks. It used to be that men had a couple of suits in their closet, whereas today there is so much diversity that men have a much larger wardrobe which the guys are mixing more and having fun with. Today's whole fashion scene is one that encourages freedom of expression and men are making their own statement in ways that women have been doing for years."(personal communication, April, 1995)

David Livingstone, Fashion Writer with The Globe & Mail, expounds on this growing trend of male concern about their appearance by saying:

"The increasing number of fashion products aimed at men is not simply a result of male vanity being something new, but rather something that men are now more at ease about being able to express. In fact, freedom of expression has almost emerged as a theme for fashion in the 90's. The sham of the business man of the 80's in the corporate suit has long been shattered by the economic realities of the 90's - the mystique of the business costume has been punctured and more corporations are realizing that there is an increased productivity in having employees dress more comfortably.

Fashion in the 90's is seeing a new significance on youth, the baby boomers of the 50's are trying to make middle age seem as the ideal paradigm but of course it's not. You can't build a future on middle age. This is related to the whole sense of fitness out of the 60's where "you are what you eat" to the 70's of "I'm going to live forever", which does exert a pressure on males and females towards an increased focus on their physical selves. Today we have much more fitness all around us. In the 60's the weight lifting thing was a joke on the back of comic books - today it's everywhere. Men have never thought the way that the Duchess of Windsor thought when she said that you can never be too thin or too rich. While we have not yet yielded the male supermodel in the same way that we have the female supermodel there is an increase in attention towards them."(personal communication, April, 1995)

Increasingly, this trend is being referred to as "reversed-sexism" where men are being sexually objectified in manners that the women's movement have been protesting for years. In an article for The Globe & Mail Teri Agins (1994) cites Gloria Steinman as saying that "Women's growing financial independence has freed them of certain inhibitions. Time was

when women noticed men's bodies but were very forgiving" (p.A14). Today this forgiveness is lessening and in its place is a mounting reinforcement for those men who succeed in attaining the ideal look. In his column in the Globe & Mail, Leonard Stern (1994) elaborates on this by writing:

"Hypocritically, some feminists I know who rightly deplore magazine ads depicting waif-like women will gasp at the male hunk the waifs are with. Yet such images of masculinity are similarly destructive. Because a man's attractiveness is measured by his muscle tone, boys as young as 14 are squandering time in developing their bodies when they should be developing their minds".(p.A24)

No longer as content with defining themselves by their career and positions of power, men in increasing numbers, are discovering that physical appearance now holds the key to self expression. In a 1994 survey GQ magazine (the male equivalent of Vogue and Cosmo with circulation exceeding 650,000) found that fewer men are defining themselves by their work and are turning to clothing and physical appearance for self-expression.

The report quotes Michael Kimmer of the Harvard Business Review, as saying:

"A man's profession and his ability to bring home the pay cheque have traditionally defined who that man was. Today, two trends - the recent economic downturn and women's reentry into the workplace - are forcing men to redefine themselves. Men of the 1990s must re-evaluate what it means to be a success, both on the job and in

the home."(p.9)

Generations of males grew up with the notion that the value of masculinity lay in ones ability to work. Disney classic "*Snow White and the Seven Dwarfs*" gave us all the chant "Hi Ho, Hi Ho, it's off to work we go...", giving the message that it's the manly thing to go off to labour on the job each day. Today, a remake would probably be more accurate if the dwarfs sang, "Hi Ho, Hi Ho, it's off to the gym we go..." as an increasing number of boys are now realizing that masculine identity lies as much in physical appearance as it does in work ability. With this message extending to younger boys, as witnessed with five year old Michael in Chapter One, so does the pressure to attain these unrealistic body images.

Studies show that the natural physical maturation process, with the increase in muscle mass, brings boys closer to these socially defined ideals of masculinity and girls further away from their ideal (Adams, Katz, Beauchamp, Cohen, Zavis, 1993). The image being currently portrayed remains impossible for either sex to attain. Supermodel Cindy Crawford is credited with having said: "Even Cindy Crawford doesn't wake up looking like Cindy Crawford."

Recent studies evidence the struggle that males are experiencing in attempting to attain the tall, V-shape as portrayed in contemporary media. One study (Davis, Brewer, & Weinstein, 1993) showed that 50% of appearance anxiety in young men is associated with their upper body size. Another study (Dolan, Birtchnell, & Lacey, 1986) showed that while women (36%) dislike their hips, men are concerned with their torsos (26%). While another study (Gupta, Schork, & Dhaliwali, 1993) shows that men are intensely concerned with their height, an attribute that is, so far, unchangeable.

One study (Kearney-Cooke & Steichen-Asch, 1990) reports that: "Body image is crucial to early personality formation in the child, especially to the differentiation of the self from the outside world, as the sense of body boundaries is formed." (p.54) For children who deviate from society's standards the effects are severe. Studies (McCreary, 1994) show that boys are judged more harshly than girls for gender role transgressions, resulting in extreme pressure to conform to societal standards of masculinity.

Sam Keen (1991), in his best selling book, Fire in the Belly writes on this pressure to conform: "Men live under constant dread of being labelled a sissy, a weakling, a wimp, a queer. Most everywhere they live under constant pressure,

stress, and the constant need to prove themselves by establishing mastery in the arenas of war, work, and women, a near universal creed linking manhood with the socially necessary activities of protecting, providing, and procreating" (p.27). If the pressure on men is so strong, the thought of deviating from this for young boys, seeking acceptance into manhood, must equally terrifying.

With the advent of the "men's movement" much has been written about the quest of men to reexamine their definitions of self and their identity formation process. Authors such as Robert Bly (1990), with his wildly successful book Iron John, challenge men to reconnect with their masculine identity and serve as mentors to young boys attempting to make the transition into manhood. Guy Corneau (1991), in his examination of the effects of an absence of healthy role models for boys, titled Absent Fathers, Lost Sons: The search for masculine identity, states:

"We know that a personality is constituted and differentiated through a series of identifications.....In order to form your own identity, you must identify with someone else; you must structure yourself by incorporating someone else into yourself by integrating him through imitation....Masculine identity needs, at least on some psychological level, to be constantly reinforced and regularly supported by other masculine presences in order to remain stable." (p13-15)

David Gilmore (1990), in his study of masculine identity

formation, titled Manhood in the Making: cultural concepts of masculinity, elaborates on this conformity pressure placed on boys in various cultures, to adopt its' societally dictated standards of masculinity:

"The one regularity that concerns me here is the often dramatic ways in which cultures construct an appropriate manhood - the presentation or "imaging" of the male role. In particular, there is a constantly recurring notion that real manhood is different from simple anatomical maleness, that it is not a natural condition that comes about spontaneously through biological maturation but rather is a precarious or artificial state that boys must win against powerful odds. This recurrent notion that manhood is problematic, a critical threshold that boys must pass through testing, is found at all levels of socio-cultural development regardless of what other alternative roles are recognized. It is found among the simplest hunters and fishermen, among peasants and sophisticated urbanized peoples; it is found in all continents and environments. It is found among both warrior peoples and those who have never killed in anger." (p.11)

When we look at the "imaging of masculinity" that is being presented for today's boys, is there any wonder that the rates of dysfunctional eating habits, steroid abuse, compulsive exercise, and addictive behaviours have risen so dramatically?

PART TWO

MEN WITH EATING DISORDERS

CHAPTER THREE

FILLING THE VOID

male bulimia

Glen is a 28 year old youth care counsellor, married for the past 2 years, and recovering from bulimia. He speaks with more caution than some of the other men who participated in this study, but once comfortable, speaks with great eloquence - a seeming need to hear himself tell the story. It is obviously the first time that he has shared his story with another man and he wisely tests the water as he goes.

"I was always overweight growing up, a chubby kid I guess you would call it. But I can never remember wanting to diet. While I was always big, it never seemed to bother me. I was teased because of it but that wasn't really the most difficult part of being fat. The hardest part was in high

school - when I wasn't as physically attractive as the other fellows my age. My buddies were always more attractive and could pick up girls much more easily than I, and that was a concern. Girls liked me because of my personality more than for my body. While I dated, I paled in comparison with the other guys. I was always involved in sports. I also ate a lot and it slowed me down. I couldn't run as fast, I couldn't skate as fast, I couldn't play as hard. It was something that I always kept to myself about, I never talked to anyone about it. I never let on that it hurt me.

There was always an abundance of food in the house, it was always there so there was never a need to hide it. I would drink two litres of milk each day, eat tubs of ice cream and it was never a big deal. Every evening for supper Mom would have a huge meal of roast beef or chicken with pies and cakes and there was never any controls placed on me. I could eat whatever I wanted to eat. And then more snacks at bedtime. Dad had a belly, he was a big eater, as were my uncles, they were all big men. I always thought that it was genetics.

I excelled in most sports even though I had the weight on, but I usually chose sports where I could do better such as hockey, wrestling, softball. I always worked out on the

weights so to ensure the physical strength and hung out with the best athletes to make sure that I also had a good image.

When I came to university I stayed in residence and things changed - for the worse. I was now in a bigger pond and quickly became a smaller fish. There were more guys to compete with so I no longer had the athletic success. I couldn't play hockey with those guys. I couldn't play softball, and getting the girls was even more difficult. The weight problems that were always shadowing me suddenly became a major obstacle. So I ate to comfort myself and that, combined with the whole university lifestyle of Dining Hall menus, beer drinking and late night munchies, caused me to balloon from 202 pounds in high school to 252 in the first year of college.

I got more into wrestling then and when I couldn't make the weight restriction in my old division of 210, I took a spot in "heavy weight". I had no concerns then, I could eat what I wanted. But all my clothes were too small and I didn't feel very good. I knew that I was way too heavy and that I had to loose weight, but I also knew that I didn't know how. That's when I started throwing up. I'm not sure how I first heard about it, probably through magazines and people talking. At first it was only after a really big meal, but

then again I only ate really big meals. I would pig out on french fries and chicken, ice cream and pies, then go shove two fingers down my throat and everything would be perfect. God, it worked like a charm.

A lot of fellows "suck weight" in wrestling - lose weight for the weigh ins. Before the competition comes a guy who is 183 lbs and wants to wrestle in 177 - what he will do is stop eating a few days before the weigh in. Those guys who have to lose more weight stop eating a few days earlier; stop consuming fluids, go into a sauna with garbage bags on and then scrape their bodies with credit cards; sit in really hot baths - any thing to dehydrate themselves. They only eat salads and things that have a lot of water, no sodium, no fat, etc. The guys who have been at it for a couple of years teach the newer guys. The trick is to lose the weight but keep the strength.

For me it started to screw up my metabolism rate as well. My body was craving foods and it was harder to keep under control. I also got into running and aerobic exercises as well and with the throwing-up, in 6 months I had lost 54 pounds - dropping into the 190's for the first time in years. My self-esteem shot up. I became a lot more popular, it became easier to get girls, I felt better about myself.

I managed to maintain it for a year or so with a combination of regular physical activity and purging the eating binges. Actually the purging kept me from gaining as a result of all the binge eating and the running helped keep me stable. Eventually the purging just stopped, I had no need to keep it going, people told me I was skinny enough and I believed them. I started to date Susan (wife) and things were great.

Then Dad was diagnosed with cancer and was admitted to a palliative care unit. Things got out of control again. I was eating more carelessly, I guess to ease some of the emotions of watching him die, and I just fell into bad habits again. In an effort to control the weight gain I started purging again.

I was never one to eat and go throw up and then eat some more. There was intense shame over it, I knew what I was doing was wrong but I never let myself question it. Looking back at the other wrestlers now I honestly can't say that I suspect any of them were also into it. How would I know? Who would have told me? Who would I have told? It was too big a secret and as long as the weight stayed low few people asked how I was doing it.

Eventually I got caught, someone heard me in the washroom

and confronted me on it. I managed to lie away any suspicion but it scared me into stopping again; for a short while anyway. I wasn't doing it every day anyway, it was more of a secret weapon that I had, an ace up my sleeve, a desperate resort that worked.

At the last of it I began to realize that I had a problem, the word "Bulimia" began to hound me. I guess it scared me into stopping. I was also married by then and that helped a lot. It gave me a sense of stability and routine that helped my eating habits. She suspected that I was into it and confronted me."

Glen's pattern of binge eating and self-induced vomiting identifies him as bulimic. In fact, his is a story that we have come to associate with a disease often defined by it's forced regurgitation of meals. However, recent years have warranted expanding this definition to include a broader range of purging behaviour. While induced vomiting is a quick and effective way to compensate for overeating, it is one of a repertoire of behaviours that a person can use to prevent weight gain.

DSM-IV (1994) recognizes this in it's revised definition

that now identifies bulimia as:

"A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

(1) eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.

(2) a sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating)

B. Recurrent inappropriate compensatory behaviour in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behaviours both occur, on average, at least twice a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa."(p.549)

They go on to outline two types to include;

"Purging Type: during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Non-purging Type: during the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviours, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas" (p.550).

Glen clearly meets the criteria for the *Purging Type* of bulimia. While a desire to compensate for overeating is

something that many of us can relate to, and in fact, are often encouraged to do, few can identify with the extreme of holding two fingers in the throat until the gag reflex is triggered. Such extreme behaviour is what separates the diet conscious person from the eating disordered individual. The emotions that surround it are something that many of us know as well; the pattern of binge eating; the shame of being overweight; and the desperation to attain a more socially approved body size. While few people will go to the extreme that Glen did, a widened definition validates the struggles of many who do. Stuart is one man who knows Glen's struggle all too well.

Stuart can recall, with remarkable clarity, a childhood shadowed by the feeling that, as a male, he never quite measured up. The 37 year old lawyer openly shares his story of growing up in rural Nova Scotia, in a family where athleticism came naturally and hunting, fishing, and carpentry rigidly defined masculinity. He learned early that his interests in the arts, literature, and musical aptitudes earned him labels distinctly different from the men in his family. If it were not for food the rejection might have destroyed him.

"My memories of being a teenager are of being alone. All my siblings were good looking, athletic and attractive. I was "the fat one", obese in my early adolescence, alone not by choice. By 17 years I knew I was not attractive, to myself or to anyone else. In fact, I was so disgusted by my physical presence I was unable to engender any attraction from anyone else. And I was at an age when being attractive meant EVERYTHING.

There was no knowledge of what an eating disorder was; you were fat because your eating was out of control. You caused it yourself and therefore you had to get control of it yourself. So the way that I got control over myself, and find the attraction and acceptance that I wanted, was to cease eating. So I did. I would not eat for a whole day and then see how far into the next day I could go before I would eat again. The resulting weakness, mental "fog", and headaches actually encouraged me. I "white-knuckled" it during television commercials, and at times lost touch with the hunger feelings. I delayed eating as long as I could. But when I did eat just one bite - I REALLY ate. I would devour huge amounts, almost like an animal, totally out of control. And then the shame would hit, and then the panic, and then the cycle would start again. But the weight went down - magically. It was relatively easy to do in a home

where everyone was on a different schedule and there was always food prepared. No one knew I was skipping meals and no one missed the food when I binged. And they loved the weight loss. They said that I was "growing out of it". They never had a clue.

I literally remember one year being fat and the next year not being fat. The world, being what it is, not only was I not fat, I was totally different. I was taller. My skin cleared up. I had friends. Everything just clicked, and I was told that I looked great. I had totally transformed myself - the first, of what would become many transformations. I thought it was great. So I continued the cycles."

