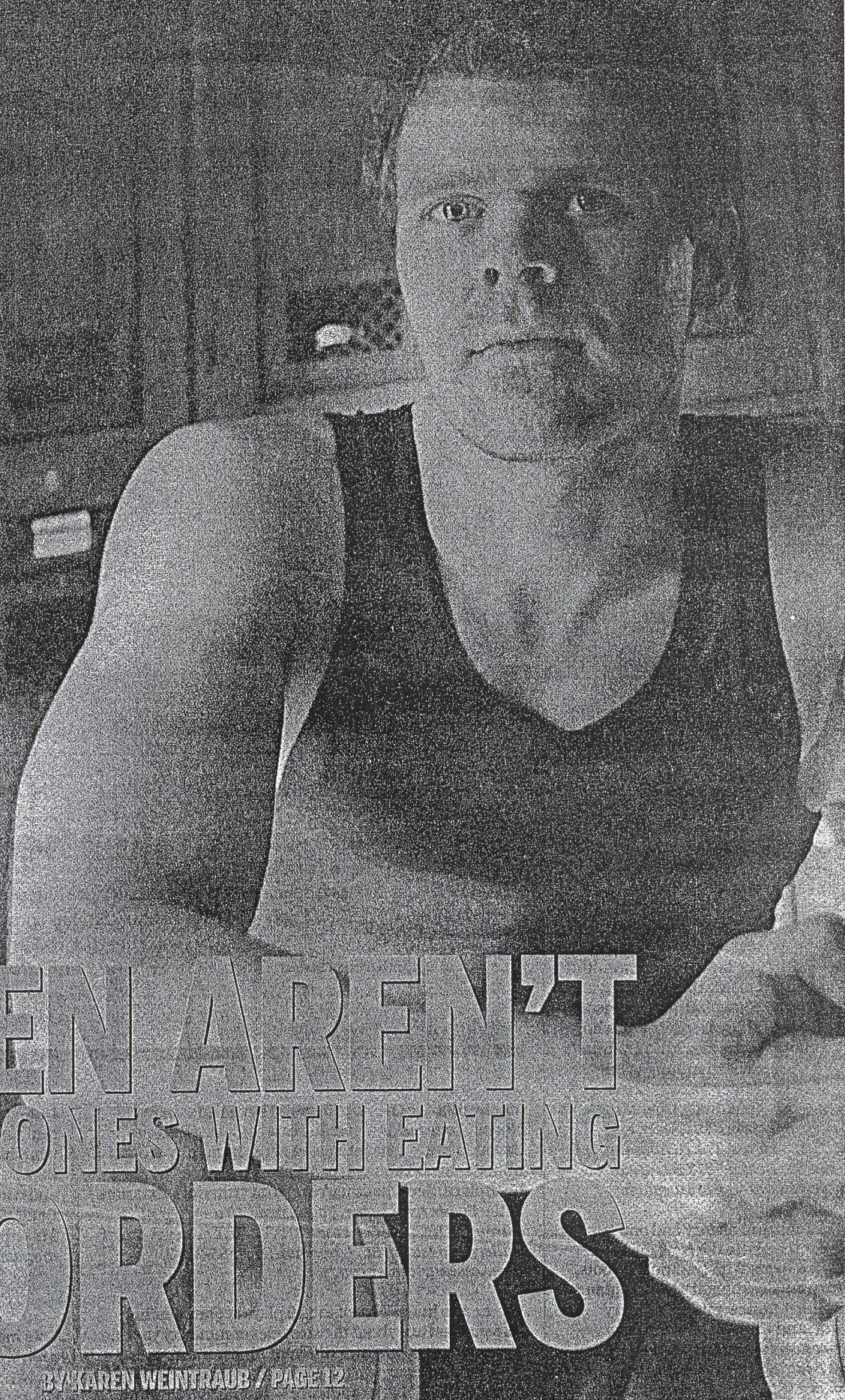


**MEN,
BODY IMAGE,
EATING
DISORDERS**

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HEALTH



WOMEN AREN'T THE ONLY ONES WITH EATING DISORDERS

BY KAREN WEINTRAUB / PAGE 12

FOR IDENTITY

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HEALTH DID OBESITY PLAY A ROLE IN RAPPER HEAVY D'S DE

IT'S A GUY THING, TOO

EATING DISORDERS ARE OFTEN THOUGHT OF AS PROBLEMS FOR WOMEN AND GIRLS, BUT MEN AND BOYS ARE ALSO SUSCEPTIBLE

Boston Globe - Boston, Mass.

Author: Karen Weintraub

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Christopher R. Skarinka had heard of eating disorders, of course. Every college student had by the early 2000s, when Skarinka started school. But nearly every college kid, like most everyone else, also thought of eating disorders as a female problem. Not a problem for a buff, 6-foot-5-inch guy like himself.

Yet by the time Skarinka graduated from Harvard, in 2007, he was addicted to making himself purge. He wasn't worried about his weight. He just liked the sense of control that purging gave him.

Looking back now, Skarinka says he was deeply unhappy. He coped with the stress of a high-pressure school and then a higher-pressure investment banking job by exerting control over one of the few things he could control: what he ate.

Eating disorders have long been considered a female problem, but a 2007 Harvard study based on national survey data found that men are one-third as likely as women to have anorexia or bulimia and more than half as likely to have a binge eating disorder. A study this summer of adolescents found even closer rates of bulimia and identical rates of anorexia between teenage boys and girls.

It's not clear why it's taken so long to recognize male eating disorders. It may be that men have a harder time acknowledging problems, or that society has been more accepting of men being overweight or of eating big meals. Or perhaps the rates have been rising as popular culture increasingly celebrates perfect male physiques the way it has long lionized women's figures.

No one has done the research to find out what's behind male eating disorders, said Ruth Striegel of Wesleyan University, where she is Walter A. Crowell Professor of Social Sciences and professor of psychology. A renowned eating disorder researcher, Striegel published a study last month calling for more men to be included in binge eating disorder research.

