

Thin Man Walking

By Mark Elder

The kid had gotten skinny since I last saw him. A year before he'd looked like any average Newcastle teenager - a shock of bleached blonde hair crowning a healthy, yet untidy schoolboy. Goofing off with his mates as he waved his school years goodbye. I saw his face months later in one of the countless music publications and he looked, well, gaunt. His skin looked like it had been vacuum-packed onto his skull. Areas of flesh sucked inwards between the skeletal mass. The worst thing, though, was the eyes. They had a well-spooked look that seemed to say; "don't even go there".

And then a few weeks later it was out. First on American MTV and then in Rolling Stone magazine - "silverchair's Daniel Johns Reveals His Battle With Anorexia". I remember thinking; "yeah, right. 'Anorexia' must be the new metaphor for 'The Rock Lifestyle'. Guys don't get it - it's a chick thing. He must have been partying too hard".

Then other guys started coming out of the woodwork. Unlikely looking blokes like Elton John (that's Sir Elton to you, mate) who undertook treatment for bulimia and drug and alcohol related problems when his marriage disintegrated in the late eighties.

Exercise munchkin, Richard Simmons lays it all bare for us in his upcoming autobiography, Still Hungry After All These Years. His battles with bulimia, anorexia and starvation. Not to mention bad hair days.

There's 19 year old Adam Rickitt, star of Coronation Street. He suffered Bulimia as a school kid.

Richey James from Welsh rockers Manic Street Preachers - famous for self-mutilation and anorexia. The 28-year-old ultimately disappeared on the eve of an American tour and hasn't been seen since.

Elvis had it, as did Billy Bob Thornton.

I read about a kid who throws up when he's stressed. He has been doing it since kindergarten and his esophagus is now ulcerated. Since kindergarten! Hell, it's supposed to be a happy place of sandpits and fart jokes, and this kid is so stressed out that he is puking.

The net is full of such stories.

While it is true that for a long time Anorexia Nervosa was essentially considered a female problem, the incidence of men seems to be rising. No one can agree on the exact figure, but between 10% and 20% of Anorexia sufferers are men. "It's a myth that these are illnesses of rich, white, perfectionist women," says Chris Athas, vice president of the National Association of Anorexia Nervosa and Associated Eating Disorders (ANAD). "Just as a man or woman may become an alcoholic, either may fall victim to an eating disorder." Very little research has been done on the subject and men are notoriously private - even indifferent when it comes to matters of their own health.

Anorexia Nervosa - What is it?

Most of us know that Anorexia is an eating disorder where people starve themselves to try and get thin. Food and weight become obsessions. People suffering from the disorder may look emaciated but are convinced they are overweight. We often assume that it is about body-image and fashion

and therefore, a dark corner of an exclusively female domain. But the truth is it is about power and control.

"Everytime I guess I felt that my life was out of control and it was kind of out of my hands, I couldn't do anything about it." Said Johns on MTV, "I guess I took control of food intake, cause it was the only thing that no-one could really take charge of."

Most experts agree that with Anorexia, or any other eating disorder, something has gone tragically wrong with that person's sense of self. They use willpower and control to avoid frightening feelings. That is nothing new to most men since we usually do everything we possibly can to avoid stuff that takes us out of our emotional comfort zone.

"Anorexia is about the misuse of willpower against feelings. 'I can get through this on my own'." Says Sue Austin, who is a psychotherapist working in the inner West.

"It's like people who suffer from this don't have the capacity to digest emotions as well as others may be able to. The difference between men and women is that the emotions they are struggling with are different. In men it's questions of achievement and having to have an ultra-focussed, competitive, together identity while in women, it's often something like, "if I can't control my body, everyone around me will realise what an awful out-of-control failure I am and everything inside me will go to pieces". Ultimately, though, it's about control. These people are saying; "I don't know how to cope with – or make sense of – my life".

Dr. Janice Russell is a Clinical Associate Professor, Dept. of Psychological Medicine, University of Sydney. She is the Director of Eating Disorders Unit at Greenwich and Mosman. She has been treating eating disorders for 20 years. "If you think about it, food is an addiction. It's something we have to have, and if we don't meet our addiction to food, we seek it elsewhere".

