



Men suffer from eating disorders, too — so why do we ignore them?

By [Meghan Collie](#) National Online Journalist, Smart Living & Entertainment Global

May 15, 2019

In a recent interview, [Twitter](#) CEO and tech giant [Jack Dorsey](#) said that he only eats one meal a day during the workweek (dinner) and on weekends, he fasts.

“The first time I did it, like Day 3, I felt like I was hallucinating,” Dorsey told fitness influencer Ben Greenfield.

“It was a weird state to be in. But as I did it the next two times, it just became so apparent to me how much of our days are centred around meals and how — the experience I had was when I was fasting for much longer — how time really slowed down.”

Dorsey said his diet allowed him to “feel so much more focused,” and it was [widely lauded as the secret to his success](#).

In some instances, Dorsey’s diet was described as “[biohacking](#),” a practice common to Silicon Valley that promotes the use of restrictive diets and fasts as a way to optimize productivity.

However, [critics](#) were quick to point out that Dorsey’s habits sounded a lot like those of an eating disorder. People also took issue with his extreme fasting being spoken about in a positive light.

[Dr. Simon Sherry](#), a registered psychologist who specializes in eating disorders, says these concerns are valid because, oftentimes, men aren't made aware that their food habits can be a sign of disordered eating.

(Editor's note: Sherry made it extremely clear that he cannot diagnose Dorsey with any eating disorder, but he is concerned with the narrative around his diet. Dorsey himself has never claimed to struggle with an eating disorder, either.)

"There is a problem where eating disorders are mischaracterized as female or as feminine... and that's just not the case," Sherry said.

According to Sherry, about 0.2 to 0.3 per cent of the male population will have [anorexia nervosa](#) at some point in their life. For [bulimia nervosa](#), that number rises to between 2.1 and 2.5 per cent of the population. For [binge eating disorders](#), it's between one and three per cent.

"This is far from an exclusively female problem," said Sherry.

Masculine stereotypes

Sherry attributes much of the misunderstanding about male eating disorders to a perceived disconnect between eating disorders and masculinity.

"Since eating disorders are cast as a feminine issue... (they) run counter to masculine gender norms," Sherry said.

"It's hard to imagine John Wayne suffering from an eating disorder. You're silent, you're tough, you're independent."

Sherry says men are taught that they're not supposed to be sick or struggling — especially not with a "woman's illness" — and this prevents them from coming forward with their illness.

“We can be especially stigmatizing of men who don’t conform to masculine gender norms,” he said.

Aryel Maharaj, outreach and education co-ordinator at the [National Eating Disorder Information Centre](#) (NEDIC), sees this often in his work.

“Boys and men are less likely to seek help,” he said.

“When someone identifies as a male and they contact us on our helpline, for example, we’ll do some extra validation.”

NEDIC operates a [helpline](#) for those struggling with eating disorders from 9 a.m. to 9 p.m. daily.

This can look like extra encouragement or reassurance that the person calling in is not alone in his struggle.

“We even have pamphlets and resources specifically for men and boys,” Maharaj said. “It’s probably been a big fight for them to contact us in the first place.”

The “choice” narrative

According to Maharaj, anyone can have an eating disorder, and it’s a mental illness that needs to be taken seriously.

NEDIC characterizes an eating disorder as “persistent disturbances to eating and eating-related behaviours that result in harm to one’s physical health, mental health and/or psycho-social functioning,” he said.

“People always want to know the causes... but the development of an eating disorder can’t really be contributed to a specific person or event or gene.”

Without a clear single cause to blame, eating disorders are sometimes — dangerously — attributed to choice.

“Part of the stigma surrounding eating disorders is constructing it in terms of personal responsibility — these are choices that you can or cannot make,” said Sherry.

“To reduce an eating disorder to a question of personal responsibility is a wild discrepancy from what research tells us. Research tells us an eating disorder is a biologically based disorder involving genetic risk factors and high heritability estimates.”

Limits to diagnosis and treatment for men

Securing the funding for research on disordered eating in men is even harder because of the stigma that surrounds it.

“Stigma is [driving slower recognition of eating disorder symptoms](#) and stigma is driving delayed help-seeking,” said Sherry.

This appears to be especially true for men who admit themselves to an eating disorder clinic.

“They have a lower body mass index on average and they’re at a higher age on average,” he said. “That suggests that we’ve got someone who’s finally getting help, but they’re older... and they’re arguably suffering from a more severe version of the problem, compared to women, as expressed in their lower body mass index.”

This stigma is amplified by the stigma of eating disorders more broadly, too.

“There is a heavy stigma surrounding disordered eating for men and for women alike... and it runs deep,” he said.

“To give you a concrete example... in Canada, per person with an eating disorder per year, we spend about \$2.41 on someone with an eating disorder. In contrast, for someone with autism, we’re spending about \$462.14.”

Education is key

For Sherry, change begins with increased mental health literacy across the board.

“Mental health literacy surrounding eating disorders is very low, and that needs to be corrected on several levels. Practitioners and researchers need more information. The general public also needs more information,” he said.

Sherry is also determined to eliminate the “choice” narrative.

“We have to challenge (people when they) mistakenly admire certain aspects of disordered eating,” Sherry said.

When it comes to helping men specifically, the stigma has to go.

“The stigma often involves a deep and profound sense of shame... We have to start challenging the myths and misconceptions about the data,” he added.

In his work at NEDIC, Maharaj is focused on intersectionality.

“Especially for folks who come from underserved populations — whether that’s queer and trans folks, people of colour or Indigenous people,” he said. “We need to make sure that those people also have a voice at the table.”

Eating disorders are serious, but there are effective treatments available.

That's why Dr. Allan Kaplan, senior clinician and chief of research at the [Centre for Addiction and Mental Health](#) in Toronto, believes it's of the utmost importance to teach men how to recognize the signs and symptoms of disordered eating.

According to Kaplan, there are three major recognized eating disorders: anorexia nervosa, bulimia nervosa and binge eating disorder.

"Anorexia nervosa is characterized by being a low weight, which compromises a person's physical and emotional functioning," Kaplan said.

"Bulimia nervosa is characterized by binge eating and purging, usually at a normal weight. (It) has a lower mortality, but it certainly has a high morbidity — it affects people's quality of life.

"Finally, binge eating disorder generally affects obese people, but they do not compensate — they don't purge, they don't starve themselves, they don't over-exercise."

If you or someone you know is in crisis and needs help, resources are available. In case of an emergency, please call 911 for immediate help.

The Canadian Association for Suicide Prevention, Depression Hurts and Kids Help Phone 1-800-668-6868 all offer ways of getting help if you, or someone you know, may be suffering from mental health issues.

Meghan.Collie@globalnews.ca