



Boys and Eating Disorders

This information sheet provides information on boys and eating disorders. It includes suggestions for creating a school environment that discourages disordered eating and promotes the early detection of eating disorders.

Boys can and do develop eating disorders

Eating disorders often are seen as problems affecting only girls. However, studies suggest that hundreds of thousands of boys are experiencing these disorders. Although bulimia is not common among males, 1 in 4 preadolescent cases of anorexia have been found to occur in boys.¹ Studies also suggest that boys may be as likely as girls to develop binge eating disorder.²

Males make up the majority of people identified as having muscle dysmorphia, a type of body image disorder characterized by extreme concern with becoming more muscular.³ People with this disorder, which has been found to occur among bodybuilders, see themselves as puny despite being very muscular, and are likely to use steroids and other drugs to gain muscle mass.

Factors associated with eating disorders are similar for males and females

The characteristics of males with eating disorders are similar to those seen in females with eating disorders.⁴ These factors include low self-esteem, the need to be accepted, an inability to cope with emotional pressures, and family and relationship problems. Homosexuality also appears to be a risk factor for males because it may include them in a subculture that places a premium on appearance.⁵

Both males and females with eating disorders are likely to experience depression, substance abuse, anxiety disorders, and personality disorders. However,

substance abuse is more common among males than females with eating disorders.⁶ Male patients with eating disorders have been found to be more severely affected by osteoporosis than female patients.⁷

The signs and symptoms of eating disorders are similar for boys and girls. The physical, behavioral, and emotional signs and symptoms are listed in other information sheets within this packet. It is important to look for these signs and symptoms in your interactions with boys.

Students of all ethnic and cultural groups are vulnerable to developing eating disorders. For example, Black and Hispanic boys have been found to be more likely to binge eat than Caucasian boys.⁸ Other information sheets in this packet address how eating disorders affect different ethnic and cultural groups.

“If there was one thing I’d change about my looks, I’d change my weight. I get poked at and yelled at all the time. I’d like to be mostly skinny instead of fat. Then I wouldn’t be teased any more, and I’d be able to do things I can’t do now. I could run faster and be more active. I could swim, knowing I don’t have all that weight on me.”⁹

—Mike, age 10

Boys may try to lose fat and gain muscle to improve body image and/or athletic performance.

While the female body ideal is thin, the male ideal is lean, V-shaped, and muscular. Unlike girls, who generally want to lose weight, boys are equally divided between those who want to lose weight and those who want to gain weight. Boys who consider themselves



Action Figures Are Bulking Up

A recent study noted that some of the most popular male action figures have grown extremely muscular over time.¹⁰ Researchers compared action toys today—including GI Joe and Star Wars’ Luke Skywalker and Hans Solo—with their original counterparts. They found that many action figures have acquired the physiques of bodybuilders, with particularly impressive gains in the shoulder and chest areas. Some of the action toys have not only grown more muscular but have also developed increasingly sharp muscle definition, such as rippled abdominals. As noted in the study, if the GI Joe Extreme were 70 inches in size, he would sport larger biceps than any bodybuilder in history.

overweight want to lose weight, while those who think they are too thin want to gain weight. All want to be more muscular.¹¹

Boys may try to lose fat and/or gain muscle for many reasons. Some of these are: to avoid being teased about being fat; to improve body image; to increase strength and/or to improve athletic performance in wrestling, track, swimming, or other sports.

Overweight boys are at a higher risk for dieting than those who are not overweight.¹² Boys who think they are too small, on the other hand, may be at a greater risk than other boys for using steroids or taking untested nutritional supplements such as protein and creatine to increase muscle mass.

Boys are less likely to be diagnosed early with an eating disorder

Doctors reportedly are less likely to make a diagnosis of eating disorders in males than females.¹³ Other adults who work with young people and parents also may be less likely to suspect an eating disorder in boys, thereby delaying detection and treatment. A study of 135 males hospitalized with an eating disorder noted that the males with bulimia felt ashamed of having a stereotypically “female” disorder, which might explain their delay in seeking treatment.¹⁴ Binge eating disorder

may go unrecognized in males because a male who overeats is less likely to provoke attention than a female who overeats.¹⁵

What can you do?

Here are some ideas:

- ◆ Communicate openly about body image issues using messages that support acceptance of body diversity, discourage disordered eating, and promote self-esteem.
- ◆ Do not tolerate teasing and bullying in school, particularly when focused on a boy’s body size or masculinity.
- ◆ Conduct media literacy activities that explore the extremely lean and muscular body shape as the cultural ideal and that build skills to resist such messages.
- ◆ Develop policies that prohibit student athletes from engaging in harmful weight control or bodybuilding measures.
- ◆ Connect young men with positive role models who will encourage personal growth and development.

End Notes

- ¹ Bryant-Waugh R, Lask B. Childhood-onset eating disorders. In CG Fairburn, KD Brownell (eds.), *Eating disorders and obesity: A comprehensive handbook*, 2nd ed. New York: Guilford Press, 2002, pp. 210-214.
- ² Andersen AE. Eating disorders in males. In CG Fairburn, KD Brownell (eds.), *Eating disorders and obesity: A comprehensive handbook*, 2nd ed. New York: Guilford Press, 2002, pp. 188-192.
- ³ Pope HG, Gruber AJ, Choi P, Olivardia R, Phillips KA. Muscle dysmorphia: an underrecognized form of body dysmorphic disorder. *Psychosomatics*, 38, 548-557, 1997.
- ⁴ Carlat DJ, Camargo CA, Herzog DB. Eating disorders in males: A report on 135 patients. *American Journal of Psychiatry*, 154(9), 1127-1132, 1997.
- ⁵ Andersen, Eating disorders in males, 2002.
- ⁶ Ibid.
- ⁷ Ibid.
- ⁸ Field AE, Colditz GA, Peterson KE. Racial/ethnic and gender differences in concern with weight and in bulimia behaviors among adolescents. *Obesity Research*, 5, 1997, pp. 447-454; Marcus MD, Kalarchian MA. Binge eating in children and adolescents. *International Journal of Eating Disorders*, 34, S47-57, 2003.
- ⁹ Bode J. *Food Fight: A Guide to Eating Disorders for Preteens and Their Parents*. New York: Aladdin, 1998, p. 35.
- ¹⁰ Pope HG, Olivardia, R, Gruber A, Borowiecki J. Evolving ideals of male body image as seen through action toys. *International Journal of Eating Disorders*, 26, 65-72, 1999.
- ¹¹ Andersen, 2002.
- ¹² Andersen, AE. Eating disorders in males: Critical questions. In R Lemberg (ed.), *Controlling Eating Disorders with Facts, Advice, and Resources*. Phoenix, AZ: Oryx Press, 1992, pp. 20-28.
- ¹³ Andersen, 1992.
- ¹⁴ Carlat et al., 1997.
- ¹⁵ Andersen, 2002.