

MAN ORE XIA

DISEASES LIKE ANOREXIA ARE USUALLY CONSIDERED A PROBLEM FOR GIRLS AND WOMEN, BUT NOT SO MUCH FOR THE GUYS, WHO HAVE ENDURED IN SILENCE. THEY, TOO, NEED YOUR HELP.

BY KATE RAE
ART BY CAITLIN DOHERTY
PHOTOGRAPHY BY NATASHA V.



It all began innocuously enough: A 15-year-old boy, navigating the minefield that is puberty while coming out as gay to his friends and family, announces to his mother that he wants to lose weight. He is a little soft, and he is tired of the jokes. sometimes lobbed his way. His Falmouth, NS, family is a supportive one, and his mother, Lisa Drader-Murphy, doesn't panic—not at first. Instead, she sits down with him to look at recipes, talk about nutrition and formulate an eating plan. The weight starts coming off; he likes the results and attention and wants more. He wants to be thinner and thinner. He stops putting dressing on his salad, then he stops eating anything at all. His starving brain

makes his behaviour erratic, his starving body becomes more bones than flesh, and his mother can do nothing but stand by and watch as her son, the beautiful boy she had known and loved, slowly begins to disappear.

Today, Sam Drader is a healthy, bright, extraordinarily handsome and happy 21-year-old. He knows he's one of the lucky ones, and he knows, too, that eating disorders are no longer the domain of women. According to Dr. Blake Woodside, medical director of the program for eating disorders at Toronto General Hospital, one in four cases is male. Yet only one in 20 of those males seeks treatment. In other words, males are suffering, but they aren't getting help.

There are many reasons for this, says Dr. Woodside. The stigma still exists that this is a "girl's disease." Thin boys are assumed by their families—and even their doctors—to be going through a normal growth spurt or, at most, using drugs. It's a disease that can last 10 to 20 years, says Dr. Paul Gallant, MD, a health-care consultant and researcher in Vancouver who specializes in treating males with eating disorders. Diagnosing an eating disorder can take five to 10 years, Dr. Gallant says, because of the lack of training that emergency-room and family physicians receive. (Most doctors get only a half-hour lecture on eating disorders in medical school, Dr. Gallant says.) Eating-disorder awareness advocates are

fighting to change all this, but men and boys are still falling through the cracks.

YOUNG MAN IN CRISIS

Sam lost a frightening amount of weight in just a couple of months, plummeting from a healthy 175 pounds to a gaunt 125. Within weeks, he couldn't eat even if he tried. "Even yogurt or a piece of fruit made me feel dirty and anxious, to the point where I would vomit," he says. Soon, hunger became the best feeling in the world ("I loved the cramping, the pain of being hungry—it meant that I was in control"), and Sam loved being able to see his bones. "I wanted my spine to protrude," he says. When friends hugged him, they winced at his frail form, but he would beam with pride.

For many boys, compulsive exercise is another form of disordered eating. Sam felt that muscle was just as "gross" as fat, so he exercised to burn calories. His goal was to weigh 100 pounds, and he came close. "I knew it wasn't physically possible to reach 80, but I would have loved that." Stepping on a scale, which he did constantly—before and after showering, after going to the bathroom and vomiting—would make or break his mood. A one-pound difference would make him either rejoice or despair.

Sam was reluctant to ask for help. In his starving mind, his eating disorder was the only thing that made him happy. But soon the straight-A student was unable to attend school. His mother knew what was going on: She had suffered from anorexia and bulimia in her teens and 20s, and it was destroying her to watch her son go through the same things. Sam spoke to a nurse at his school, who called in a psychiatrist to speak with him. "After talking with me for 10 minutes," he says, "she called my mother and told her I had a problem."

HELP. BUT HOW?

According to Dr. Woodside, treating an eating disorder generally requires a multipronged approach: You have to tackle the behaviours, mental outlook, psychological problems, and start rehabilitation all at the same time. "You can't 'psychotherapize' a person out of alcoholism when they're still drinking," says Dr. Woodside. "Similarly, someone who is underweight and starved is like a drunk person—their brain isn't working properly. We interrupt the symptoms

and interrupt the behaviours." Later, he says, more intense work can be done, such as identifying why the eating disorder began and talking through it. "People get sick with these illnesses because something has gone wrong. It could be their girlfriend dumping them, could be bullying, could be a sexuality issue, or it can be more serious things, like sexual abuse," he says.

SLAYING THE DRAGON

Both Sam and Lisa got stuck on a question: Why was this happening? There is a genetic, inherited element to the disorder, something that Lisa felt horribly guilty about. But they couldn't come up with The Thing that had caused it,



and without finding and slaying the dragon, how was Sam going to get better? There had been thoughtless remarks about his weight by relatives, but many kids hear such remarks and not all of them get eating disorders. Doctors nodded vigorously when Lisa revealed her own history with the disease, and she offered up every comment she had ever made around him. "Over and over, I was reminded that I'd forbidden muffins for breakfast because I'd called them mini cakes," she says. Her career as a fashion designer was investigated as a cause, although, she says, she has never exclusively used thin models in her work.

