MALE ANOREXIA: IN THE MODERN 2011
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ABSTRACT

It has been reported that homosexuality is a risk factor for males with anorexia. However, it is unclear whether it is a specific risk factor for eating pathology or just a common risk factor associated with psychopathology. If social stigmatization of homosexuality can cause general psychological suffering that expresses itself as a discomfort with sexual orientation, poor self-esteem, depression, and disordered eating, then homosexuality may act as a general risk factor in itself. It can also be interrelated to certain aspects that distinctively increase the risk for males developing anorexia, such as increased identification with the male gender roles (Murmen & Smolak 1997) or even an amplified pressure to maintain a thin physique in order to attract a male partner (Epel, Spankos, Kael-Godley, & Brownell 1989).

The identification of risk factors for the development of body image disturbance and anorexia has been an active area of interest (Thompson & Smolak, 2001). Recently there has been much investigating into the causes of anorexia in females aging from childhood all the way to adulthood, but the same cannot be said for males or why there is an increased number of homosexual males who suffer from this disorder. This is why it is so important to expand our research for gender-specific factors for boys and males and how sexual orientation plays a part in this.

INTRODUCTION

Anorexia nervosa is classified as a serious mental disorder depicted by unbecoming low body weights, a relentless pursuit of thinness, and distorted cognitions about body weight and shape. Anorexia nervosa generally begins during middle to late adolescence. However, this previous statement has described this onset in prepubertal children and older adults; anorexia nervosa also has an elevated mortality rate.

Even though eating disorders affect everyone, there is very little literature and treatment options to address issues that are specific to the male eating disorder community. Unfortunately, there is an element of shame in being someone with any type of eating disorder, which makes it more difficult for them to seek treatment. It is especially harder for men to admit they have this disorder due to the misconceptions that they cannot suffer from an eating disorder, as it is a female disorder. Another problem affecting males with anorexia is their sexual orientation as the male gay community places a lot of pressure on the importance of successful appearance. This statement is not meant to make light on the fact that there are still many heterosexual males who suffer as well.

DEFINITION

The DSM IV lists four criteria for the diagnosis of anorexia nervosa:
1. Failure to maintain body weight at or above a minimally normal weight for age and height
2. Intense fear of gaining weight or becoming fat, even when thin, underweight
3. 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
4. In postmenarchal females, amenorrhea (i.e., the absence of at least three consecutive menstrual cycles).

In addition, the DSM IV describes two subtypes of anorexia nervosa; the restricting subtype includes eating behavior characterized by the restriction of type and quantity of food without binge eating or purging behaviors. The binge-purge subtype involves binge eating and/or purging behaviors such as the misuse of laxatives or vomiting after a meal.

METHODS

- Reviewed over 50 Peer Reviewed Journals.
- Drew Conclusions from previous studies.
- Summarized and synthesized the data reviewed.

THEORY

Since the available sources of research studies and literature on anorexia are almost completely female oriented, it is impossible to depict a clear parallel of treatment methods with today’s diagnostic techniques for both genders. This why it is imperative to assist these individuals through science and research.

DATA

- Anorexia was first discovered by one of Queen Victoria’s personal physicians, Sir William Gull in 1873 (Gull WW September 1997); although, Richard Morton is credited with being the first physician to use medical descriptions of this condition in 1689 according to J.M.S. Pearce, 2004.
- Western countries report that homosexual males are at a greater risk to develop an eating disorder than heterosexual males; as eating disorders in homosexual males and disordered eating attitudes are considerably more common than heterosexual males (Andersen, 1999; Brand, Rothblum, & Solomon, 1992).
- During Hooper and Jansen’s 2005 study that involved two groups of males with anorexia, one being of heterosexual males and the other group of homosexual males, reported that the relationship between peer pressure and body dissatisfaction was significantly more prominent among the homosexual males.

CONCLUSIONS

- A great need for research in this area involving both clinical & subclinical populations is necessary, & in particular studies that will explain why homosexual males are more susceptible to anorexia & body displeasure.
- Research is lacking studies done on males who suffer from anorexia in general, let alone research explaining the rise of anorexia in homosexual males in particular.
- The differences that may occur in homosexual communities & how these possible interactions with a variety of other variables that can affect them differently than that of heterosexual males with anorexia needs further study.
- It is only when we understand all these variables better that we can truly begin to successfully treat these individuals & provide a system for the health care community.
- Those who work with the homosexual youth should be provided with the correct information & tools to better assist in the prevention of the origins of maladaptive behaviors so that future generations can possibly avoid in order to prevent future generations from suffering.
- People with eating disorders no matter their sexual orientation or gender deserve to find recovery and the happiness and self-love on the other side.

REFERENCES