Stuart soon moved to college where, as with Glen, the whole lifestyle made the cycles more dramatic. "Life at university made weight gain inevitable. There was more drinking and smoking dope gave me the "munchies" - sending me on eating binges like nothing before. With it came a lot of fear that I wasn't up to the image that I had created. I was out of control again; the fear of failure, the fear of rejection, the loss of control over the weight gain. The cycles of starvation helped but by Christmas I returned home fat - again. I couldn't fit into any of my clothing which only

made me feel horrible, which made the cycles worse still."

This was the first of many weight gain cycles brought on by the extremes of binge eating and starvation. These patterns continued up to and into the early years of his marriage. While he never sought counselling, or other support, he eventually found a sense of peace as his life progressed. "The fat-thin pattern continued up to 3 years of marriage, with all the emotions and the brutal comparing myself to the image of what I thought I should be. People, to this day, expect me to have either gained weight or to have lost it. I still have three sizes of clothing in my closet; Small, Medium, and Large. Small is the goal - Large is the nightmare." While his weight is constant today, he still admits to having to be vigilant around his eating habits, working carefully at maintaining a balance between the two extremes that brought him equal pain.

Stuart's story identifies him as meeting the criteria for the Non-purging sub-group of bulimia. It also serves as a powerful example of how these conditions occur along a continuum with patients moving in and out of specific behaviours. Some researchers (Gwirtsman, Roy-Byrne, Lerner, & Yager, 1984) describe bulimia as a sub-group of anorexia and compulsive overeating - the middle ground between two

extremes of body size. This frequent overlapping of symptoms and behaviours is common among males with eating disorders (Steiger, 1989).

Stuart's pattern of dramatic fluctuations in his weight is a recurring characteristic of bulimia, and in fact, of any eating disorder. As with Glen, the vast majority of the men in this study reported weight fluctuations exceeding 50 pounds. This commonality exemplifies the recurring theme of "loss of control" for the eating disordered individual. Researchers have long identified this as a core issue in individuals dealing with eating disorders (Edmands, 1986; Rezek & Leary, 1991). While, as Stuart outlined, compulsive overeating is societally viewed as a total lack of control and restrictive dieting as over-control, bulimia would appear to be a desperate bid to move between the two extremes (Edmands, 1986). However, the reality of an individual with an eating disorder is a constant battle with control; to gain healthier and more realistic interpretations of it in their lives.

Given the severity of the behaviours that these men have demonstrated over the course of their lives, it is surprising that they were so successful at keeping their conditions hidden. Perhaps this is as much a comment on the

degree of control that they maintained as it is on the public ignorance about eating disorders in men.

Among the many characteristics that have been associated with bulimia are:

- preoccupation with food, especially sweets.
- binge eating, usually in secret
- vomiting after bingeing
- abuse of laxatives, diuretics, diet pills, or emetics
- compulsive exercising that fluctuates with other purging behaviours
- swollen paratoid glands
- broken blood vessels in eyes
- history of depression and dramatic mood swings
- intense self-hatred and low self-esteem
- sensitivity about body image
- shame and guilt
- planning days and activities around binges
- withdrawal
- high frequencies of other addictions
- impaired family and social relationships
- "all or nothing" thinking
- perfectionism
- disappearing after meals
- frequent checking of weight

- obsession with food, calories, recipes
- scars on hands and/or fingers. One hand (the one used for purging) may feel rougher than the other
- extreme desire to gain social approval in the community
- outwardly successful and well liked

Researchers have also identified sub-groups of men with particularly high frequencies of male bulimia. One, as Glen illustrates, is sports with weight restrictions and/or an extreme value on slimness. One study (Stoutjesdyk, et al, 1993) reports that; "Athletes are not at a higher risk for eating disorders than the general population; however, there is evidence that certain subgroups of athletes may be at a greater risk than others." (p.279-280). Some of these "at risk" subgroups include swimming and wrestling (Depalma, Koszewski, Case, Barlie, Depalma, & Oliaro, 1993; Drewnoski & Yee, 1987), gymnastics (Stoutjesdyke, et al, 1993), racing jockeys and light-weight football players (King & Mezey, 1987), rowers (Sykora, Grilo, Wilfley, & Brownell, 1992). Other sub-groups where there are high frequencies include people raised in dysfunctional families (Claydon, 1987; Zerbe, 1991), sexual abuse (Connors & Morse, 1993; Gleaves & Eberenz, 1994; Hernandez, 1992; Zerbe, 1991), individuals with obsessive compulsive disorders (Pigott, Altemus, Rubenstein, Hill, Bihari, L'Heureux, Bernstein, & Murphy,

1991), and men with gynaecomastia (Fisher & Fornari, 1990). In fact, of all the various forms of male eating disorders bulimia appears to much more strongly documented in the literature. This is a surprising fact when one considers that bulimia never became a diagnostic category until the 1970's (Zerbe, 1991).

One of the reasons bulimia appears more common among males than initially believed is the socialization process that males go through. Boys are taught early to be tough and aggressive in all their actions - to work hard, play hard, and be hard. As the ideal body image for men becomes more rigid and the pressure increases for them to attain these physiques, there is little wonder that a male will turn towards aggressive means of attaining it. The act of purging, in whatever format, is one of aggression, something that men learn early. Women, on the other hand, are socialized more towards a passive use of food. Women are even socialized to eat in different format than men; to consume less food, eat more slowly, take smaller bites, and have more shame for deviating from this "Eat like a lady" fashion (Mori & Pliner, 1987). The "purge of choice" for women is restrictive dieting while men are socialized more towards the use of exercise as a purge. Consequently, a woman who is overweight is often viewed as deviating from a

"lady-like" eating style and eating too much. Her male counterpart, on the other hand, is viewed as deviating from his social standards and not exercising enough. Young boys realize quickly the praise for athletic success, and the pain of athletic failure. And like Glen, many of them have more than external feedback riding on their success.

While sports may not predispose a person to adopting dysfunctional eating behaviour, no more than images of muscular men will, it can be a deciding factor for men who have a history of struggling with eating and/or body image. "Male athletes who are motivated to maintain a certain weight, such as wrestling and light weight football, may not necessarily develop an eating disorder but may suffer from dysfunctional eating behaviours"(Depalma, et al, 1993, p.699). Given the amount of reinforcement a man receives for athletic prowess, the use of sports as purging behaviour is not surprising.

Aaron Kipnis (1991) in his book Knights Without Armor discusses this desperate and often destructive search for masculine identity. He writes:

"As boys, we are actively engaged in the process of becoming men. But we're not exactly sure what that means. We certainly don't want to do anything that might make us seem unmanly or like girls. To become unmen is to essentially risk nonexistence; there are no

other viable options presented to us. So as we grow up we are always alert for clues about what is manly. Throughout our development and education we are encouraged to repress pain. This attitude is continually reinforced during our adult lives. If we cry out in pain, we'll be labelled a sissy, wimp, or whiner and risk being shamed for appearing unmasculine." (p.21-22)

Considering the socialization process for men, there is very little that would encourage a man with an eating disorder to identify himself and request help. This makes obtaining accurate prevalence rates next to impossible. Researchers identify this and name shame and widespread public ignorance as the main factors for men remaining silent (Mitchell & Goff, 1984; Murray, et al, 1990). This is magnified by a failure to recognize excessive exercise as compensatory behaviour to binge eating (Zerbe, 1991). One study (Robinson & Holden, 1986) reported that 1 in 24 identified bulimics are male and the rates are rapidly increasing. Another study (Gwirtsman, et al, 1984) placed the frequency near 15% of all disclosed bulimics.

If shame keeps men from self-disclosing eating disorders, it also often forces them to find independent solutions. While both Glen and Stuart were successful, so far, in doing that Barry was not.

Barry has only three memories of life before 14 years of age. One is a brief flash of his first year in school - of him being too fat to fit into the desk and all the other kids laughing. The second is of Grade Five, when the teacher sent him to the office to be strapped - he has no idea why. The third is of being called a girl because his breasts were so fat that people asked if he wore a bra. "The only reason why I remember 14 more vividly is because we received some new students into our class who had failed, and they teased me more brutally than the others. I was the brunt of all jokes, picked on constantly, never fit in, unable to stop it. So I isolated myself and stayed at home as much as possible."

As an obese child Barry had reasons to block out his childhood. Constantly rejected for his size and appearance, life became a living nightmare over which he had little control. "Gym class was the worse - the laughter, the names, the humiliation. I remember that they used to hide my clothing and I would be left alone in the change rooms too humiliated to leave to find help. No teachers would offer help anyway. I gave up expecting it would come. One way that I had to try and get the other kids to like me was to always have money to buy treats and give them, perhaps in an effort to try and buy their acceptance."

Despite the poor memories of his childhood, he can vividly recall the last bottle of Root Beer that he had. "It was my favourite drink and I drank a lot of it. I had a bottle everyday for recess and would stop at the store on the way home after school for another. I haven't had one since I was 15 years old. That day our parents were returning from having been away for a few days and I was at home with my older brother, Michael who was 14 months older than me. I was in the kitchen putting a roast in the oven, sipping a Root Beer, when I heard the loud bang. God.....everythingstopped. Out of the corner of my eye I saw the bathroom door move so I went to see what happened. I saw his glasses on the tiled floor.....and the pool of blood gathering around it.....then I saw the gun.....lying next to his body. There was no suicide note."

At 28 years of age, Barry is now able to speak of his pain-filled childhood with an honesty that is admirable. If the memories of his early years are too traumatic for him to recall, one can only imagine what they must contain compared to the tragedy of finding his only brother's body. He tells of how the suicide served as sort of a climax of emotion; turning the memory on but shutting all emotions down. He says that was the last time that he cried; not even when he was 21 and found a suicide note next to his mother's

sleeping body who had taken an overdose of pills in an unsuccessful attempt to end her own turmoil. Instead he retreated into overeating and bulimia.

"After the suicide the eating got worse. I binged on boxes of chocolates, potato chips, ice-cream, bars, cookies, pop, burgers, fries; anything that was quick and fast, sweets especially. It got so bad that I soon started to take laxatives to combat the growing weight problem. They worked to stop the gain and start the dieting for the first time. It was an idea that I saw on television and tried immediately. Before I knew it I was increasing the dosage, stopped reading the directions and quickly became dependent - physically and emotionally. Although I was always ashamed I was going to the store regularly to buy them. I tried vomiting once but it was extremely difficult to do. A few years ago I heard about Syrup of Ipecac and drank a half a bottle after a particularly bad binge. I became violently ill; as though I was going to pass my whole chest cavity up. It scared me against ever trying it again."

In addition to the laxative abuse, Barry soon started compulsively exercising to assist in regaining control over the eating binges that he found himself going on. "At the worst of it I was doing 12 hours of aerobics in six days;

teaching classes, doing gymnastics, weight lifting, and walking wherever I went. I would have done more if my body wasn't so damaged. I sprained my ankle three times, weakening the muscles and tendons so that I now have to wear a brace. I have knee problems and now have a curved spine which causes me to see a chiropractor every week for the past three years."

Barry's struggles continued up to a few years ago when the physical struggle became so difficult that he saw a doctor. "I was down to 165 pounds, considerably lower than the 220 I weighed in junior high school. While I thought I looked great I felt horrible. Blood tests showed that my haemoglobin and red blood cells were real low. I had a duodenal ulcer, was anemic, and so exhausted that a walk up a flight of stairs would make me dizzy. But I could still do aerobics for hours each day without fail."

It was then that Barry disclosed his bulimia and began to see a counsellor. While his experiences in recovery have been difficult, his weight is more stable and he hasn't taken laxatives for over two years.

CHAPTER FOUR

I'M STARVING TOO

male anorexia

"The summer of 91 was a complete blur. I starved my way through all of it. I guess it was my "bottom". I would sit listening to songs about death with a knife up to my wrist trying to get up enough nerve to do it."

At 30 years of age Bob could easily publish his biography. A successful engineer, he now appreciates the comfortable lifestyle that he has struggled to attain.

"I'd wake in the morning and I wouldn't want to eat. I thought I was fat and ugly and food was my enemy. I'd get a beer glass full of plain tea and a bag of microwave lite popcorn at 11:00 am and that would be it for the day. Then

I'd go to the video shop and rent three movies; come home and put the rowing machine in front of the television and row my way through all three, blanking out tiredness. I'd get off on the fact that I was getting dizzy. It told me that I was "back-in-control".

At 6:00 pm a bottle of Bacardi rum would be put on the table. I'd fill the same beer glass with ice, add the bacardi with a little diet coke, and then "down it" so as to blank out my worries about the calories that were in it. I drank real fast, used to call it "power drinking" - trying to bypass the emotions and go straight to the buzz. I'd finish most of the bottle and go out then with my friends, party most of the night, come home and take a handful of sleeping pills that would knock me out. I'd wake the next morning and the cycle would start all over again.

If I got too weak I would prefer to go home and lie down but when I couldn't do that I'd give in and eat something. As soon as the food touched my lips I was "gone", and even though I would immediately purge it I still panicked. I'd be on a mission - burning off way more calories than I could have possibly eaten - so as to justify the "slip". I had to punish myself for being so weak, for being a failure, for becoming "out-of-control". I was skin and bones and I LOVED

it. I got high off it. It made my day when people expressed concern."

Bob, like Barry, has few memories of his childhood. The ones that are present are of being teased by his father, failing Grade 5, beginning to lift weights at 13 years of age, and of being the class clown during high school. He says that, although he has no memories of it, he shared a bed with an uncle for the early years of his life. His mother recently disclosed to Bob that this uncle had sexually assaulted her during her own childhood. Bob wonders "if my uncle did anything to me. My older sister used to have sex with me - I know I fit the pattern of having been sexually abused. It was definitely a traumatic experience; a lot of guilt and shame. It definitely contributed to my low self-esteem, and self-hatred, and I guess the eating as well."

The summer of 91 marked the turning point in a long pattern for Bob, that began in his early childhood and ended when he was hospitalized in a residential treatment centre in the fall of 91. He was diagnosed as being in the late stages of anorexia and near death.

"It really became out of control at 18", Bob says, "when I started college and put on a few pounds. I was always small

and very active - hyperactive almost. But with all the studying in college the activity level fell and I ate more to comfort myself and help cope with the stress. People started to notice it, telling me that I was getting fat and that drove me half crazy. It was then that I started to purge my meals by vomiting it up. I had the best of both worlds then; able to eat foods that I would never let myself have before, and then get rid of it all. I also forced myself to exercise more - excessively actually, and I started to lose the weight. I lost way more than I should have but I loved it. It was really the beginning of my cycles. I would either be bingeing and purging everything, or starving and exercising like a mad man.

While I would be in the binge/purge phase I'd eat anything, sneak it, hide it, spending fortunes of money on junk food at the fast food outlets. It was nothing for me to eat five MacDonald Combos; 5 burgers, 5 fries, 5 desserts. I'd eat one and go throw it up, eat another, go throw it up. Mostly I ate in private. The times that I would eat in public I would embarrass myself. I could eat a 12 inch sub sandwich in seconds, literally blanking out as I chewed it. Other times I'd take a spoon to taste from the pot on the stove, only to realize a few minutes later that I had devoured it. I stole food from my parents house, from the guys lockers at

work, from friends kitchens. At the time I felt no guilt but afterwards would be destroyed by it."

While Bob says that his bingeing periods lasted a few months at a time, closer questioning discovers that they were much shorter. "All it would take is for two people to tell me that I was gaining weight and I'd stop the bingeing instantly. When the first person told me I'd start to panic. When the second person told me, the starving period would begin instantly. The self-hatred would kick in so intensely that I'd go near out of my mind trying to figure out ways to lose the weight. I'd starve and exercise until I lost all the weight that I had gained during the binge and more besides. To this day, I can recall each and every person who has ever told me that I was gaining weight. I hate them still.