Male eating disorders are slightly different from female ones, specialists in the field say.

Instead of aiming to lose weight, many men who purge are athletes trying to make weight in a sport, or to improve their muscle definition, said Dr. Theodore E. Weltzin, medical director of Eating Disorder Services at Rogers Memorial Hospital, a psychiatric health system in Wisconsin. The male route to anorexia is often through compulsive over-exercise.

Like women, men with eating disorders are often overachievers and perfectionists, eager to please others. They may also have conditions such as anxiety disorder, obsessive-compulsive disorder, depression, substance abuse issues, or attention deficit hyperactivity disorder, said Roberto Olivardia, a clinical psychologist in Arlington who has been researching and writing about male eating disorders since 1994.

Men tend to see eating disorders as a threat to their masculinity, he said.

"Almost every male [I've seen in my practice] has always brought in gender identity - this idea of how masculine are they and what does it mean that I have an eating disorder," said Olivardia, also a clinical instructor in psychiatry at Harvard Medical School and co-author of the 2000 book "The Adonis Complex," about male body image.

Straight men are just as likely to have eating disorders as gay men, he said, despite the stereotype that gay men are more concerned with their appearance. Gays tend to be more open about their eating disorders, Olivardia said, perhaps because they have already had to conquer one form of sexual stereotyping when going public about being gay.

Men are also less likely to seek treatment than women, perhaps because of the double stigma of having an eating disorder and a problem that's usually associated with women, he and others said.

On the plus side, men seem to respond just as well to treatment as women. Cognitive behavioral therapy, aimed at

helping people manage self-destructive behaviors, has been shown effective against eating disorders, Olivardia and Striegel said.

Unlike fighting drug or alcohol addiction, abstinence from the addictive substance - food - is not an option when recovering from eating disorders.