Sam, too, was obsessed with figuring out the why.

Meanwhile, he kept getting worse. Lisa estimates that they saw a dozen health-care professionals over the next few years. Sam was prone to furious, abusive outbursts, usually aimed at her. Her marriage to Sam's stepfather faltered, and she knew her younger daughter wasn't getting the attention she deserved.

Sam's problems with his bowel and esophagus intensified, and he was developing a heart murmur. "At one point when I was hospitalized, I was confined to a wheelchair—my heart wasn't working hard enough to support me when I stood up," he says. And while the Internet is often faulted for its pro-anorexia blogs and "thinspiration" Tumblr pages, it's where Sam found solace. "Of course I would look at the photos of skinny guys. But mostly I would spend time in eating-disorder forums, talking with people who understood. It kept me going."

Sam attempted to get help in both Nova Scotia and Alberta, where his father's family lived. "In one hospital, I was put in the same ward as those with severe

mental health issues. One morning a woman came in to the dining room, smashed a plate and began slashing at her face with one of the shards. It didn't do much for my appetite," he says dryly. In another hospital, he was in the same ward as the geriatric patients. In every treatment program, Sam was always the only boy. "Everyone said the same thing. 'Find the root, take these pills, follow this eating plan,' and nothing worked. I got more and more depressed and was in so much pain." A couple of suicide attempts left him feeling like a failure, like he couldn't even kill himself properly. Seeing his family in pain struck some part of the old Sam. "I knew I had to hold on," he says.

SAM'S CHOICE

Sam credits two simultaneous events for having saved him. The first was turning 18. His brain, he said, felt more mature, less hijacked by puberty and more able to sort through reality. As his friends wrote on Facebook about the universities they were attending in the fall, he felt acutely aware that he would be left behind. "I had a choice: dying or figuring things out." The second event was a visit to a new doctor, who said to him: "You have ◉

the power to change this.” It was the first time he realized he didn’t need to use up his much-depleted energy trying to hunt down the cause of his eating disorder. He could fix it with what he already had—without laying blame.

THIS IS ANOREXIA TALKING

Today, Sam, who just started his third year at university, still hears anorexia talking to him. It tells him he’s covered in flab when he glances in a mirror. But his own voice has grown stronger. He has learned to recognize when anorexia is talking—and to shut it down with logic.

Lisa always remembers what a beloved aunt said to her years ago: “What he’s doing, who he is—this is not Sam. You will get your boy back.” Lisa clung to that.

Not long ago, Lisa returned home from a business trip to find Sam and his friends cooking in the kitchen. Despite the mess and noise, a clear, wonderful image prevailed: her son, enjoying food with friends, happy and safe. ●



WHAT IS NORMAL, HEALTHY DIETING, AND WHAT IS A PROBLEM?

We asked **Dr. Blake Woodside, medical director of the program for eating disorders at Toronto General Hospital, about the signs.**



1 He never stops being on a diet. “Saying, ‘I want to go on a diet to lose 10 pounds,’ then, when the goal is reached, ‘I want to lose another 10 pounds and another 10 pounds and another 10 pounds.’ That’s not normal. Normal dieters make their weight and stop dieting.”

2 He is increasingly dissatisfied with his body. “The more he loses weight, the more he dislikes his body. Normal dieters get happier as they lose the weight.”

3 He stops socializing. “It’s an early sign that people are getting into trouble when they start cutting everybody out of their lives. Normal dieters tend to get more socially active as they lose weight.”

4 He loses all sexual interest. “When people are starved, they lose their sex hormones. Conversely, when people are being treated, they begin to form attractions again.”

5 He is engaging in other harmful practices. “Weight loss is often brought on by purging, using diuretics and laxatives, excessive exercise and vomiting. The more of these that are present, the more worried you should get.”

So what’s the best way to address the issue? “The first thing is not to beat around the bush,” says Dr. Woodside. “Sit him down and say, ‘Look, I’m worried, and this is why.’ Be precise and explicit. Say that you can offer to get him a referral to a specialist. Be kind and compassionate, yet direct. The majority of people, if approached kindly, compassionately, sensitively and directly, will acknowledge what’s going on. The earlier we catch these conditions, the better the outcome.”

DEK: STRUGGLING WITH AN EATING DISORDER CAN BE A PRIVATE HELL, ESPECIALLY IF YOU'RE MALE. YOUNG MEN LIKE SAM DRADER ARE HELPING TO TAKE THAT STORY PUBLIC, AND THAT'S EXACTLY WHAT WE NEED TO WRESTLE WITH A GROWING HEALTH CRISIS THAT WE'RE JUST NOT TALKING ABOUT.

BY KATE RAE

SLUG: MEN'S HEALTH