As each cycle came around it got worse and worse, more in depth, and harder to hide. Gradually I got smaller and smaller over the years, finally reaching a low of somewhere beneath 120 pounds upon hospitalization. Each time I'd eliminate a new food until there was very little left. No salt, then no fat. I'd eat arrowroot cookies and yogurt, but then the arrowroot cookies would get dropped and soon the yogurt would be gone as well. Before I knew I was living on

popcorn and Bacardi rum.

When the summer of 91 hit I was also depressed and completely exhausted. It had beaten me. I had been to a number of psychiatrists, having been referred by the company doctor because I used to keep passing out on the job. They gave me more pills. At that point I never wanted to come out of it. I wanted to die. I thought death was an excellent option. My girlfriend left me; I was off work; I was drinking a lot; I was on countless pills; and while I was in a blur from the hunger, I hated to look at myself in the mirror because I was so grossly fat. One night I was so desperate to purge that I drank dish washing detergent straight from the bottle to help. My stomach was completely empty and the only thing that came back up was the detergent - bubbles. I just cried and cried."

Bob recounts how he was referred to a support group called Overeaters Anonymous where he met another man who was anorexic and in recovery. "For the first time I felt that I wasn't alone; I'm not crazy, and what I am experiencing someone else is experiencing. From that point on I couldn't deny that there was hope. He told a story almost identical to mine and had spent six weeks in a treatment centre. I couldn't believe that he could eat and maintain his weight.

I couldn't believe that he never drank, or purged and used to walk instead of run." Soon thereafter, Bob was admitted to the same treatment centre that the other man had attended and his road to recovery was underway.

While it may be difficult to distinguish Bob's characteristics from those outlined in Chapter Three, it is his distorted body image, intense fear of fatness, and refusal to maintain an acceptable body weight that defines him as anorexic. As with bulimia, true prevalence rates for male anorexia are difficult to identify but researchers place the rate at around 10-15% of the disclosed population and rising (Herzog et al, 1984; Inbody & Ellis, 1985; Zerbe, 1991).

Bob's story is a powerful illustration of the continuum of eating disorders as well as the complexity of behaviours exhibited by each condition. This is reflected in the revised definition of Anorexia Nervosa in DSM -IV (1994):

"A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g. weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).

B. Intense fear of gaining weight or becoming fat, even though underweight.

C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

D. In postmenarchal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration.)" (p.544-545).

As with bulimia, they go on to outline two sub-types:

"Restricting Type: during the current episode of Anorexia Nervosa, the person has not regularly engaged in binge-eating or purging behaviour (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)

Binge-Eating/Purging Type: during the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behaviour (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)" (p.545).

Bob clearly meets the criteria for the second type of anorexia even though his bingeing episodes were quite pronounced. In fact, the diagnostic criteria for anorexia has been heavily criticized for its inherent biases. The inclusion of amenorrhea is obviously exclusive of males and supportive of the stereotype that it is a female condition. Additionally, setting minimal weight loss standards could prevent early diagnosis. Actual weight loss is only one of many characteristics and, in fact, a result of the condition more than it is a causative factor. This is of particular importance for males where body types are naturally larger due to the extra muscle mass of the male physique.

Therefore, the stereotype of emaciated, child-like victims is not as accurate for males where pronounced weight loss is a late-stage symptom. Bob was hospitalized near death at 118 pounds. Such a weight for a female of his height (5'9") would be considered normal.

Complicating early diagnosis of anorexia among males is the tendency for them to be masked by other conditions. Arnold Anderson (1990), in discussing the diagnostic problems of eating disorders among males, states: "There are very few eating disorders that appear diagnostically as "lone rangers"; most have psychiatric co-morbidities. In virtually all hospitalized eating disordered patients and in the majority of eating disordered outpatients, the eating disorder is associated with at least one psychiatric co-morbidity"(p.142).

This may help to explain why anorexia "flies in the face" of the societal pressure on men to adopt lean and muscular body types. If boys are socialized towards V-shaped bodies with visible displays of strength, then why does the male anorexic reject this so blatantly by going to the opposite extreme of self-starvation? One answer seems to lie in what Bob disclosed: sexual abuse.

The link between childhood trauma and the development of eating disorders is a strong one. One study (Bulik, Sullivan & Rorty, 1989) reports that between 35-65% of eating disordered patients have histories of sexual abuse. Another study (Gleaves & Eberenz, 1993) reports that 71% of treatment resistant patients with eating disorders were sexually abused as children. Kathryn Zerbe (1991), writing on the clinical challenges facing eating disorders in the 90's supports this observation: "Confirmed histories of sexual and physical abuse are rampant among patients with eating disorders. At any given time, more than 50% of the patients in our treatment unit will report a history of sexual and physical abuse that has occurred over several years"(p.171). When considering the effects of sexual trauma on a child, male or female, the development of an eating disorder seems more logical.

Sexual abuse, like eating disorders, is only now beginning to emerge from it's closet and challenge the stigma that men are not affected. In his ground breaking book, Victims No Longer, Mike Lew (1990) writes on the effects and frequency of male sexual abuse.

"Feeling, for example, that his body is ugly and unattractive, he [male survivor] may resort to self-destructive eating habits (including rigid dieting, anorexia, or bulimia). He may attempt to perfect his physique through compulsive body building coupled with

the use of steroids. If he was once overweight, he is ever vigilant in his war on calories. No evidence of mirror, height-weight charts, or the reactions of others will convince him that he is not grossly obese or in imminent danger of becoming so.....the "Catch-22" of this situation is that it also feels dangerous to appear too attractive. If other people find the incest survivor attractive, he believes, they will abuse him" (p.121-122).

Shamed, violated and often blamed for the assaults, children will learn to disconnect from their emotions and the bodies that store them. Boys who were assaulted by men quickly learn to hate their bodies, punishing it for "attracting" the male perpetrator, responding to the acts, or not being strong enough to defend itself. This connection was reiterated by the anorexic man whom Bob met at his first meeting of Overeaters Anonymous - John Andrews. In his book Not Like Dad, Andrews (1994) recounts his own battle with anorexia, showing its development from the sexual abuse in his childhood. In discussing his own cycles of starvation and purging he writes:

"It seems that the more pain I was in the better I felt. It gave me a way to numb my emotions, yet express my anger by punishing myself. It fuelled the hatred I felt towards my own body for not being masculine enough or strong enough or attractive enough. I hated my body for feeling the pain that I tried so hard to avoid. I hated it for giving in to {the perpetrators} touch, for responding to gay sex. I hated it for not being able to fight off older boys or to strike back at Dad"(p.79).

The abuse of food can effectively serve a variety of needs for the sexually abused child. Food can become a numbing technique, helping the client cope with the emotions and

memories of the assaults. Active starvation can give the victim a sense of control and lessen anxieties over their sexual attractiveness. Purging can become a release of anger and emotion. For compulsive overeaters, excess body weight can offer physical protection as well as decrease their physical attractiveness and lessen their chances of being sexually approached (Rader, 1992). In addition, compulsive exercise can build physical strength, giving the victim a sense of power. Hernandez (1992) comments on this:

"Dysfunctional family environments typically leave adolescents with less surety about personal boundaries, less sense of positive self worth, less sense of clear direction and future orientation, and a greater propensity towards self destruction - all of which have something to do with eating and drinking habits and weight control. The consumptive addictions - alcohol use and eating - are particularly likely to occur when personal boundaries are weak and when there is poor self-regulation; food, drugs and alcohol work particularly well for self-medication because of their mood-altering characteristics"(p.4).

The National Eating Disorder Information Centre (1990) of the Toronto General Hospital supports the connection between eating disorders and sexual abuse. They state:

"Sexual abuse produces a real sense of not being in control of one's body. If as a child one's physical and emotional boundaries are violated through abuse, it can be expected the individual will have difficulties with defining and accepting their own physical and emotional needs. The anger, fear, shame, guilt, vulnerability, powerlessness, disgust, self-hate and blame associated with the abuse are expressed through the extreme self denial and punishment of anorexia, or the need to present an exterior of control while the inner world is one of chaos as in the case of bulimia"(p.3).

The high prevalence of sexual abuse amongst those with eating disorders was powerfully demonstrated in this research. Most all of the anorexic men and 70% of the bulimics and compulsive overeaters disclosed histories of abuse. This may help explain why researchers have made a strong connection between male anorexia and sexual identity confusion. While researchers (Herzog et al, 1984; Ziesat et al, 1984) have identified confusion over sexual identity as a symptom of anorexia in men it may well be a case where the confusion is more a symptom of the causative factors for the eating disorder than of the disorder itself. Anorexic males, in general, display much more anxiety with regards to sexual activities and relationships (Herzog & Bradburn, 1990). Given the intense self-hatred, body shame, and control that anorexia carries, is there any wonder that sexual dysfunction would be so strong a characteristic?

This connection between anorexia and sexual identity confusion has fuelled a myth that male anorexia occurs only within the gay community. Studies (Silberstein, Mishkind, Striegel-Moore, Timko, and Rodin, 1989) do show that male homosexuals are more concerned with their physical appearance and have heightened body dissatisfaction. The perceived ideal male body size within the gay community is smaller than that within the heterosexual community.

However, with the AIDS scare of the early 80's this changed. Suddenly thin meant "at risk" and the focus switched to "healthy" lifestyles. Rod, who shared his story in Chapter Two, himself a gay man, discusses this.

"While in the early days of AIDS, with so much ignorance and fear surrounding it, a thin body size did raise suspicion, but the gay community responded so quickly and so effectively that the stereotype quickly passed. Gay people have been so victimized by society, from all angles, that they constantly strive for perfection in all things. It translates into self love. A lot of gay men genuinely love themselves and they take the most from their bodies and their minds and their souls and they give it right back at themselves. Most of the straight community don't want it anyway so where else is it going to go? We channel the love and acceptance back into our own community where we promote self-acceptance and healthy lifestyles. Now, at the same time, no self-respecting queen would dare put on a few pounds less they be perceived as fat and ugly!"

Sexual abuse has an extremely high correlation with eating disorders, anorexia in particular. It is, however, only one of several sub-groups of men where prevalence is higher.

Researchers conclude that the anorexia is more prevalent among the same sub-groups of males as bulimia. They go on to outline the following additional characteristics for it:

- refusal to eat, except tiny portions
- continuous dieting
- denial of hunger
- compulsive exercise
- excessive facial/body hair & loss of hair
- extreme sensitivity to cold
- "energy crashes" - hyper one minute - lethargic the next
- driven - perfectionistic personality type
- well liked, highly organized and successful
- highly competitive
- histories of sexual identity confusion
- histories of being teased by other children
- fondness for sweets
- excessive caffeine consumption
- alcoholism & drug abuse
- obsessed with cooking and nutrition
- frequent use of weight scales
- socially isolated; few or no close friends
- prefer to eat alone
- appears "phobic" over certain food types, especially fats

-diminished libido

While Bob's story is a strong illustration of the nature and characteristics of the Binge-Eating/Purging Type of anorexia nervosa, Ralph describes the restrictor type. However, unlike Bob, Ralph is still very much in the midst of his struggle.

When you step into Ralph's office the smell of popcorn is overwhelming - mouth-watering in fact. For a medical research laboratory it does seem curiously out of place. An air popcorn maker is perched on a stack of research books. Next to it sits a tiny kitchen scale bearing a little pile of kernels in a white plastic dish - obviously measured to it's exact portion. When you meet Ralph, however, it all makes painful sense. At 107 pounds and 5'9", the 47 year old research doctor is a visible portrayal of the effects of anorexia.

He sits at his desk, dwarfed by the ceiling high book shelves and computer terminals that surround him. His voice is almost a whisper - slowed and devoid of any emotion. He sips water from a faded 1 litre yogurt container and munches popcorn from a small bowl that has the numeral 4 written on

it in black marker. When asked about the number he points towards a neat stack of identical bowls that are numbered 1, 2, and 3 and a fifth bowl bearing the numeral 5 laid off to the side. "I number the bowls so as to know the order I am eating them in. That way I know which is freshest, and how much I have eaten. I used to eat 5 bowls a day but now I'm down to 2."

"I was a skinny kid; never particularly had a large appetite, and in my teenage years started to do push ups. I put on a lot of weight - muscle, but when I got married all that stopped. I never went higher than the 150's (pounds). I never dieted and ate normally but I became more concerned as I got older. I was beginning to feel like I had a bit of a belly. That's when I learned that my cholesterol was moderately high. I knew that there were heart problems in my family and that it went with high cholesterol so I became REAL concerned. So I cut out cholesterol....and fat. Actually I read the Pritikin Diet and used the philosophy to cut all fats from my diet."

Ralph says that his cutting the fats from his diet was the beginning of his weight slide. "I always did have a problem with fats.....but some fats were okay, like ice-cream. I could eat litres of ice cream and it was okay. But if I ate

one small piece of pizza I would stay awake all night upset about it. It would just sit in my stomach, and I knew that it was there. I guess that sounds sort of strange. But the pizza soon went, as did the ice-cream. I miss the ice-cream. I read somewhere once that if you maintain your weight at 15-20% below what you were at age 20, then you will stay in good health. So my weight has been on a slow slide since then. I weigh myself every day so I always know."

"Now I eat no fats and avoid any foods that can be consumed quickly. I take a lot of vegetables. I arrive at the lab at 6:00 in the morning and cook here before any of the staff get in. I have a small salad for breakfast. At lunch I eat some hot vegetables that I cook in the microwave. For dinner I will eat another salad. Throughout the day I will weigh out and eat about 600-700 grams of air popped corn, no salt, no fat, and little water. I will have some fish or some chicken - no skin, breast only, microwaved. I have a little oats and cereal with water - no milk. I take some vitamin supplements but not the full dosage." He reports that he leaves his office at 11:00 in the night, and maintains this 17 hour work day for 7 days of the week! It helps explain why he keeps all his food in his office; "I have no need for any of it at home."

Two months ago these eating habits led to an obstruction in his bowels, resulting from dehydration. He was hospitalized for two weeks. "The doctors expressed some concern. There was really two issues, the long-term one and the immediate physical one. They mainly focused on the immediate one but some concern over my diet was expressed so I'm trying to watch it now. I've lowered my popcorn intake and drink more water." He reaches for the yogurt container and takes another sip, almost as if his words reminded him that he has to do it. "They also told me that my blood pressure is really low, that I'm anemic, that I have lost 50% of my bone density, that my lymphocytes are low, but I challenged them on that because I haven't had a flu in over 10 years. I'm in great health. But I do have to drink more water.

What this diet does is that it keeps my body on "slow idle". Most people weigh more than they need to. The body has to burn off calories because that's all that the body does. When you're overweight there are more calories to burn so the body over heats and is on "high rev" and that's hard on the body. My body is kept on "low rev" and that's better for long term survival."

Ralph is quick to add: "Exercise is very important. I use to wake up and bike into work at 4:00 am - about 45 minutes.

Then I would get a ride home with my wife because I would be too tired in the night, but she died last year so now I have no way home with the bike. So I walk for an hour every afternoon, will take a short ten minute walk every hour, and will never use the elevator to come up here (5 floors). I will take the elevator down because I read that it is hard on your knees."

Ralph is quick to defend his eating habits, and is equally fast at defending against the label "anorexia". "I've been telling myself that I am underweight but I feel much closer to my ideal weight than most people. In order to hit the ideal range I probably should gain 10 pounds and go up into the low 120's. But there are some things about anorexia that are not my problem. Concern about weight obviously is, but my concern is healthy. Concern about appearance isn't because I don't try to make myself appear smaller than I am, I would never wear skin tight clothing. It's expected that men look like.....you know.....the protector....but I think that health is more important. Of course, I think that a lot of things are more important.