"You have to learn how to have a healthy, moderate relationship with food," said Johanna S. Kandel, founder of the Alliance for Eating Disorders Awareness in West Palm Beach, Fla. "You have to deal with it three to six times a day for the rest of your life."

Tragedy spurred Skarinka's recovery.

He and his longtime girlfriend broke up. Three weeks later one of his closest friends committed suicide. The double shock shook him out of his self-absorption and forced him to grow up, Skarinka said. His need for control suddenly didn't seem so important by comparison to his friend's life-ending depression. He recognized that no matter how much he tried, he couldn't control things like relationships and other people's depression, and he began to take control of his destructive behavior.

Though he thought he was totally alone at the time, in many ways Skarinka's story is typical of men with eating disorders. He was introduced to the idea of throwing up by fellow crew team members. Some men threw up to maintain weight; others to reduce stress. Self-induced vomiting can trigger an endorphin release similar to exercise, Olivardia said, giving the rowers an extra edge at the beginning of a race.

But it's also highly addictive and dangerous, and the edge does not last long. Eating disorders are considered among the most lethal of all psychiatric conditions, with death rates for anorexia hovering between 10 and 20 percent, said Kandel, author of the 2010 book "Life Beyond Your Eating Disorder."

Although Skarinka didn't realize it at the time, his bulimia started to affect his heart. He failed a medical exam and had to drop off the crew team.

It also damaged his relationships, such as the one with his girlfriend. Harboring a secret can chip away at the trust in a relationship, and by its very nature, an eating disorder becomes an obsession that absorbs time and mental energy.

"It's an inherently selfish disease," Skarinka said. "You don't think about the effect on others."

Today, Skarinka says he is completely free of his eating disorder, and has no health problems from his 4 1/2 years of bulimia and no lingering problems with food.

"I don't even think about it at all, which is amazing," said Skarinka, now an associate at a private equity firm in Boston.

Giving up purging also allowed him to build more muscle and strength, said Skarinka, who still rows and works out regularly.

"I'm a much stronger person - physically and psychologically - than I used to be," he said.

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Credit: Karen Weintraub, Globe correspondent

[Illustration]

Caption: Christopher R. Skarinka suffered from eating disorders, due to severe depression, after he graduated from Harvard in 2007. He has since gotten help and now follows a healthier lifestyle. bill greene/globe staff

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Abstract (Document Summary)

Eating disorders have long been considered a female problem, but a 2007 Harvard study based on national survey data found that men are one-third as likely as women to have anorexia or bulimia and more than half as likely to have a binge eating disorder. Instead of aiming to lose weight, many men who purge are athletes trying to make weight in a sport, or to improve their muscle definition, said Dr. Theodore E. Weltzin, medical director of Eating Disorder Services at Rogers Memorial Hospital, a psychiatric health system in Wisconsin.

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The New York Times

November 19, 2012

Muscular Body Image Lures Boys Into Gym, and Obsession

By DOUGLAS QUENQUA

It is not just girls these days who are consumed by an unattainable body image.

Take David Abusheikh. At age 15, he started lifting weights for two hours a day, six days a week. Now that he is a senior at Fort Hamilton High School in Brooklyn, he has been adding protein bars and shakes to his diet to put on muscle without gaining fat.

“I didn’t used to be into supplements,” said Mr. Abusheikh, 18, who plans on a career in engineering, “but I wanted something that would help me get bigger a little faster.”

Pediatricians are starting to sound alarm bells about boys who take unhealthy measures to try to achieve Charles Atlas bodies that only genetics can truly confer. Whether it is long hours in the gym, allowances blown on expensive supplements or even risky experiments with illegal steroids, the price American boys are willing to pay for the perfect body appears to be on the rise.

In a study to be published on Monday in the journal *Pediatrics*, more than 40 percent of boys in middle school and high school said they regularly exercised with the goal of increasing muscle mass. Thirty-eight percent said they used protein supplements, and nearly 6 percent said they had experimented with steroids.