The disorders often surface during the teen years, but, in rare cases, men as old as 60 and boys as young as 8 can be afflicted. They can lead to a lifetime of medical and psychological complications such as impotence, osteoporosis, heart failure and brain shrinkage. Whether these are permanent or not, no one knows for sure since there is remarkably little research on the subject. An estimated 6 percent of cases result in death. "It appears that men are in greater proportion of people who die of the disease later in life." Said Dr. Paul Hewitt, associate professor of psychology at the University of British Columbia. "Probably one of the most interesting things is the gender and age association. What happens is, among everybody under 45, about 10% of the deaths are males. That dramatically increases after age 45."

What causes it?

The one thing that all the experts will agree on is that there is not one single cause for an eating disorder. Most seem to think that there are usually inherent genetic factors that make an individual predisposed to them. Disorders develop because of a combination of things such as hormonal and chemical changes to the body during adolescence, social pressures and emotional stress. A whole range of stuff can set it off.

Women are bloody hard on themselves, and each other. The pressure women place on each other is enormous. If you don't state things like "I hate my thighs" every twenty seconds, then everyone thinks that you are up yourself.

However, the pressures on blokes while different, can be no less daunting. "No matter what your gender, this is a time when you are desperately trying to find, or establish, your own identity," said David, a counsellor for gay men in inner Sydney. "At the same time you are desperate to belong. It is dreadfully hard to be true to yourself as well as being moulded by peer pressure. And Australian

men can be really tough on each other. If you are the slightest bit different, or awkward, or - God forbid - creative then you are considered fair game. Boys also want to focus the aggression on someone else. So they make fun of someone else - anyone! - just so long as it isn't them. So there is a lot of aggression based on fear."

Once the right conditions are there, it often only takes some kind of catalyst for an eating disorder to begin. Stress, a major shock, some kind of abuse, a death in the family.

"Usually something precipitates it," Says Sue Austin. "Some kind of crisis or straw that breaks the camels back. Then, they start to lose weight and they start to feel in control which can be an addictive, empowering feeling."

And it can be quite subtle when it begins. Cutting back on a specific food group, like, dairy. The sort of stuff that most picky teenagers often do and, so it is often dismissed as a fad that will soon disappear. But, it is essentially, a war of attrition with yourself. Slowly, the list of foods that you won't eat grows, while the servings shrink.

It isn't uncommon for anorexia sufferers to collect recipes and prepare elaborate meals for family and friends, but not eat themselves.

It's a common misconception that anorexia is a 'Westernised' illness. But it actually affects 'modernised' countries - for example; it's common in Japan, Hong Kong and Korea, but not so in India, Pakistan or Vietnam. Interestingly, anorexia appears to change shape culturally. Sue Austin explains, "50% of Asian women don't fear getting fat. Their concerns lie elsewhere. They are supposed to be successful, while at the same time still be soft and feminine. Bright, high achievers and the perfect daughter/wife/sister".

Who gets it?

To the novice, the hardest thing to spot is a potential anorexic. They usually have the same skills needed to be a high achiever. They tend to be "model citizens" - they rarely disobey and keep their feelings to themselves. They are usually sporty, disciplined students who present themselves well. That, then is the public face.

The private face of someone with an eating disorder is a lot more gothic. They are usually swimming against a tide of helplessness, low self-esteem and a fear of obesity.

They usually avoid eating with family and friends, but when they do, they will have a plateful of fruit and vegetables. Offering them carbohydrates and fats would be like giving Dracula garlic bread. Coffee and diet Coke, however, are accepted with as much enthusiasm as they can muster. Be prepared for bizarre food combinations as the list of acceptable foods diminishes.

On the one hand they will zoom around the place with lots of "terribly, terribly busy" activity, the next they will be moody and withdrawn.

It's generally accepted that roughly a third of men with anorexia are gay. Again, this opens up a whole constellation of questions that are only just starting to be researched. Being a gay male in a boofy, heterosexual, Aussie clique must be enormously stressful - does this lead to the higher incidence of anorexia? Or is it the importance that the gay community places on physical perfection?

"Probably a bit of both," says David, "There's a huge amount of importance placed on physical perfection in the gay scene. And since AIDS and HIV, it's been more about looking healthy, young and clean. That, and the relatively high turnover of partners - and lack of long term relationships - amongst a lot of men, can create a high level of anxiety and insecurity".