If there is any anorexia.....what it has given meis a sense of control over part of my life. So many things are not under control.....but I can control this, and I think

that's probably what the difference is between 107 and 120 (pounds)....this feeling like I have control over it. 7 years ago my wife and I went on a hike that was quite difficult and demanding. I knew that I needed the energy and the muscle so I put on 5 pounds and then I lost it afterwards. It was quite easy and that is the control. I can push it up when I need to and lower it when I want to. They don't talk about control much when they do talk about anorexia. And I guess that's why I don't feel like I'm classical anorexic: the young adolescent female who feels insecure and fat and who wants attention. I don't really want attention.

Ralph was difficult to interview. While it was obvious that a lot remained unsaid, especially concerning his childhood, it was more obvious that Ralph has very little awareness of any possible connections. His denial is over-whelming. Despite all the evidence to the contrary he firmly believes that he is healthier than the average person. It invokes a conflicting reaction of anger and sadness.

His struggle is far from over.

CHAPTER FIVE

VISIBLE PAIN

male compulsive overeating

David watches as his daughter follows in his footsteps; completely terrified for her. At 20 years of age, and weighing more than 250 pounds, her weight is quickly nearing his own 290 pounds. He knows the pain that each pound carries. He is also aware that he is coping with it in the only way that he knows; overeating, which is edging him back towards 300 pounds - again. "She's just like me - worse in fact. When I was her age I was only 137 pounds, but like her I gained it quickly."

Even at 6'2", the 50 year old pharmacist is a large man. In fact, he appears much larger than 290 pounds; and he quickly adds that he hasn't been on the scales in "quite some time,

but I usually can guess it about right". He appears nervous in discussing his weight, but like the other men, jumped at the chance to tell his story. Over the years his weight has fluctuated from a low of 137 to highs of just over 300 pounds. It's a story he knows all too well.

"As a young child I was slightly chubby but got sick when I was 8 and was diagnosed as asthmatic and lost all the weight quickly. I stayed thin throughout all of my teenage years and young adulthood. I walked everywhere and never had to worry about food or eating even though I was a horrible eater. Mom was always after me about my unhealthy eating habits - mostly junk foods. The list of what I wouldn't eat was much longer than the list of what I would eat but I ate A LOT of what I did eat. But whatever calories I took in I burned off, the walk to my girlfriends house was 4 to 5 miles and it was nothing for me to do that 2 or 3 times a day. Now I won't even walk to the corner store.

At 23 I got my first full time job in May, with a company car, and I got married in June. It was the first time I ever had a car and the walking stopped instantly. I gradually gained weight over the next 5 - 10 years, a little bit at a time and before I knew it I was well over 250 pounds. I couldn't even tie my shoes. When it was that excessive,

combined with the asthma which was out of control as well, I knew I had to do something. So I started to diet.

After a few years of fooling around with it and my weight continuing to climb, I finally went to Weight Watchers. I was 284 pounds. I was desperate. I followed the diet to the letter. If they said eat two carrots I ate two carrots. I also got right into swimming. At first I was too ashamed to go to the pool, I could barely move. So my wife and I used to go out in the night and walk around the block after dark so no one could see us. I started swimming lessons, unable to swim and within 16 months I completed my life guard certificate. I was just as compulsive about swimming as I was about everything else.

I went down to 196 and managed to keep it off for awhile. I felt great and I loved the walking and the swimming - it was excellent. But I soon drifted from the strict diet plan, and from the walking and eventually from the swimming as well. The weight crept back on. I ended up going to Overeaters Anonymous for a couple of years. It helped. A lot of the stuff I could relate to; a lot I couldn't. The thing that it did help me do was accept the fact that I had a drinking problem. In fact my drinking was causing more problems in my family than my eating was. My wife had been going to Alanon

for a couple of years by then. It was certainly not news to her that my drinking was causing problems. Going to OA made me honest enough to go to AA and stop drinking. That was 8 years ago and I have been sober ever since. I have never been back to OA and the food has gotten worse.

I will never have sugar in my coffee and will always drink diet coke. But I'll devour a brownie or cake. I'll eat somewhat sensibly throughout the day but will "graze" through loads of food in the night. Last night, for example, after supper I ate a chocolate bar, a large bag of cheezies, some crackers and cheese, 2 litres of diet Coke, a couple of glasses of milk, and then an apple. It's strange but I'll eat fruit if I'm desperate and everything else is gone. I eat to handle stress or any emotions.

Now I'm too big to go back to the swimming. This summer I hope to get into shallow water fitness. I know that I have to do something. I see it in my daughter and there are times when I feel guilty about that. I know I shouldn't. Even if it's a genetic thing, it's still not my fault - but it's hard, real hard. There are times when I have to bite my tongue not to get on her back about it. I say "hey - go look in the mirror buddy, get yourself straightened away before you start giving other people advice." But I'm really

concerned about her health, she already has back problems and joint problems....and I know that she will feel better about herself if she lost the weight. I have to be brutally honest with myself. I know that if this was drugs or anything else I would be saying to myself "how can you say you're sober when you are still tangled up with it". I'm more and more coming to that realization now. If I'm going to be real contented I'm going to have to lose the weight. The chances that I'm going to be real happy and healthy at, say 65, are not very good."

While the physical result of David's misuse of food is different from the other men whose stories we have heard, the emotions that accompany it are painfully similar. Shame, loss of control, obsession with food, repeated efforts and plans to address the problem, secrecy, eating for emotional reasons, preoccupation with body image, addictions and compulsive behaviours, are themes that are as strong in David's story as they were in the men who struggled with anorexia and/or bulimia. The obvious difference is, perhaps, his inability to hide the problem as effectively as the others. David's struggle, while on the same continuum as anorexia and bulimia, is much more visible.

David is far from alone with his weight problems, though he

has never discussed it with another man, other than his doctor.

Statistics Canada(1991) report that 23% of the population aged 20-64 is at risk of developing health problems because of excess weight. The prevalence of being overweight is greater among men (28%) than women (18%). Despite all the focus today on exercise and fitness, the rates of obesity continue to climb. In fact, researchers (Davis et al, 1993) have identified a cycle among the overweight where high body fat increases appearance anxiety and decreases the likelihood that they will ever exercise. It is the only area of eating disorders where men outnumber women and is perhaps the least hidden of all the dysfunctional uses of food.

Researchers tell us that the children are also affected. According to Canadian Fitness and Lifestyle Research Institute (1993) youth are becoming less fit. While they "spend more time and energy on leisure-time physical activity than they did before, they tend to engage in less vigorous activities. They may pursue activities of low intensity while shunning moderate-intensity exercises." They go on to report that both muscular strength and endurance decreased in the 1980's.

While the rates of obesity continues to climb, and overeating receives more attention in the research literature, one question that remains controversial, and somewhat unanswered is: "Does it qualify as an eating disorder?"

The first step, perhaps, in answering this question is distinguishing obesity from compulsive over-eating. Obesity is a physical condition, often defined as body weight that exceeds 20 pounds above acceptable standards for age and height. The World Health Organization (1989) states that a BMI (Body Mass Inventory) value of 30 or more should be taken as signifying obesity. There are many biological, behavioral, and even genetic reasons why this may be so. Compulsive overeating, on the other hand, would be defined more along the lines of a behavioral and emotional disorder that eventually could lead to a physical manifestation of obesity. The two conditions are no more analogous than anorexia and thinness.

DSM-IV (1994) does not contain a category titled "Compulsive Overeating" yet treatment centres and psychologists, the world over, specialize in treating it. There is provision for the inclusion of this condition within the subgroup of bulimia, as discussed in Chapter Three. There is also the

broad category of "Eating Disorder Not Otherwise Specified" (307.50) in which it could possibly be classified as "Binge-eating disorder: recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviours characteristic of Bulimia Nervosa" (p.550). Certainly, David's story would fit this description.

DSM-IV (1994) does specifically address the exclusion of compulsive overeating: "Simple obesity is included in the *International Classification of Diseases (ICD)* as a general medical condition, but does not appear in DSM-IV (1994) because it has not been established that it is consistently associated with a psychological or behavioral syndrome. However, when there is evidence that psychological factors are of importance in the etiology or course of a particular case of obesity, this can be indicated by noting the presence of Psychological Factors Affecting Medical Condition (p.675)" (p.539).

Obviously, not all obese patients would meet the criteria for bulimia or even identify themselves as engaging in binge-eating. As previously stated, obesity has many causes. However, there is considerable research to indicate that a significant portion of those with weight problems do report compulsive binge-eating and, therefore, come closer to

qualifying as eating-disordered. David is perhaps, one of these. He has lost the weight and re-gained it, does not suffer from any identified physical cause for the obesity, struggles with a lack of control, and self-reports that he eats for emotional reasons. Studies have been indicating this connection for years. One article (Devlin et al, 1992) reviews the work of several researchers who indicate that "between one-quarter to one-half of obese patients seeking treatment reported significant problems with binge eating" (p.335).

Additionally, histories of rigid dieting could be considered as compensatory behaviour and therefore qualify as criteria for Non-purging Type for Bulimia. A study by Marcus, Wing and Hopkins (1988) indicates that 68% of obese binge eaters used frequent rigid dieting as an attempt to control weight. Mitchell (1991) supports this: "In addition to binge-eating, many of the binge-eating obese also experience other symptoms (e.g., concern about weight, self-deprecating thoughts, stringent attempts at dieting, etc)" (p.330). Brone and Fisher (1988) in a study comparing adolescent obesity with Anorexia Nervosa: "Failure to classify obesity as an eating disorder may de-emphasize the misuse of the eating function as an attempt to solve or mask adjustment problems of many who are obese" (p.156).

Although the controversy and research continues as to whether or not compulsive overeating is an authentic eating disorder, more and more people, men in particular, are seeking treatment for it. Weight Watchers, which has over 2 million lifetime members and approximately 852,000 weekly members, reported that they are now seeing more men join. Nancy Andrews (1995), General Manager of Weight Watchers for Atlantic Canada says, "Currently, approximately 2% of our clientele is male, up significantly in recent years and growing. In fact, men have recently demanded that they be included in advertisements that have traditionally shown women only. Men tend to believe that they can do it on their own and it's a little intimidating for them to come and ask for help at first" (personal communication, January, 1995).

Overeaters Anonymous, an international 12-step group for overeaters that borrows heavily on the approach developed by *Alcoholics Anonymous*, now has over 10,000 groups in 42 countries (personal communication, April, 1995). One study (Marston, Jacobs, Singer, Widaman, & Little, 1988) of high school students shows that 26% of males and 57% of females scored above the cutoff point for *Overeaters Anonymous*.

It is from *Overeaters Anonymous* that we receive what is, perhaps, the most accepted and widely used criteria for

diagnosing compulsive overeating as dysfunctional behaviour. The "Questions of O.A." is a self-checklist, similar to the diagnostic questions for Alcoholics Anonymous, that are used to qualify for membership. The checklist, interestingly, does not focus on physical features of body size, but addresses the emotional and behavioral affects of the misuse of food.

ARE YOU A COMPULSIVE OVEREATER?

1. Do you eat when you're not hungry?
2. Do you go on eating binges for no apparent reason?
3. Do you have feelings of guilt and remorse after overeating?
4. Do you give too much time and thought to food?
5. Do you look forward with pleasure and anticipation to the moments when you can eat alone?
6. Do you plan these secret binges ahead of time?
7. Do you eat sensibly before others and make up for it alone?
8. Is your weight affecting the way you live your life?
9. Have you tried to diet for a week (or longer), only to fall short of your goal?
10. Do you resent others telling you to "use a little willpower" to stop overeating?
11. Despite evidence to the contrary, have you continued to assert that you can diet "on your own" whenever you wish?
12. Do you crave to eat at a definite time, day or night, other than mealtime?
13. Do you eat to escape from worries or trouble?
14. Have you ever been treated for obesity or a food-related condition?
15. Does your eating behaviour make you or others unhappy?

Have you answered yes to three or more of these questions? If so, it is probable that you have or are well on the way to having a compulsive overeating problem. We have found that the way to arrest this progressive disease is to practice the twelve-step recovery program of Overeaters Anonymous.

* O.A. Conference approved literature c.1979

These are questions that Chris knows extremely well. He answers yes to all of them.

Chris's weight has gone from highs of 270 to lows of 169. The tears flow uncontrollably as he shares his story. "Today I try not to dwell on my past. I guess the pain is overwhelming. I guess there's more there than I have managed to deal with." At 30 years old he is struggling to get his life back on track. He maintains a job as a janitor, has just returned to university - following a recent diagnosis as being learning disabled, and visits his counsellor weekly. As he tells his story there is a strong sense that he pieces parts of it together - coming to some awareness for the first time.

"As far back as I can remember my parents referred to me as husky. When I was 2 or 3 my older sister called me fatso. I can remember it vividly. The name kinda stuck. I always had trouble making friends and in a way became the target of taunts and jokes by the other kids. It wasn't easy.

I now know that I have a learning disability and Attention Deficit Disorder, but I thought back then that I was stupid and bad. I was never the popular topic at parent-teachers night. By Grade 2 I wanted to quit school for the first

time. The teacher would ask the other students when she came back into the classroom if Chris was a bad boy while she was out. I quickly began to believe that I was indeed as bad as they would always say I was. During recess the kids would taunt, "Extra, extra, read all about it Chris is retarded, no doubt about it." I still have trouble making friends. I don't really know if the teasing was related to being overweight or the lack of intelligence skills that resulted in my being called "stupid", "retarded", "dummy",.....those are the names.....

In Grade 5 one day we were doing sentence construction. The teacher went to the board and wrote two phrases that had to be joined into one sentence. I can still see them there...."There is a boy in our class named Chris"..... and....."sits in his desk and sucks his thumb all day." Perhaps I was being paranoid but I was the only one named Chris. And....I still had the habit of sucking my thumb.

I used to love to wander away from home and explore the world. My parents would get calls from school or from the police saying that I was missing or that they had picked me up. It would always be innocent but when I got home they'd spank me in an effort to teach me discipline but all they taught me was fear. I never learned respect. I learned fear.

When I was 9 an older boy got me alone down by the golf range and twisted my arm to give him a blow job.....I guess they would call it abuse.....I hope and pray that sick bastard got help."

Chris describes a childhood characterized by loneliness, pain, and continued abuse from every angle. When he tells of the comfort that he found in food you are almost relieved for him.

"So I found comfort in food. It was my good buddy, my security blanket....it soothes the soul. By 13 I smoked my first cigarette, by 18 I had my first drunk, and it was soon after that I started with dope. Actually, the dope made the eating much worse. The munchies that I would get caused me to go on binges much worse than before. But food was always my "drug of choice", my number one addiction. When I binged I felt the whole 9 yards: powerful and powerless; excitement and shame; relief and mounting tension. My main trigger foods were fats such as mayonnaise, french fries, potato chips; anything that was either high fat and/or sweet.

About 9 months ago I guess it all started to fall apart. I woke up one day and the old saying of "being sick and tired of being sick and tired" just kicked in for me. I was hung

over and strung out, \$3,000.00 dollars in debt, and in the midst of a bad breakup with a friend. My weight was totally out of control, as was my diabetes. I couldn't think straight. I was a real mess. I ended up going to see the EAP officer at work and told her everything. That was the beginning of the road back."