Over all, 90 percent of the boys in the survey — who lived in the Minneapolis-St. Paul area, but typify what doctors say is a national phenomenon — said they exercised at least occasionally to add muscle.

“There has been a striking change in attitudes toward male body image in the last 30 years,” said Dr. Harrison Pope, a psychiatry professor at Harvard who studies bodybuilding culture and was not involved in the study. The portrayal of men as fat-free and chiseled “is dramatically more prevalent in society than it was a generation ago,” he said.

While college-age men have long been interested in bodybuilding, pediatricians say they have been surprised to find that now even middle school boys are so absorbed with building muscles. And their youth adds an element of risk.

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Just as girls who count every calorie in an effort to be thin may do themselves more harm than good, boys who chase an illusory image of manhood may end up stunting their development, doctors say, particularly when they turn to supplements — or, worse, steroids — to supercharge their results.

“The problem with supplements is they’re not regulated like drugs, so it’s very hard to know what’s in them,” said Dr. Shalender Bhasin, a professor of medicine at Boston University School of Medicine. Some contain anabolic steroids, and even high-quality protein supplements might be dangerous in large amounts, or if taken to replace meals, he said. “These things just haven’t been studied very well,” he said.

Anabolic steroids pose a special danger to developing bodies, Dr. Bhasin said. Steroids “stop testosterone production in men,” he said, leading to terrible withdrawal problems when still-growing boys try to stop taking them. Still, the constant association of steroids with elite athletes like Lance Armstrong and Barry Bonds perpetuates the notion that they can be managed successfully.

Online, in bodybuilding forums for teenagers, boys barely out of puberty share weight-lifting regimens and body fat percentages, and judge one another’s progress. On Tumblr and Facebook, teenagers post images of ripped athletes under the heading “fitspo” or “fitspiration,” which are short for “fitness inspiration.” The tags are spinoffs of “thinspo” and “thinspiration” pictures and videos, which have been banned from many sites for promoting anorexia.

“Lifted b4 school today felt good but was weak as hell,” wrote one boy who said he was 15 and from Tallahassee, Fla., on a message board on Bodybuilding.com in September, saying he bench-pressed 245 pounds. “Barely got it.”

Many of these boys probably see themselves in Mike Sorrentino, “The Situation” from the “Jersey Shore” series on MTV, or the Adam Sackler character, on the HBO series “Girls,” who rarely wears a shirt or takes a break from his crunches.

Mr. Abusheikh, for instance, has a Facebook page full of photos of himself shirtless or showing off his six-pack abs. At his high school, participation in the annual bodybuilding competition hit an all-time high of 30 students this year.

“They ask us about everything,” said Peter Rivera, a physical education teacher at Fort Hamilton High School who helps oversee the competition. “How do I lose weight? How do I gain muscle? How many times a week should I work out?” Some boys want to be stronger for sports, Mr. Rivera said, but others “want to change their body type.”

Compared with a sedentary lifestyle of video games and TV, an obsession with working out

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may not quite qualify as a health hazard. And instructors like Mr. Rivera say most boys are eager for advice on the healthiest, drug-free ways to get in shape.

With so little known about supplements, it can be difficult, particularly for teenagers, to make wise decisions.

Alonso Huizar, 16, of Tucson, could not say for sure which creatine supplements he takes. "I bounce around," he said. "I get, like, some type of chocolate flavor, depending on the price."

Alonso started lifting weights at 15 because he wanted to get bigger for soccer, "but I was also just trying to gain weight in general," he said. Cristiano Ronaldo, the Portuguese soccer player, is the man with the body he would like to have, he said.

His mother, Ana, said she would have preferred that Alonso hold off on weight training until he was older, but the pressure from coaches and peers made compromise impossible. "It's pushed on them — if you're going to play soccer, you have to lift weights," she said.