The classic Australian perception would be that there is a high percentage of gay anorexic men because "they are more sensitive and fragile aren't they?" Beats me - all I know is that I have seen gay men who are firemen, cops, footballers and are as tough as old boots. And I've seen straight men sobbing because someone scratched their car.

Who honestly knows what drives young men to starve themselves. Maybe similar things that are driving them towards suicide and drug abuse in record numbers. We have one of the highest suicide rates in the world - and young men are particularly at risk - and as usual our leaders are ploddingly slow to act.

Maybe it's the death of the concept of "a job for life". Corporate loyalty is now an oxymoron and people who talk the most about "integrity" are the one's least likely to display it.

We used to be taught that if we wanted to follow our dreams and passions then "make sure you get a trade to fall back on". It was pragmatic but heartfelt, and made us feel loved and gave us a career safety net when the band inevitably broke up.

Now we are taught to follow the money. Passion is a luxury. We need five-year plans, leverage and the biggest cojones on the block.

These young Masters of the Universe. These young, feral gods desperately clambouring over the top of each other for too few jobs, too short investment opportunities. Earnestly applying the law of the jungle while acquiring cognac and cigar sensibilities. It's the duality of man at it's darkest edges.

Struggling blindly forward without real mentors only computer-generated visions of Lara Croft and street-smart jive-jockeys. It's all style without the substance. Zing without the zang. They can talk the talk, but only relatively few can walk the walk. And they know it.

Prognosis

The good news is that, if treated early, there is a high chance of recovery. The bad news is that, people with anorexia can be so blinkered, insistent or believable that they can string people out until they are already dangerously thin and malnourished. Whenever it starts, it cannot be overemphasised how important treatment is - the sooner, the better.

"GPs are getting better at dealing with it." Said Dr Russell. "We have integrated it into training curriculums now. They start to deal with it in the first week of medical school."

First step in treatment is the restoration of normal body weight. After they have acknowledged the problem, then they usually begin individual, as well as group, psychotherapy. Counselling usually includes education about the body, eating effects of starvation (physiological and psychological), issues of self-control and self-esteem as well as clarification of dietary misconceptions. Although a lot of anorexics acquire a lot of information about fat, and carbohydrates, they know remarkably little about the fundamentals of a good diet. Follow up counselling may continue for six months and even years after healthy weight is restored.

Fortunately for Daniel Johns things took a turn for the better. With the use of carefully monitored anti-depressant medications and the support of his bandmates, he started writing poetry and gradually came out of seclusion and into the studio.

"I don't think that I'm 100% cured." Said a still-thin Johns. "That would be naive to think that, but I'm definitely on the road to being cured. My state of mind at the moment is better than it's been in the last two or three years."

Box1

Where To Get Help

The Australian Psychological Society has a referral network.

Ph: (03) 96636166

www.psychsociety.com.au

Northside Clinic,
Eating Disorders Unit,
2 Greenwich Road,
Greenwich 2065
Ph: (02) 9433 3555

Waters (Russell) Health Clinic,
Eating Disorders Unit,
4/936 Military Rd,
Mosman 2088
Ph: (02) 9969 9529

Eating Disorders Association of NSW
Ph: (02) 9899 5344

Eating Disorders Support Network
Ph: (02) 9412 4499

Most universities are involved in research into men's anorexia. The University of Western Sydney is launching a Men's Health Research Centre. The Director is Prof. John Macdonald. Michael Woods from the centre has already researched anorexia on men. The Centre has secured the 2001 Men's Health Conference.

Box2

What you can do

Don't assume that the person knows (or is willing/ready to accept) what is needed to help them.

Pick the best time to ask (gently) how they are going and what is happening in their world.

Try not to focus too much on food and weight. Remember, food is not the main issue, it is how they feel about themselves. Be aware of comments you make about other people's appearance.

Be patient... boys are often not great at articulating emotions. They often don't even know exactly what they are feeling.

Give praise and encouragement for small achievements as well as large one. Do what you can to build their self-esteem.

Get support for yourself as well as the person.

Be ready for the long haul - there is no quick and easy solution.

Build a support network. Family and friends can help.

Don't blame yourself.