Since then Chris has attended 12 step groups such as Narcotic Anonymous and Overeater Anonymous. He says that, "I only came to the realization that I have a problem with food seven months ago. Now I can explain it. Now it all makes more sense. I am an addict. I use anything addictively. I am abstinent from compulsive overeating since Monday and I'm real proud of that."

It is relatively early on Chris' road towards recovery. While there appears to be a lot that he has to deal with, he is adamant that his eating problems are central in his life. The teasing that he encountered during his childhood is an issue that several of the men shared. The presence of a learning disability also surfaced in about 30% of the other men whose stories we have heard. Sexual abuse also emerges as another theme. While the source of these men's childhood pain may vary, one thing that is constant among them is the abusive use of food as an effective coping tool.

CHAPTER SIX

IN SEARCH OF ADONIS

compulsive exercising

At 20 years of age Keith was featured in Flex magazine, after winning his first body building competition. At 21 he was using anabolic steroids on a daily basis and supplying them to his friends. By 22 the 6'2" man was the envy of the gym, striking an impressive pose at 278 pounds, with a 38" waist, 54" chest and near zero body fat. His was "the look" that most men were striving for, but for him it wasn't near good enough.

"I was eleven when Dad gave me my first weight set, the concrete cheap type that most teenage boys have at one point or another. Along with the weights came a booklet outlining some programs, with pictures of some male body builders. It

was the first time that I saw a picture of a man whose body I thought was perfect. Huge, well-defined muscles, tall and impressive; at first I thought that it was fake but as soon as I realized that it was real - I was hooked. I wanted that look and nothing, absolutely nothing, was going to hold me back. The idea of powerful and strong.....to me it was the perfect image of what men should look like."

The single, 30 year old student says that it began in earnest when he entered high school and for the first time was unable to defend himself against older and bigger boys. "I was always tall and big for my age but never had the strength. I also had a problem with girls -approaching them, knowing what to say. I was quiet and reserved, not knowing how to act. A year after I started training -lo & behold - there was a transformation. I had the confidence and the self-esteem to be myself around anyone, no matter who it was. I was looking in the mirror and seeing something that I liked more and more. I liked the look as much as I did the strength. I was becoming, slowly but surely, the man in the picture and I loved it.

At 15 I joined a gym with older guys....what a place! It was fascinating for me. The guys looked like the men in the pictures and I wanted to look the same. I quickly excluded

myself from all my friends and just went for it. I never hung out with the regular guys and spent all my time at the gym and reading books on body building. Within 2 years people were noticing the change and I was well on my way.

By 20 years of age I was 250 pounds and it was pure muscle. I couldn't get clothing to fit me and I loved it. I bragged to all the guys that I had to specially order clothing big enough for me. It was a real ego thing. I was training 7 days a week, 3-4 hours each day - all weights, no aerobics. I was eating a lot of food consuming as many calories as I could to build muscle. I ate 6 huge meals a day and was drinking milk like it was water. Food means strength and I wanted strength more than anything. If I was training for competition then I wanted to look like an anatomy chart so I would begin to strip every bit of fat off me. I took the skin and fat off all my proteins, boiled it down before I cooked it. Then I would weigh it so as I would know exactly how many calories were going into me. Each week I would lower the intake a bit, slowly stripping the fat until there was nothing left except muscle.

Body building became the number one priority and everything that interfered with that was removed. It dominated everything. I was in a relationship with a young lady whom I

really cared for but I actually told her that she was second in my life - that my body came first and that she could not interfere with that. It was something that she had to live with. I can't believe that she stayed as long as she did.

When I first won competitions it became even more intensive. That's when the steroids started. There are two types; orals and injectibles. I was taking orals everyday and using the needles 3 times a week. I know that you are supposed to cycle them, give your body breaks so as to clean itself out, but I was driven. I was seeing a doctor who at first prescribed them to me, and he would run liver and kidney tests to make sure that no damage was being done. There was never any negative side effects.

While they are frowned upon in competition, everyone knows that in order to compete they are a necessity. In the small local competitions they don't test because it's too expensive. For the bigger competitions you have to clean your body out before you go on. That takes a team of doctors and chemists and a lot of knowledge of your own body; knowing what combination to take and when to stop taking them so they are out of your body. Eventually I was getting them from the black market, through connections within the sport. In order to pay for my own, I supplied all the other

guys with them. Who ever wanted them came to me and I helped educate them, as best I could, about how to take them."

While Keith's compulsive desire to gain fame and prestige with his body brought him to the edge of it, he soon realized that he couldn't go as far as he would have liked. "You never achieve your pinnacle, you are always striving for better. I never achieved enough - I still wanted more. You can always be better, you can always be bigger, you're never satisfied. You're always motivated to go keep going. Even if I won Mr. Olympia I would say that when I come back to defend my title I have to be bigger and better. I'm not interested in giving in or slowing down. I'm only interested in go - go - go. When I had to accept that I was never going to reach the fame I dreamt off it was hard, REAL hard. I had to dig deep within myself to accept that I was nearing 30 years of age, with no means of achieving an income, chasing dreams that weren't being realized as much as I wanted them to. I had to settle on a career and begin schooling. I had to tell myself, 'Okay Keith, you have to do what you have to do, get the education and then you can go back to it.' That was rough, but it's almost over now - one year to go - and then I can get back into it. And when I have more time, and the career, I'll get back into it - including steroids to give me back the look that I love so

much."

Keith managed to build his body to a standard of masculine strength and definition that would be the envy of many young men. A recent study (Fitness Canada, 1991) shows that approximately 40% of males between the ages of 15-24 report to be regularly involved in weight training. As the pressure on young boys to attain the V-shaped, muscular body escalates, more and more males, like Keith, are going to greater lengths to attain it.

Steroid abuse has increased dramatically among male body builders and young adolescent males who are in desperate search of masculine identity. The Canadian Centre on Substance Abuse and The Addiction Research Foundation of Ontario (1994) report that over 30,000 Canadian males between the ages of 16-18 are using anabolic steroids. 265,000 young people between 11-18 use painkillers to improve their performance and 94,000 use stimulants for the same reason. They go on to profile the typical steroid user as being male, 14 years of age or older, who believes that anabolic steroids will improve their performance or make them look better. The motivating factor appears to be appearance with 49.5% of these males crediting the steroid with improving their looks. In addition, 27% say that they

consume extra protein; and 26% say they consume large doses of caffeine. In no sport is this more prevalent than in body building where one study (Depalma et al, 1993) reports that 45% of males use some chemical agent to compete and engage in active hypohydration techniques including steroids, laxatives, and diuretics. Keith is obviously not alone in his quest for the Adonis look.

The pressure to attain this muscular image is so powerful that researchers (Lamb, Jackson, Cassiday, & Priest, 1993; Pope et al, 1993) have now documented a new condition, primarily among male body builders, titled "Reversed Anorexia". This condition closely resembles anorexia nervosa, except that the conditions are in reverse. The male, fearing that they are too small, will developed a distorted body image and dysfunctional behaviours such as, refusing to be seen in public, excessively exercising, and overeating so as to gain muscular mass. The diversity of body image dysfunction continues to escalate.

While males are socialized towards compulsive exercise to attain the societally dictated standard of beauty, and women are told to diet, the eating patterns of men are becoming more rigid. Keith reports that he has a library of books on nutrition and food. He has an impressive ability to recite

the calorie content of food and his knowledge of anatomy and the effects of exercise on bodies is impressive.

Compulsive exercise among males has been the focus of considerable research in recent years. There is a strong linkage between compulsive exercise and eating disorders, especially bulimia, as discussed in previous portions of this report. One study (Nudelman et al, 1988) reports: "Like weight control, exercise could be viewed as falling along a continuum from reasonable efforts to maintain fitness to a lifestyle of exercise and preoccupation with fitness that is out of proportion to the expected benefits of exercise" (p.626).

One group of researchers (Blumental, Chang, & O'Toole, 1984) have outlined the following as criteria for identification of compulsive exercise:

- maintaining a rigorous schedule of intense exercise
- resisting the temptation to not exercise
- guilt when an exercise session is missed
- compensatory behaviours after a lapse
- pushing oneself to exercise when sick, injured or tired
- mentally preoccupied with exercise
- detailed record keeping

While there is seldom a discussion of the ill effects of eating disorders, compulsive exercise is often viewed as a strength. A problem is seldom seen until an injury occurs (Yates, Leehey, Shisslak, 1983). In fact, researchers (Nudelman et al, 1988; Yates et al, 1983) state that there is an increase in eating disorder symptoms among male athletes who encounter an injury. Paul is one example of this.

At 18 years of age Paul stood on the brink of international fame. For a young man who had struggled through high school with a learning disability, his running career had certainly taken him far. Selected as top seed in the national try outs, he was almost guaranteed of a place on the team, winning him the right to represent his country in Portugal. "It was the highlight of my life at that point. I had been training for years, running really well - up to 80 miles a week, and was being groomed by the coaches for this spot. Things seemed perfect. I had finished high school, had loads of friends, was in great shape, and had all the girls I could want. And then a few weeks before the competition I broke my ankle in a soccer game. I was devastated."

Pauls' Provincial replacement, a runner of a much lower calibre, went on to make the National team, making his

injury all the more painful. In addition to having to let a career opportunity pass, Paul had to watch as his competitors continued to train and surpass his time. "I was home with my leg in a cast, unable to run and watching the sport go on without me, watching fellows who I knew I could beat surpassing my old times. It was real hard. Running was everything to me and not being able to do it was killing me. There were always track meets, the sport was going on without me. It was like a kind of addiction. I wanted to run. I had to run. And the worse part was that at the time, within my age group, I had never been beaten and then I saw others improving - catching up on me. The minute the cast was off I was running again, pushing myself through the injury. I never gave it time to heal which placed extra strain on my knees and feet. I became flat footed, didn't realize it, and soon developed knee problems so serious that I had to have surgery. That put me even further behind. I started physiotherapy three days after I had surgery. I was in there begging them to begin rehabilitating me."

That series of injuries was only the beginning for the 27 year old career counsellor. While he has continued to run since then, his running career has never returned to the level that it was before the injury, nor, it seems, has his self-esteem.

"I went through a kind of low period, I didn't want to be around it, I didn't want to run. With me it is all or nothing and not being able to do it was devastating. I take my frustrations out on food and I love beer.....love it. I have a tendency to put on weight when I don't run. I love food - I love to eat that's a problem that I have. I love chocolate...God I can eat pounds of it. I like to eat a lot and it causes me to go through a bit of a depression. My weight ballooned up to over 180 pounds. I was really abusing my body. I was frustrated.

Running is my drug of choice. I have to have that fix and people don't understand - they can't relate. I have to have it, when it's not there everything goes out of control.....I'll eat like a savage to take my mind off it only to panic at the thought of gaining weight only to want to run and lose it....Jesus it's insane! When I'm running there is such control - a real high. There are times when I would say that I would run 7 miles and end up running 17 because when I started and got into it I didn't want to stop.

I miss the fitness part of it because it kept me lean and trim and everyone else would notice that. I was always very conscious of my appearance. The fitter you are the leaner

you look and the easier it is to pick up the girls. I take great pride in being complimented on my looks. I have always been physically fit and I come from a family that is into appearance and physical fitness. My parents and siblings all look good.

A couple of weeks ago I came to work in a real daze, a depression actually. Finally I pulled a peer aside and told them that I was losing it - I didn't know where my life was going. It felt like I was spiralling downwards. The one thing that I really loved was gone and I didn't know what to do. It hurt actually, like I've been involved in a serious relationship and now it's gone. I'm missing something in my life and I don't know how to get it back.

Now that I can't run I am after getting into weightlifting and training with a guy who is really into it. If he did 10 reps I had to do 11. I ended up tearing my bicep tendon about 6 weeks ago trying to bench press 265 lbs. If I'm going to perform something I'm going to do it to the very best of my ability or I'm not going to do it at all. I have to be in the top four or there is something wrong with me. I began playing pool a couple of years ago and pushed myself to the point where I now compete internationally. I'm going to Vegas in a couple of weeks for a competition. I am trying

to stage a comeback with running but I'm secretly afraid of trying - afraid that I'll fail. The older I get the worse it becomes. It's like I can't find a happy medium, my body wants to go at one pace but my mind needs to go at a faster pace.

Paul and Keith had opposite goals of body image, yet their obsessive quest to attain it was remarkably similar; almost as similar as the degree to which their self-esteem was linked to its successful attainment. While Keith still holds to his dreams of fame and prestige, Paul desperately searches for another path; a search that should not take long.

Running is another sport that has received considerable attention from eating disorder researchers. It is one of the sub-groups previously identified as having increased frequencies of anorexia and bulimia among men. One researcher (Yates et al, 1983) states that runners and anorexics are similar in their extra-ordinarily high self-expectation, tolerance of physical discomfort, denial of potential severity, inhibition of anger, and a tendency towards depression. They state that "The typical obligatory runner is a diet conscious man; whereas, the typical anorexic is an exercise conscious female"(p.253). Another

study (Katz, 1986) characterizes runners as obsessional, perfectionistic, challenging physical discomfort, decreased normal socialization, highly competitive, decreased libido, concern over body size and shape.

Although runners and people with eating disorders may share similar characteristics, researchers (Blumenthal, O'Toole, & Chang, 1984; Nudelman et al, 1988) are quick to point out that the two are not analogous. Despite this, the similarities between the two groups is cause for concern. Why is it that males in our culture push their bodies to such extremes with exercise? Is this any different from females who push their bodies with rigid diet? In a study on the portrayal of men in sport media Donald Sabo and Sue Jansen (1992) shed light on this:

"Male athletes are valorized, lionized, and put on cultural pedestals. They are our modern gladiators: the last heroes left in American popular culture. Visual portrayals of male athletes, often filmed in slow motion and framed from the ground up, are cast against soundtracks of roaring crowds or musical fanfares replete with throbbing bass or thundering drums" (p.174).

Aaron Kipnis (1991) in his book, Knights Without Armour supports this:

"We cheer the sports hero who, after being clobbered and smashed on the playing field, gets up and plays even though he is maimed for life. Pressure to play while they're hurt is also a major contributor to drug abuse among professional athletes as they attempt to

numb the pain. This epidemic problem reflects the broader state of the entire speeded up culture, in which almost every man is *playing hurt*, to some degree"(p.28).

Clearly, men are socialized towards compulsive exercise and receive significant feedback for succeeding at it. But what pushes some men to go to such lengths and others not to exercise at all? Barry Glassner (1992), writing on the role of muscle in mens lives, sheds light on this by writing:

"There is great variation in how men cope with the physical ideals placed upon them. Some men devote most of their lives to building up their bodies, while others scarcely exercise at all. Generally, a man's choice of one of these options or the other, or something in between, depends on what other people made of his body earlier in his life (p.289)Perhaps the single greatest fear that keeps men working out is insecurity. This is evident in those who exercise chiefly because they're afraid of heart disease. But almost all avid male exercisers are engaged in a passionate battle with their own sense of vulnerabilitymen seek to prove to themselves and to others that they can survive, that they're winners(p.292)They discipline themselves through fitness in order to stave off the impending chaos they confront in their daily lives"(p.295).

Glassner goes on to define a healthy exercise program as:

"A hallmark of a sane exercise program is that it is integrated into a persons daily life. It's just something a man does, like eating lunch or getting a hair cut. He goes to the Y or health club regularly to play basketball or handball or pump a little iron with his buddies. And although his sports activities may take up a fair amount of his leisure time, he foregoes them if a family or business emergency takes precedence"(p.297).