A majority of girls in the Minnesota study said they, too, had changed eating or exercise habits to build muscle, with 21 percent using protein supplements and nearly 5 percent using steroids.

"The model of feminine beauty is now more toned and fit and sculpted than it was a generation ago," said Marla Eisenberg, assistant professor of pediatrics at the University of Minnesota, the lead author of the Pediatrics study. "It's not just being thin. It's being thin and toned." Indeed, visitors to the "Fitspo" Facebook page are greeted by a sinewy model wearing a tank top that reads "Strong is the new skinny."

Paradoxically, the emphasis on weight lifting among adolescents may be depleting the number of contestants in teenage bodybuilding meets, because many children cannot pass a drug test. "You used to get a lot of teenage bodybuilders, but you don't get them as much anymore," said Andrew Bostinto, president of the National Gym Association. "A lot of these kids are juiced, so they're not entering natural shows."

"You get these kids now, they're 5 feet 6 inches, 5 feet 7 inches, weighing 265 pounds with two percent body fat," he said. "Give me a break. You can't put on 30 pounds in a month."

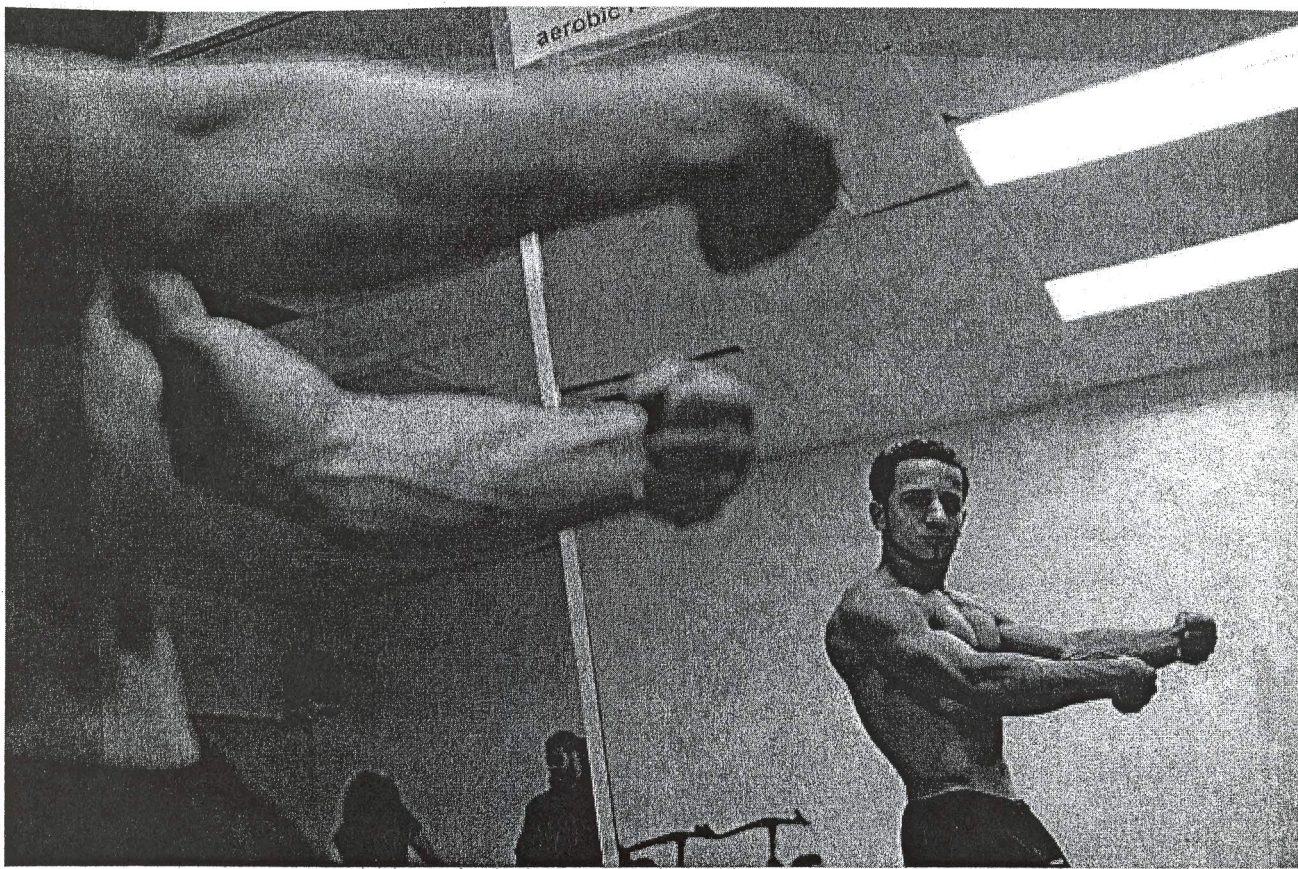
Mr. Abusheikh, who stands 5 feet tall and weighs 125 pounds, said he steered clear of steroids and would prefer not to use supplements. But because of his small stature, he needed the extra bulk to compete in his school's bodybuilding contest. "I'm mostly trying to get into engineering," he said, "but if something gets in the way I figure I can always be a personal trainer."