One man who knows this struggle for a delicate balance is

Tom, a 36 year old ex-priest who now runs marathons.

Tom began running 10 years ago, at the age of 26. He now runs 6 times a week, for sessions that last anywhere between 45 minutes to 3 hours. He calls it his "therapy", "a very powerful relationship in my life".

"At 26 I stepped on the scales and discovered that my weight had surpassed 200 pounds. It was a wake-up call. From my mid teenage years body image and weight were an issue for me. I was always conscious about my weight and for whatever reason it got out of control somewhere around 23-26. It was also tied in with alcohol abuse as well. By then I was drinking way too much, eating way too much and feeling worse and worse about myself. At that time I realized that I had been putting on weight as a way of handling the stress in my life. Reaching that high made me acknowledge that I didn't feel good about myself, and that people judged me as being fat, lazy, unproductive. I had taken on a lot of the labels that people associate with being overweight. I found myself lacking energy, having to put on a false sense of energy in order not to be detected by my peers. In truth I was depressed and losing my self respect. I was becoming more unable to meet my professional commitments, being irresponsible in areas such as driving while drunk,

unhealthy sexual attraction towards women, seeing them as mere sex objects, becoming increasingly more self centred.

Another factor that had led to the use of substances to ease my life was a speech impediment, in terms of stuttering. It lowered my self esteem, and by 26 they were all gelling to a general low point, a crisis actually.

Getting on the scales that morning was a wake up call that something wasn't right and that something had to be done. I slowly started to become aware and come to grips with things via roots that included the support of peers and friends, 12-step groups, healthy eating and more exercise. A slow but steady process. As I became more and more self-esteemed - the more I became worthy of love and worthy to love. I trusted people who had always said that they loved me but whom I never felt worthy of that love -able to receive that which was always there as well as drawing more of it into my life. A significant part of increasing my self esteem was losing the weight, getting my body to a comfortable shape.

Running has been very therapeutic. In fact, the times when I can't run due to injury a real fear sets in that I'm putting on weight, becoming depressed, withdrawn - so much so that now friends ask if I've been running. It's a very powerful

relationship in my life. Some times I'm very aware of it, other times it's more subtle. At those times a real sense of vulnerability sets in and I need an immediate gratification - a quick fix - so I'll eat food such as chocolates.

Now running is key to a sense of stability in my life. If for whatever reason I were to lose that I guess I would probably deal with it but...there would be a difficult transition period. More than just body size but a sense of well being and clarity. Generally I'm pleased with my body now. Occasionally I will do some scrutiny in the mirror, wishing I were leaner this way or that. At one point I considered having cosmetic surgery on my jaw but decided against it, preferring to have my appearance more homegrown of which I am the master, instead of having it imposed upon me.

CHAPTER SEVEN

MULTI-ADDICTIONS

a hooked society

These days Peter watches as his high school classmates settle into careers, marry, and begin their own families; normal things for 27 year old men to do he speculates. However "normal" they may appear, for this blonde haired blue-eyed young man they are things that he long ago gave up dreaming of. Instead, he struggles to find pride in his recent release from the local psychiatric hospital following the latest forced admission for his addictions.

Ten years after his glory days of high school deviance, Peter's pain is impossible to hide. "Who would have thought that it would all lead me here." Today, while his friends purchase homes in the suburbs, Peter lives in a one-room

welfare apartment, having been just asked to leave his parents' home following another drinking bout that they had to endure - again. He is in the process of declaring bankruptcy due to mounting debt, the latest of which is a \$1,400.00 phone bill from calls to the 1-900 sex lines. He has no visible skills, is alienated from his family, and is currently on probation from a break and entry charge that he committed to support his drug habit. These days even his former drug friends no longer call. They know he's broke. Recent HIV tests show that he is still negative, yet his sex addiction continues, like a ticking time bomb. And, while remarkably thin, he hasn't eaten for days, trying to starve himself down from the excess weight that he feels he has gained. For a young man born of promise into an upper-middle class professional family whose sister is an Olympian and brother a tri-athlete the slide since high school was indeed steep.

Where Chris's childhood brought rejection because of his being overweight, Peter's brought similar teasing due to his thinness. "I was extremely thin, dorky actually, and the other kids always called me names such as No-meat-Pete." His voice lowers as he talks about his childhood, which obviously still holds considerable pain. "I was always an outsider, never fitting in, never being good enough, always

the class jerk. No wonder I turned to drugs and alcohol so quickly. Actually things took a marked turn for the better when I started taking drugs in junior high. I found acceptance and self-esteem and quickly learned that I could fit in with the crowd. Speed, cocaine, acid and hash gave me a personality separate from the "geek" and I loved it. By senior high school my behaviour was so bad that I was being suspended from school and was stealing money from my parents to buy dope. I was stoned almost every single day in the last few years of high school. God.....it was great. It put me into another world. I never had to think about anything; I literally couldn't wait for the weekends when everyone else got on a tear as well. I was still skinny but no one cared anymore. They liked the fact that I was such a hard case. I grew my hair long, dressed like a punk and became everything that I wasn't as a child. Suddenly I had friends, I fit in, I belonged. Girls started to talk with me, the boys began to drop by the house to get me. It no longer mattered that I never liked myself. Things were perfect. When I finally started to put on some weight from all the drinking, I thought that was great as well. It gave me the physical power to support the anger that I had inside of me."

"I guess it all started to fall apart when I was 22. I stole

my sisters savings and went on a drug tear that ended when I was arrested by the police and hospitalized. Dad took me to an A.A. meeting then and I became sober and clean for awhile. The years of drinking had caused considerable weight gain, particularly after my teenage years when I stopped growing. My waist had ballooned up from the 27 inch that bagged off me as a teenager to a 34 inch which I was then bursting out of. Once I sobered up I became totally obsessed with losing the weight. While I was far from the skinny dork of my teenage years, the self hatred was even more intense. It was the early 90's and Marky Mark was everywhere. The men in GQ where thin and muscular and Calvin Klein ads showed men that was so far from me that I knew I had to do something.

I started starving and exercising chronically in order to lose the weight. It was as if the energy that I had put into drinking and drugging I put into starving and exercising; becoming just as obsessed with that as I had been with partying. I'd skip breakfast and lunch, jog daily and eat only fruits and vegetables which served as a laxative to keep my body empty of food. My parents, delighted that I had changed so much, gave me money to join a gym and I quickly tried to build muscular definition, especially my chest and abdomen. When I had control I ate as little as possible,

using the dizziness and fainting to encourage me on. When I lost control I binged on food that was considered sinful. I'd then have so much guilt that I would either induce vomiting with my fingers or exercise to rid my body of it. The doctors were warning me that my shin-splints from running were so bad I was about to break the bones in my legs. At one point I strained the muscles in my chest lifting weights. If a day went by without my having a bowel movement I would either binge on high fibre fruit, punch myself in the stomach, or use my fingers to hook it out. It was gross what I would do to starve myself."

Soon, however, the fitness craze gave way to the deviant lifestyle that he knew so well. The drinking and drugging resumed with all the vengeance that he had left behind. "When I was drinking I would starve as well but I would become swollen. Some drugs gave me the munchies that would put me on a major binge of junk food. Acid and Cocaine would help me starve. It was totally nuts. I ended up moving to Los Angeles for awhile and that's when things got REALLY bad again. There was big money, fast people and high crime. I dove right into it all. I got into heavier drugs and the wild sex. Sex always had to be raunchy and violent. I never slept with a lot of women because I was always ashamed of my body. On a couple of occasions I had sex with men and that

threw me for even a bigger loop - almost to suicide actually. I left L.A. really fucked up. I knew that if I stayed any longer I'd be turning tricks to get the money. I returned home and tried - again - to straighten up."

These cycles of short periods of sobriety, marked by chronic exercise and dieting, and periods of intense drug use and self-destructive behaviours, continued for Peter. At 27 he feels that if he doesn't make it this time there is no hope. He is waiting to get in to see a counsellor so as to begin to deal with some of the pain that he carries, some reasons for which is a series of sexual assaults that he will mention but not discuss. "I haven't begun to even look at that."

When asked how he defines masculinity today the tears come to his eyes: "I haven't a clue man. I don't know how I'm supposed to look, how I'm supposed to feel. I feel pathetic here now; at 5'11" and 160 pounds I feel gross and ugly. I feel like I'm nothing because I don't have a career or even a job or even hope. I go to A.A. everyday now, trying to get well. Somedays I wake up and I just can't eat - I just can't do it. So I have to force myself because I know that when I stop eating the drinking isn't far behind and I can't go back to it. Somedays I curse booze and drugs and then there

are others when I walk all over the city looking for a fix - like a mad man. But it's so damn hard - staying sober and clean and eating and staying away from porn and the 900 numbers and trying not to tear myself up with exercise. Jesus, I'm such an addict. I'd do anything to get off it all."

Peter's story continues to unfold.

Addiction is hardly a new phenomena to the 1990's. It is estimated today that nearly 50 million men suffer from addictions and there are over 250 various 12-step groups (Diamond, 1994). Alcoholics Anonymous, formed in 1935 by two men, has since grown to an active, registered membership of well over 2 million people, attending over 90,000 groups, in 131 countries. 65% of membership is male and 56% of members seek some sort of counselling after they join (personal communication, January, 1995). A similar group called Overeaters Anonymous has approximately 10,000 groups in 42 countries (personal communication, February, 1995).

Bookshelves are filled with literature that focuses on some of the more "manly" addictions such as alcohol, drugs, sex, gambling and more recently identified - work. Yet, the abuse of food by men remains taboo. There is little wonder that

Peter found pride and self-expression in his drinking and deviance. Neither is it surprising that he found an equal degree of shame for his eating dysfunction. This sentiment was reiterated by several of the men interviewed for this study, with most talking about their days of drinking in manners similar to war veterans. They seemed to have learned early that "bad boys" are more acceptable than "weak boys". "Strength" can be found in substances.

The adolescent male learns quickly that the kind, sensitive boy does not get to date the head cheerleader. It is the football captain, star hockey player, and the bad boy with the motorcycle who pick up the girls with ease. Boys learn that deviance and excess wins admiration. Warren Farrell (1993), in his book The Myth of Male Power, writes:

"When a woman says that she wants male sensitivity and then falls in love with the football player, surgeon, or rock star, she gives the male the message that he'll get the most love unbalanced - most focused on his work, most focused on becoming a hero. Had she fallen in love with a sensitive nurse, an altruistic artist, or an empathetic cabdriver, she would have provided a real vote for civilizing men"(p.79-80).

This stereotype of men as heavy drinkers, and wild party-animals gets a highly polished version by the advertising world. Lance Strate (1992), in a study on the images portrayed in beer commercials writes:

"Clearly, the beer industry relies on stereotypes of the man's man to appeal to a mainstream, predominately

male target audience. That is why alternate social types, such as sensitive men, gay men, and househusbands, scholars, poets, and political activists, are noticeably absent from beer advertising. The manifest function of beer advertising is to promote a particular brand, but collectively the commercials provide a clear and consistent image of the masculine role; in a sense, they constitute a guide for becoming a man, a rulebook for appropriate male behaviour, in short, a manual on masculinity"(p.78).

This tendency for masculinity to be so closely linked with addictive behaviour is powerfully illustrated in those men who are in the process of making the transition into adulthood. The Canadian Centre for Substance Abuse and the Addictions Research Foundation of Ontario(1994) reports:

"The portrait of the relatively high volume drinker is that of a well-to-do young male who frequents bars and taverns. Men drink twice as much as women and drinking rates are particularly high among men in their early 20's. Income is positively related to self-reported level of consumption"(p.21).

These findings are supported by a recent Gallup Report (1994, May 9) which states that alcohol consumption in Canada remains stable over the past three years at 76%. The report goes on to say that consumption is closely related to education and income and that more men (80%) than women (73%) drink.

Additionally, The Canadian Centre for Substance Abuse and the Addictions Research Foundation of Ontario (1994), reports that 5% of people over the age of 15 report to have used marijuana (Canada's most common illegal drug) during

the past year while 15% reported to have used it at an earlier point in their lives. One percent claimed to have used cocaine; 11% claimed to use prescription narcotics. In 1989-90 there were 21,507 separations from general and psychiatric hospitals for drug-related disorders. One percent of the population use diet pills or stimulants; 3% use anti-depressants. Addictions appear to be a permanent part of our culture.

In a world where men are socialized towards a mentality that "more is best" there is little wonder that they will develop addictions at such a high rate. Men are taught to find their value in how hard they work, how wild they party, how fast they live, how much they exercise. When the reality of this hollow existence hits them they cope in the only way they know - more of the same. For those men struggling with the shame of having an eating disorder there is little wonder that they will turn towards more societally reinforced behaviours to find gender identity and support. Addicts seem to follow an apparent logic where they solve one problem by creating a bigger one - they switch addictions.

Multi-addictions is a recurrent theme for people with eating disorders, as discussed in Chapter Three. The majority of the men interviewed reiterated this. Stuart in Chapter Three

disclosed alcoholism and drug addiction; Barry discussed compulsive use of sports; Bob struggles with alcoholism, drug addiction, and sex addiction; Craig, and Ed talk about their use of drugs and alcohol; Tom and Don both discuss their drinking abuse, and Ralph's 16 hour work days, 7 days a week, would certainly qualify as work addiction.

DSM-IV (1994) recognizes the frequency of multi-addictions and now includes a category called "Polysubstance Dependence" for individuals who repeatedly use at least three groups of substances but neither one predominately.

One study (Depalma et al, 1993) outlines four reasons why people with eating disorders are more likely to develop substance addictions to include:

- addictive personalities
- oral substances
- binge eating and binge drinking/drugging is very similar
- genetic links

The "genetic" factor has been discussed in previous chapters where researchers have noted that children raised in dysfunctional homes are at higher risks for developing eating disorders. Similarly, the use of addictive behaviours

as a coping mechanism for sexually abused children is equally well documented. Today, counsellors and even the general population, seem to accept the link between adult dysfunctional behaviours and childhood trauma much more readily. Jed Diamond (1994), in his book The Warriors Journey Home goes so far as to say; "All addicts were abused children" (p.171) .

In a cover story entitled "Addiction: A Whole New View" (Rodgers, 1994) Psychology Today examines the growth of addiction in our modern society and cites new research that indicates multicausal factors - genetic, psychological, and neuroscientific. They state; "One conclusion from this evidence is that addictive behaviours are normal, a natural part of our "wiring". If they weren't, or if they were rare, nature would not have let the capacity to be addicted evolve, survive, and stick around in every living creature" (p.34) .

While addictions may be a "normal" part of our society, they carry a heavy price and the recovery process is not an easy one, as Ed reiterates:

In Ed's childhood the rules surrounding food were simple: women lied that they were smaller than they were while the

men bragged about their girth. "My father's favourite saying was that if a man was no good to eat he was no good for anything." The 33 year old financial advisor is having a difficult time breathing this evening, after eating what he considers to be a full meal of a deluxe pizza, bag of cheezies and a couple of diet coke. His speech pauses periodically as his head moves backwards and his large belly expands to gasp enough air.

"My mother was a large woman but my father wasn't that big. They were both raised in poverty and it often felt as though their way to ensure proper nurturing of their children was to feed them well. Each night before bedtime we would be given a very large snack - to supplement the large dinner we ate only a few hours before. Each morning we awoke to a large breakfast - the house was always well stocked."