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This article has been revised to reflect the following correction:

Correction: November 19, 2012

An earlier version of this article gave an incorrect nationality for the soccer player Cristiano Ronaldo. He is Portuguese, not Brazilian. It also misstated the number of boys included in the survey. The researchers interviewed 2,793 boys and girls, not 2,800 boys. And because of an editing error, it also described incorrectly the title of Dr. Shalender Bhasin. He is a professor of medicine at Boston University School of Medicine, not at the Boston Medical Center.



Béatrice de Géa for The New York Times

Mr. Abusheikm, 18, lifts weights for two hours a day.

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Well - Tara Parker-Pope on Health

AUGUST 13, 2012, 3:53 PM

Binge Eating Among Men Steps Out of the Shadows

By ABBY ELLIN

After downing 70 chicken wings in about an hour, Andrew Walen realized he had a problem.

Oh, he had known something was wrong over the years. Normal people don't consume 4,500 calories worth of food in one sitting, or order takeout for four when dining alone. But it took a maniacal feeding frenzy for him to finally accept the reality: He was a binge eater, and he had absolutely no control around food.

"Ultimately, it was about numbing out and self-loathing," said Mr. Walen, now 39 and a therapist in Columbia, Md. "There was this voice in my head that said, 'You're no good, worthless,' and I turned to food."

Mr. Walen is one of an estimated eight million men and women in the United States who struggle with binge eating, defined as consuming large amounts of food within a two-hour period at least twice a week without purging, accompanied by a sense of being out of control.

While about 10 percent of patients with anorexia and bulimia are men, binge eating is a problem shared almost equally by both sexes. A study published online in October and then in the March issue of The International Journal of Eating Disorders found that among 46,351 men and women ages 18 to 65, about 11 percent of women and 7.5 percent of men acknowledged some degree of binge eating.

"Binge eating among men is associated with significant levels of emotional distress, obesity, depression and work productivity impairment," said Richard Bedrosian, a study author and director of behavioral health and solution development at Wellness and Prevention Inc., which works with employers and health plans.

But while binge eating is challenging for women who suffer from it, the perils are perhaps greater for men, who rarely seek treatment for what many believe is a "women's disease." Unlike bulimia and anorexia, binge eating does not even have a distinct listing in the current D.S.M., as the diagnostic guide for mental health professionals is known.

"Guys generally don't come forward for any reason," said Ron Saxen, 49, author of "The Good Eater," a memoir of his struggle with binge eating, which began when he was about 11. At his worst, Mr. Saxen was consuming 10,000 to 15,000 calories' worth of Big Macs, French fries, chocolate milkshakes, candy bars, ice cream and M & Ms, often within an hour-and-a-half window.