While he wasn't a fat child, he did begin to put on weight in his early adolescence but says that he only reached what he considered "a liberal chubbiness". Ed says with a mixed sense of pride and shame that he became what he thought a man was. "I partied hard - real hard - in fact, and became known as a real lush. I hung out with the wild crowd and lived the lifestyle that was idolized of sex, drugs and rock & roll. I slept with a lot of girls, hurt a lot of people,

and got into a lot of trouble. When at 21 the girlfriend told me that she was pregnant I did the manly thing and married her.

Once married, the eating problems caught up with me. I let myself go and really started to pile on the weight. It was as if the 'hunt' [for women] was over and it no longer mattered what I looked like. I had always tried to keep myself in reasonable shape in order to attract the pretty girls - trophy women - for which the boys envied me. When I was married that was supposedly over, so the struggle to keep the weight off went with it. I ballooned up from a low of 159 pounds to a high of 255 pounds, which at 5'9" made me quite fat. The ironic part of it was that I felt no smaller at 159 than I did at 255. Even today, when I am somewhere near 235 pounds I still don't accurately know how large I am. It is as if self-perception is lost in me."

The shame that accompanies his weight seems to have permeated to other parts of his life as well. After his marriage ended, and he lost contact with his son, Ed returned to the spiral of drinking and drug use that anchored his masculinity as a teenager. He dropped out of university where he was easily achieving high marks, and returned to a life with "the boys". In short order, however,

his drinking and drug use reached a point where he knew that he was in trouble and he found himself in Alcoholics Anonymous, struggling to get sober and clean. He also stopped smoking in an attempt to totally reform his deviant lifestyle. However, his problems with food escalated - as did the shame.

Without any formal education or training, despite a high intelligence and considerable success in school, he found himself attempting to enter the workforce untrained. He accepted a job as a taxi driver - considerably below the position that he knew he was capable of. "The weight and the cab driving made me feel like a failure. Last year I refused to go to my high school reunion because of it. I couldn't let them see what I have become."

Today Ed says that the weight doesn't bother him as much, yet says that if he had only three wishes one would definitely be weight loss. He reports that it does shadow him sexually. In seven months he will marry for the second time and says that it is in his relationship that he has the most struggle with body image. "It's hard to be sexual when you feel like a beached whale. So I don't initiate often, and it is pretty basic when it does happen. A little while ago she and I were discussing my eating habits and she said

that it really didn't matter to her how big I was. I asked if she saw me on a beach and she saw a young buffed body builder who would she be more attracted to? She did acknowledge the other person. I guess it hurts."

In attempting to deal with this, Ed acknowledges that the lessons that he learned in his childhood play a factor. "I think that I can handle it if I really wanted to; but asking for help is something that I don't do well." His experience with Alcoholics Anonymous and Narcotics Anonymous was so positive that he attended Overeaters Anonymous for a short while. "It was difficult being one of the few men there, it made me feel more ashamed and weak. I also had a problem with their version of abstinence. It wasn't black or white like A.A., either complete abstinence or complete drunkenness - a balance in eating properly.

I guess it is the shades of grey that I have problems with."

PART THREE

THE RECOVERY PROCESS

Chapter Eight

NEITHER 'MEAT & POTATOES' NOR 'STRONG & SILENT'

individually defined recovery

The Collins English Dictionary, Second Edition (Hanks, 1986) defines the noun recovery as: "1. the act or process of recovering, esp. from sickness, a shock, or a setback; recuperation. 2. restoration to a former or better condition. 3. the regaining of something lost...."(p.1278). It is a definition that men with eating disorders can appreciate well. Bob, who shared his struggle with anorexia in Chapter Four discusses his process:

"In the treatment centre the thing that got me to eat was an exercise that they had me do. I lay on a large sheet of paper while another patient traced my body with a marker. They then put it up on the wall. I couldn't believe how

small I was. God, I was tiny! It was like a smack of reality - "Bob, THIS is how sick you are." It was the beginning of the road back.

That was over three years ago and I've been in recovery ever since, but it's been a struggle. I still go on slips but I have my sanity - that's how I define my recovery. I make clear decisions, I stick up for myself, I'm not intimidated by people. Treatment had a lot to do with that because there were doctors and lawyers and priests in with me, who society looked up to, and they cried like I cried and they struggled like I struggled. For the first time in my life I realized that I am as good as other people.

Now I try and stay away from my binge foods - sugars and sweets - and I'm sober and drug free for three and a half years. It's hard. I go through phases where I feel like I'm a normal weight but I look in the mirror and I still have a distorted body image. I still see myself as big - not as big - but bigger than I know I am. Recovery has given me the choice of whether or not I will act on that. On bad days I do and I purge what I eat.

It's harder to starve now, you lose the ability. It takes a lot of energy to blank out hunger. It requires more self-

hatred than I have now. It's like you have to work up to that degree of control where you can ignore hunger, get off on it in fact, and now I have spent over three years working away from it. While that's a good thing, it's also hard. It's like I have to watch it slip away and I'm terrified of letting it go, especially when I feel fat and ugly. Emotionally, that realization breaks my heart. At times I even cry because I can't do it like I used to.

I can still purge though, sometimes every day, but the phases are different, they're much shorter and less pain-filled. I don't weigh myself, I go by my jeans. If they feel tight I'll watch it and perhaps even purge. Sometimes I'll only purge half a meal and then stop and admit it to someone. But it always comes down to the same thing for me in recovery: a choice. Do I want to keep starving and purging and go backwards to that awful pit in the summer of '91 or do I want to hold onto everything that I have now? So I stop - no questions asked. Recovery has given me things that I never dared dream of. Happiness no longer has a price. For the first time in my life I like who Bob is and I won't jeopardize that. I won't risk losing it all again. As hard as some days are, I won't risk that. I know that the day I was discharged from the treatment centre was only the beginning and I hate that. I wish it was magically fixed.

But I know that 'there are neither quick fixes nor magic cures' - Jesus, how many times have I heard that. I guess I will probably always struggle but less and less so."

Bob's process, though perhaps precarious at times, is one that is shared by many people recovering from eating disorders. Unlike other addictions where recovery is more clearly defined by total abstinence, the eating disordered patient has to find and maintain a delicate balance in eating properly, regardless of the emotional upheavals that life may bring. It is similar in ways, to telling a drug addict that they are allowed only one pill a day but no more; or an alcoholic that they can take just one sip of their favourite drink. For people who, as Ed said in Chapter 7, "it is the shades of grey that I have problems with", this is often a difficult task.

Bob also illustrates, quite powerfully, the struggle to let go of a condition that nearly killed him. Crisp (1980) raised the question of whether the client wants to fully relinquish control of their eating disorder, which obviously serves some purpose in their lives. Another study (Ziesat & Ferguson, 1984) elaborates on this intense fear of letting go by stating that a goal of treatment is for the patient to gain control over their behaviour so that they are free to

choose their own weight. Bob reports that it is this freedom of choice that he appreciates the most.

This apparent delicate balance of controlled disease and/or limited recovery was reiterated by many of the men who discussed their recovery process. Some studies (Dennis & Sansone, 1991; Johnson & Sansone, 1993) report that as much as one third of eating disorder patients remain severely ill at follow-up. Herzog et al (1991) reports that 63% of bulimics relapse after treatment and stresses that recovery cannot be defined in terms of lapses and relapses. Ronch (1985) states that many anorexics still feel fat in recovery. Hsu (1988) states that prognosis for recovery depends on the selection of cases studied and the criteria for defining recovery. He states that 75% of patients studied had improved and that actual mortality rates for treated cases was low. Another study (Hsu, Crisp, and Callender, 1990) report that the real criteria for defining recovery includes factors such as personality strength, self-confidence, being prepared and able to control ones life and being understood. While these may be difficult factors to measure, they are powerful motivators for the victim and are recurring themes that these men identified as they struggled to redefine themselves.

It may seem difficult to believe that anyone would want to hold onto a condition that threatens their lives. However, it becomes easier to understand when the association with self-identity is made clear. Many of the men interviewed had intense shame over their eating behaviours but an equally intense pride over their other, more manly addictions. For these men who developed with such skewed senses of masculinity, they have more than just a few pounds riding on recovery. It is who they are, central to their definition of themselves, core to their very being. This was evident in Ed's story (Chapter Seven).

"I remember a phrase from an old Billy Joel song as the creed by which I lived while active in my addictions: "the sinners have a lot more fun". That always appealed to me more than a house in the suburbs ever did. I always took great pride in the excitement and the fast paced lifestyle that addictions brought me. It told the world who I was; one of the boys, a man. I drank a lot, partied a lot, drugged a lot, and ate a lot. I was a big man - wild and crazy. I loved it and so did many of the people around me. Today I know that's crap and I have to really struggle to define myself by something other than my pain.

Now that I look at all my addictions, including food, I

realize that it was an effective coping tool. For a long while it put me in the normal world. It gave me skills to fit in and the courage to risk belonging. I thank God that when it stopped doing that and turned against me, I was able to stop and find help in 12-step groups. I have done incredible things to sabotage my life and development. Asking for help is hard because I fear rejection and abandonment so much. But when I do ask it has always been there. I met a man in AA who had an eating disorder and he was a great help. He taught me a lot of things about eating, watching my patterns, and maintaining balance. He outlined an excellent food plan. He took me to OA and that helped for a while but I soon stopped going. Actually, I believe that if I practice the program that is outlined in AA and NA it will help with my food as well. It's the same 12 steps and when I apply it to food it works well but I'm slack with it. I know that I have a long way to go, especially with the food. I know I still over do it - a lot. I guess when I'm ready I'll do something about it."

Ed struggles to remain alcohol and drug free while trying to find a balance with food. This raises an important issue for a recovery process often complicated by comorbidity with other issues. On hearing many of these men's stories it is sometimes difficult to identify which issue is paramount in

their lives. Clearly each individual will present with uniquely different issues that require varying levels of focus. Many researchers (Edmands, 1986; Huon and Brown, 1985) promote a multi-modal recovery plan, with group work, that utilizes simultaneous treatment of all the issues. Ronch (1985) outlines a four step recovery plan that includes 1. cognitive re-education; 2. affective education; 3. weight goal setting & monitoring, and; 4. nutritional counselling. Other researchers (Anderson and Mickalide, 1985) suggest an inpatient treatment program for more complex cases. Johnson and Sansone (1993) recommend using the 12-step model for easier to treat cases and as an adjunct to therapy for the more serious clients. However, they specify that it is not recommended for adolescents. Gwirtsman et al (1984) promotes the use of anti-depressants.

It appears that there is disagreement over the preferred treatment plan. One study (Herzog, Keller, Strober, Yeh, and Pai, 1992), in a review of mental health practitioners at an international conference on eating disorders, report that less than 50% believe there is a consensus on treatment. They report that while talking therapy was overwhelmingly endorsed, over 34% still used medications as a preferred treatment device. Perhaps a reason for this disagreement is that eating disorders is a diverse area of care, complicated

by the complexity of etiologies. Steiger (1989) adds to this by reminding us that malnutrition causes personality changes. When looking at the broad continuum on which eating disorders occur, the variety of treatment approaches can be viewed more positively.

Among the many approaches to treatment from which a client can choose are:

- psychotherapy
- inpatient treatment programs (for more severe cases)
- group counselling
- nutritional counselling
- medication
- self-help groups (O.A. & Weight Watchers)
- family therapy (especially for young patients)
- surgery (compulsive overeating)
- behaviour modification

Bob received in-patient treatment, Ed chose to follow the self-help route, and many of the other men reported availing of a mixture of these approaches. All of them described great hesitancy in seeking any form of help, some to the point of managing on their own. One of these men was Stuart (Chapter Three) who describes his recovery process.

"There was no major turning point - the cycles of weight changes became less broad, more stability hit. I guess I was afraid of the long-term medical consequences that threatened my future. I saw my future in my children and I didn't want them to become what I was because I wasn't proud of myself. So I stopped drinking and drugs. I went cold-turkey. I just stopped. Jesus - it was hard, but I never believed in the easy way out. It was as if I had to be punished for being bad. I actually went to A.A. once but found that it wasn't for me. Perhaps the notion that men don't ask for help was bred into me better than I thought. I guess it was part stubbornness and part motivation but I stayed stopped and haven't had a drink since. That approach hasn't worked as well with food.

I still binge a little and I'm still real uncomfortable with people watching me eat - I can't tell you why. I'm still incredibly aware of what I eat and when I eat it. I can't eat three meals a day. I'm too uncomfortable with that, I know I'll gain some weight back if I do. It's not so related to body image as it is to my own awareness of my body. If it was body image I would never be satisfied.

I have to work REAL hard at keeping some degree of balance, forcing myself to be more relaxed and tell myself that I AM

NORMAL, even though there's always some degree of guilt and shame associated with my eating. For me recovery is maintaining that balance, even though there are days, and they are many, when it's pretty hard to see any balance at all.

But today I'm much more open about my eating disorder and my alcoholism. I think I have become more of the image that I always tried so hard to present; strong willed, focused and successful. I am still concerned over how I look and dress and place too much value on appearance. Somewhere along the line I proved that I am finally worth what I innately believed that I was worth. I used to be overly involved to show the world that I could do it, that I had value, that I was in control. I guess I have found a value elsewhere, in more healthy definitions of Stuart. Maybe a part of that definition is my being able to overcome the eating and the drinking. I guess that's a good thing - I'd rather define myself by my recovery than by my disease. I share my story with young men all the time now and it's interesting in how they treat me. It's as if I become a war hero in their eyes, as if alcoholism and drug abuse is a badge of honour. It's hard not to get caught up in that. I have to keep a balance there as well."

One man who spoke about an even more unique definition of recovery was Tom (Chapter Six) who availed of a mixture of self-help and personal counselling with a strong spiritual component. He speaks on how he defines his recovery today:

A key word for me today that helps define my recovery and in fact anchors it, is relationships. Through my running and sobriety I have come to discover the true value of relationships; with myself, with my environment, with my career, and with those whom I share my life. Also the humanness; of being fully human, letting myself feel the feelings of being with someone, being true to myself in any given moment, being aware of my actions, reactions, needs, and desires, and finding the courage to act on those by being true to who I am. It also fits into the external picture of where I fit into the overall plan.....a higher power...a mystery of what it is all about. What is Tom's part in all of this? How do I love someone? How do I share that love? How do they receive it? How do I receive it back?

Looking back the two words that sum up how it all was are loneliness and alienation. I now realize that there was a lot of external love shown to me but I was unable to accept it. Now I am....much more...still with a ways to go.....but much more free to be fully alive.

Spirituality defines for me the meaning and value of relationships in which my whole life, including my recovery, is firmly anchored."

It would be misleading to leave the topic of recovery without giving closure to those men whose stories are continuing to unfold. Two that stand out in particular are Peter and Ralph. While both men talked about becoming healthier it was painfully obvious that neither could foresee a path, and that they were both very much active in their disease. At the time of this writing Ralph still sits in his office, eating popcorn from carefully numbered bowls, completely convinced that at 107 pounds he is healthier than his peers. For him recovery is not possible until he accepts that he has a problem with eating. Some of his colleagues secretly discuss an intervention but know it's a risky process and one that they are unsure of even where to begin. They glimpse the pain-filled world of powerlessness that the families and friends of the eating disordered know all too well. They are left waiting until Ralph comes to his own realization that his way of handling things is causing more problems than it is solving; and that the pain of moving forward is less than that of staying put.

Peter's story has a more optimistic follow-up. He has

started individual therapy with an addictions counsellor, regularly attends group counselling sessions, and is nearing five months of continuous sobriety. His weight is constant but a struggle.

"Yesterday I went for a 45 minute run. Towards the end, I noticed this guy up in front of me, an experienced runner who had just started his run and wasn't tired at all. I was nearing the end of mine and exhausted but when I saw him I just had to pass him. It was like I told myself that if I could pass him then I was better than him, that it was something that I was good at, that I was a success. So I did and for awhile I felt great but then I realized how sick that was.

Today I've had a hard time eating, I wasn't hungry at all but I forced myself to eat a muffin, a chocolate bar and a Gatorade. I knew that I was coming to a friend's house for a big dinner and I panicked a bit. But I try to ignore the panic and to learn from my mistakes. Starving gets me into trouble, lately almost as much trouble as drinking ever did. If I'm not careful it will bring me to a bottom as bad as the one with booze and dope.

Overall, today I feel like I'm doing pretty good. Drinking

and drugging are not even close to my head. I'm too afraid. My biggest struggle is dealing with reality which puts me in a constant up and down cycle, mostly down. But I'm dealing with it. Counselling is a great help. I've never done that before. I'm talking about stuff that I wouldn't even let myself think about before. I've never stuck with the group counselling before either and I go to A.A. all the time now.

The food still confuses me. I know that I'm not fat. But I still believe that I will be happier if I lost a few more pounds. The other day I was at my parents house and Mom showed me a family picture taken at Christmas. She pointed to me in the picture and said, "You were pretty big there". I was the same size I am now. It threw me for a loop for a couple of days. I wish that she could know how much that hurt me. I've come a long way with it all, Jesus just being alive is an accomplishment for me. But to her it matters more that I look good. Sick isn't it."

Peter has a long road ahead of him, but at least he's finally travelling it. The clarity that sobriety is bringing to him is translating into objectivity around some of his dysfunctional behaviours. His struggle to deal with his reality is a hallmark of any recovery process. Merle Fossum (1989), in his book Catching Fire: Men coming alive in

recovery comments on this: "Surrender to reality is an absolute requirement for recovery. Whatever the crisis, in order to make repairs and take your life in a new direction, you have to admit the seriousness of your situation" (p.34). Peter's reality is indeed pain-filled. As he builds and strengthens a support base he will be better equipped to deal with it more effectively. The need to continue in the self-destructive behaviours that have so defined him in his past will be lessened. How he defines his recovery or by which means he attained it will not matter as much as the joy-filled realization that he has recovered.

He will have acknowledged the core of truth within him.

CHAPTER NINE

PRIDE OF OWNERSHIP

re-defining masculinity

The men whose stories have been told in the course of the previous chapters have provided many insights. Certainly eating disorders is a broad and complex diagnostic concept which encompasses a wide range of problematic behaviours. Eating disorders frequently occur in combination with other conditions and exist on an overlapping continuum of disorders.

Eating disorders are, clearly, no longer the exclusive domain of the female population as an increasing number of men disclose histories of anorexia, bulimia, and compulsive overeating. These cases, while similar in many ways to the conventional stereotypes often associated with female

victims, offer a significant challenge to contemporary understandings of these diseases. All three conditions occur along a continuum of behaviours, with many victims reporting characteristics of each condition. Many anorexics were once overweight; many overweight persons endure periods of starvation; and many bulimics move between the two extremes of eating behaviours. Nearly all the men studied reported some type of compensatory purging behaviour in response to perceived overeating. Whatever the reality of their actual body size, all reported great dissatisfaction with their physical selves. The actual labels that have been associated with eating disorders are really descriptors of severity, identifying where the client fits along this continuum at a specific point in time. This is particularly true for the men in this study who reported a wide diversity of symptoms and behaviours yet showed remarkable similarity in emotional effects.

It would appear that exercise and sports play a particularly important role in the eating dysfunction of men. Socialized towards active and aggressive displays of masculinity, all the men reported either pride in their use of sports as compensatory behaviours to their eating, or shame and guilt for not exercising enough. This was particularly evident among the bulimic population studied where it seems that the

"purge of choice" for men would be exercise. This is in stark contrast to the more conventional purging behaviours of induced vomiting that is often associated with bulimia. In fact, when compulsive exercising is considered as compensatory behaviour for binge eating the rates of bulimia in men increases substantially.

Although men have not been subjected to the same societal pressure towards thinness as women in our culture, they have not completely escaped it either. Recent years have seen a dramatic rise in focus on the male form. Males of all ages are becoming increasingly aware of the pressure on them to conform to the V-shaped, muscular bodies, that contemporary media is portraying. This image is as unrealistic for many of them as the waif-like form is for many women. Yet males are going to greater and greater extremes to attain it.

This message of male conformity to socially dictated body sizes is much more complicated than a similar message to women. While women are told to be thin and young looking, men are told to be muscular and defined, lean and fat free, and to maintain a mature, successful look. Consequently, men become trapped between bulking up while trying to slim down. Although it is doubtful that this complex message of 'male objectification' is the sole culprit of the rise in reports

of male anorexia nervosa, there is little doubt that it plays a significant factor. For those men who, for what ever reason, have low self-esteem and a poorly defined sense of identity, it can be a deciding factor.

Anorexia nervosa, though more prevalent than commonly thought, appears to be much rarer in men than in the female population. It is present in specific sub-groups of men, generally among populations and sports that promote leanness or those that have experienced significant childhood abuse. One specific sub-group where anorexia appears to have a particularly high correlation is men with sexual abuse histories. The trauma of child sexual assault can predispose a child, male or female, towards dissociation from the body, isolation from the gender, and intense personal and sexual shame. As more men bring forth issues of child abuse and it's ensuing effects, among which are eating disorders, topics such as this demand more public acknowledgement.

There appears to be significant problems with the diagnostic criteria for detecting eating disorders in men. The use of amenorrhea and the loss of 15% of minimal normal body weight is obviously biased towards females and does much to promote false stereotypes. The larger muscle mass of the male physique results in emaciation as being a late stage

characteristic for male anorexia. This permits anorexia to go undetected for longer periods of time. The intense fear of gaining weight, distorted body image and restrictive eating would promote early detection and intervention. This serves as yet another challenge to contemporary definitions of eating disorders and calls for better clinical screening procedures.

Compulsive overeating, regrettably absent from DSM-IV (1994), is perhaps the only area of eating dysfunction where the male rates equal, if not surpass, those for females.

Although obesity does not equal an eating disorder, mental health statistics point to high rates for males which, like anorexia and bulimia, continues to escalate. While modern day society appears bombarded with services and products to assist in weight loss, men will not seek help for their problems as willingly as women.

This hesitancy of men to ask for help was a theme expressed by many of those interviewed. This is complicated, in part, on the failure of men to self-identify their struggles as traditional eating disorders. All of the men reported the belief that "real men don't ask for help", as being core to their definitions of masculinity. It is this false and rigid definition of masculinity that appears to be central to the

study. Many of the men reported high rates of dual-addictions, particularly those that are more commonly associated with males such as alcohol, drugs, and work. While the men reported shame over their eating problems, they all seemed to take intense pride in their other addictions, as if their whole sense of self was anchored there. This resulted, in part from an early isolation from peers and an absence of healthy role models. The men were left to "learn what being a man was all about from the streets". Becoming extremely successful at being "bad boys" the feedback for their deviance sustained them through most of their adolescence and into their early adulthood. Not only did it help them avoid the pain from often traumatic childhoods, it gave them everything that the trauma took away: self-esteem, friends, attention, a sense of belonging, and success. The challenge in recovery that these men face is being able to develop healthier alternatives when, what were once effective coping tools, stop working. Recovery becomes a process of re-defining oneself by a more liberating set of standards.

This brings us to the final part of this thesis. How does masculinity become redefined, separate from pain and deviance? It is obvious that the saying "most men lead lives of quiet desperation" remains painfully true for many,

particularly those who participated in this study. If any man is to become free from the pain that holds him prisoner within himself a first step must be towards a re-examination of who he is.

In order to do so they need the support and accompaniment of their peers, elements that are not as readily available within the male community as they are in the female community. However, that is rapidly changing. With the advent of a "Men's movement" it is quickly becoming more and more accepted for men to be seeking help and begin dealing with their issues. This is reflected in the growth of the number of books that have been written on the healing process for men. Today, many bookstores have entire sections devoted to recovery, psychology, and the enormous self-help movement. Some even have shelves for "Men's Studies" featuring the growing number of books that challenge men to begin this examination of their selves. Writers such as Robert Bly (1990), Sam Keen (1991, 1994), Warren Farrell (1993), Jed Diamond (1994), Merle Fossum (1989), and many more are now among the recognized names in the field, whose books on men's issues appear on best sellers lists. The Internet now has a home page named "Men's Issues Page" (1995, <http://www.vix.com/pub/men/index.html>) that directs men towards the countless articles, journals, books, groups,

and services available on a national and international basis.

It is a challenge that men are beginning to accept as more and more realize their own victimization within a rigid patriarchal society. A 1992 Gallup Poll shows that 61% of Canadian males, compared with 58% of Canadian females, support the goals of the feminist movement.

In re-defining masculinity and challenging societally dictated standards of beauty for our bodies, male or female, we can take a lead from the Canadian Fitness and Lifestyle Research Institute (1994) who state:

"People working in the health and well-being movement should attempt to redress the disparaging effects of cultural and media ideals. How?

- By advocating healthy living, based on a realistic appreciation of individual and group differences. How about a campaign that would counteract the elitist body ideal by emphasizing self-acceptance and personalized standards?
- By finding out what sub-domains of self-concept are important to people (e.g., academic, social, family) and working to build people's competence in those areas.
- By building supportive environments. Health promotion programs are typically designed to modify *individuals* health habits and lifestyles. There is a need for environmental, regulatory change as well to support these changes - through social policy and workplace legislation"(p.1).

Philip White (1992) Associate Professor at McMaster

University's Department of Physical Education, challenges men more directly by writing, in an article for The Globe & Mail:

"Perhaps the solution is to work toward alternative notions of masculinity in which "real men" do not have to define themselves through domination, aggression, violence and the archaic idea that in the male world of ideals, big is still beautiful"(p.7).

David Gilmore (1990) continues on this re-definition of masculinity by stating:

"It is now generally accepted, even among the most traditional male researchers, that masculine and feminine principles are not inherent polarities but an overlapping continuum"(p.22).

"Again and again we find that "real" men are those who give more than they take; they serve others. Real men are generous, even to a fault....Manhood therefore is also a nurturing concept, if we define that term as giving, subventing, or other-directed. It is true that this male giving is different from, and less demonstrative and more obscure than, the female. It is less direct, less immediate, more involved with externals; the "other" involved may be society in general rather than specific persons"(p.229).

Aaron Kipnis (1991) goes on to elaborate on this:

"Individual freedom is ultimately expressed by our ability to become what we truly are. That process - what Jungian psychologists refer to as *individuation* - is about becoming our unique self in all its depth and complexity. This is different from attempting to become more like a particular image - even if that image is one society holds dear. Even so, it feels worthwhile to explore what images - other than the ones we have grown up with - might lie about, within and without us. Then we have greater choice about what we might incorporate into our own particular self-image. That is one major aspect of freedom - choice"(p.97).

Kipnis has developed ten guidelines for defining a healthier version of masculinity. He outlines this as:

THE NEW MALE MANIFESTO

1. Men are beautiful. Masculinity is life-affirming and life-supporting. Male sexuality generates life. The male body needs and deserves to be nurtured and protected.
2. A man's value is not measured by what he produces. We are not merely our professions. We need to be loved for who we are. We make money to support life. Our real challenge, and the adventure that makes life full, is making soul.
3. Men are not flawed by nature. We become destructive when our masculinity is damaged. Violence springs from desperation and fear rather than from authentic manhood.
4. A man doesn't have to live up to any narrow, societal image of manhood. There are many ancient images of men as healers, protectors, lovers, and partners with women, men, and nature. This is how we are in our depths: celebrators of life, ethical and strong.
5. Men do not need to become more like women in order to reconnect with soul. Women can help by giving men room to change, grow, and rediscover masculine depth. Women also support men's healing by seeking out and affirming the good in them.
6. Masculinity does not require the denial of deep feeling. Men have the right to express all their feelings. In our society this takes courage and the support of others. We start to die when we are afraid to say or act upon what we feel.
7. Men are not only competitors. Men are also brothers. It is natural for us to cooperate and support each other. We find strength and healing through telling the truth to one another - man to man.

8. Men deserve the same rights as women for custody of children, economic support, government aid, education, health care, and protection from abuse. Fathers are equal to mothers in ability to raise children. Fatherhood is honourable.
9. Men and women can be equal partners. As men learn to treat women more fairly they also want women to work toward a vision of partnership that does not require men to become less than who they authentically are.
10. Sometimes we have the right to be wrong, irresponsible, unpredictable, silly, inconsistent, afraid, indecisive, experimental, insecure, visionary, lustful, lazy, fat, bald, old, playful, fierce, irreverent, magical, wild, impractical, unconventional, and other things we're not supposed to be in a culture that circumscribes our lives with rigid roles"(p.93).

Jed Diamond (1994) offers his suggestions in a similar creed for re-defining masculinity:

THE TEN TASKS OF MATURITY MASCULINITY

1. Balance our desire to "do" with our need to just "be".
2. Understand and heal our confusion about sex and love.
3. Transform our ambivalent feelings toward women and children.
4. Express our grief over the absence of our fathers, and risk getting close to other men.
5. Change our self-hatred to self-actualization.
6. Acknowledge our wounds, and heal our bodies and souls.
7. Uncover the roots of our basic insecurity.
8. Acknowledge and heal our hidden childhood abuse.

9. Explore the origins of our violence and change our destructive behaviour.
10. Return to the spirit of true warriors.

These guidelines may appear to be as radical to some as the notion of giving women the vote was 70 years ago. One cannot help but wonder, if they 'were passed as law' today, how changed masculinity would be in 70 years time. Certainly it would have given the men whose stories we have heard in this study, a great deal more personal freedom in their own lives, as well as healthier avenues to cope. The extremes of eating disorders may not have been such a necessity for them. An example could be taken from our proud multicultural ads that exclaim: "Viva la differences - celebrate our differences". The message must be clear that nowhere in our world should individual differences be appreciated and celebrated more joyously than in our own physical, emotional, and spiritual selves.

Recent years have brought unique challenges to men that offers great hope for younger generations. As stated in the earlier chapters, masculinity in the 90's now has a new look. This is as much of a positive realization as it is a negative one. Perhaps, in many ways, those men who shared their stories as honestly as they did, who told of their

courageous struggle for recovery, are fore runners of a new age. Certainly they have learned, and can teach us all, that the basis of beginning to heal their own wounds is the realization that old precepts of *competition* must be replaced with new ones of *connection*; connection to their bodies, to their souls, to one another, to their partners, and to their communities.

Perhaps they have begun listening to what Robert Bly (1990) describes as the:

"...frequency the masculine body vibrates...[and are becoming more able]"....to grasp the song that adult male cells sing, and how the charming, elegant, lonely, courageous, half-shamed male molecules dance"(p.93).

This is indeed a wondrous, terrifying, heart-wrenching, liberating, and exhausting process, but one whose rewards are innumerable. Sam Keen (1994) in discussing his own process of reconnection with his body states:

"But for a single individual, the transformation that takes place when numbness is replaced by a capacity to feel a panoply of emotions is momentous. Spiritual awakening changes the entire way in which a person is embodied in the world. The inspired or resurrected body begins to resemble a tuning fork more than a guarded fortress. Freed from the prison of my own body-ego, I am able to touch, taste, smell, hear, and see a reenchanting world. With the doors of perception cleansed, eternity may be seen in a grain of sand, and all the history of grief "in an empty doorway and a maple leaf"(p.140-141).

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