Those men who do seek treatment often have difficulty finding a facility or therapist to work with them - even the literature is predominantly female-centric. Before Vic Avon was given a diagnosis of anorexia in 2006, for example, he scoured the Web for information relating to men and eating disorders. "Everything I saw was written for and by women," said Mr. Avon, 29, a building contractor in Brick Township, N.J.

Mr. Avon seesawed between anorexia and binge eating (not uncommon), at one point weighing 300 pounds. "I was so ashamed because it was a girl's illness, I thought. I didn't have any guys to look to."

Many binge-eating men do not even recognize that anything is wrong. About 70 percent of people with binge eating disorder are overweight or obese, but a higher weight is generally more culturally acceptable for men than for women.

"There's nothing wrong with a college guy eating a whole pizza by himself, but with women they would be horrified," said Roberto Olivardia, a clinical psychologist who specializes in the treatment of body image disorders and eating disorders in men and is an author of "The Adonis Complex."

Even if they are disturbed by their food intake, few men make the connection between gorging and emotional distress. "With men it's usually a disconnect," said Mr. Walen, the former binge eater turned therapist. "It's about 'I want to eat,' not 'I'm coping with an emotional trauma.'"

Adam Lamparello's binge eating was both physical and psychological, the result of the starvation that ensued during his six-year bout with anorexia, and his attempt to fill the "emptiness, loneliness and emotional void" that he felt in his life.

"Those with binge eating disorder often do not have meaningful relationships with other people, are isolated, believe that life has no purpose or have suffered prior traumatic events and turn to food for emotional comfort," said Mr. Lamparello, 36, a lawyer in Hasbrouck Heights, N.J., who recently published "Ten-Mile Morning: My Journey Through Anorexia Nervosa."

Men like Mr. Avon and Mr. Walen often struggle to find help. But the tide may be slowly turning as awareness about men and binge eating grows. Chevese Turner, founder and chief executive of the Binge Eating Disorder Association, said about 20 percent of the calls she receives are from men, up from 5 percent when she started the organization in 2008.

In general, cognitive behavioral therapy is the most successful treatment for binge eaters, said Sarah J. Parker, the director and a founder of the Reeds Center, an outpatient mental health center in New York that treats men and women who have anxiety and eating disorders. Treatment often begins with efforts to recognize distorted, all-or-nothing thinking and to begin monitoring one's eating, sleeping and exercise patterns. Since many binge eaters restrict food intake during the day and binge at night, the goal is to get them to eat three meals a day and a snack.

Whether or not one can be fully cured of binge eating depends on one's definition of "cured." An October 2011 study in *The Journal of Consulting and Clinical Psychology* reported a 51 percent remission rate for patients a year after using cognitive behavioral therapy. Therapy did not lead to weight loss, however.

"Do people stop binge eating and basically not binge eat again? Yeah," Ms. Parker said. "Is it O.K. to have an episode once a month? For some people that might be a cure."

Mr. Saxen finally went to a therapist at age 40. While he no longer binges, "I'm in the camp of A.A. - you're always recovering," he said. "There are times when bad things are happening, and I have my moments."

After the chicken wing incident, Mr. Walen also sought treatment. He has not had a full-on, out-of-control "big B" binge since 2006 - but he has had "little B" moments. "I would say that most people have 'little B' binges where they go, 'I know I overate, but it didn't come with a lot of guilt shame stuff.' I think almost everyone goes through that a few times a year," he said.

Perhaps the greatest challenge, experts say, is to persuade more men to come forward and seek treatment. "You have to have alternative means of getting men to acknowledge the problem," Dr. Bedrosian said. "We need to find alternative ways for men to get screened, we have to encourage the screening for all eating disorders in primary care," with an emphasis on making sure men as well as women receive attention.

He added, "If I were training medical students today I would say, 'When you're discussing weight loss programs with an obese patient, make sure you ask them about binge eating behavior.' "

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