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Keywords

disorders, eating, image, boys, body, preteen

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Preteen Boys, Body Image and Eating Disorders

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Abstract

In recent years, academic and public attention has increasingly focused on the issue of men's preoccupation with body image and the increasing incidence of eating disorders among men. While most of this focus has been on young and adult males, media discourse has tended to extend explanations for men's aspirations to social body ideals to eating disorders in young boys. In this paper, we take a critical look at the way the boys/body image/eating disorder nexus has been represented in some of the mainstream media.. In particular, we propose that the boys/body image/eating disorder nexus has been constituted as a truth that tends to underplay the complexity of the relationship between eating disorders and boys' dissatisfaction with their bodies as recognised by researchers and health practitioners and as evident from our own study of preteen boys diagnosed with an eating disorder. In this article we use interviews with the six boys and their mothers collected for this study to construct short family biographies. These biographies are used to illustrate the complexity of the boys's experience of an eating disorder and to trouble the certainty with which the media discourse explaining boys' eating disorders is constituted.

Keywords: preteen boys, eating disorders, family biography, popular media, body image

Introduction

Over the last four decades both public and academic attention has focused on the incidence of anorexia and related eating disorders for girls and women. In recent years increasing attention has been paid to how particular ideals of the male body have been implicated in bodywork practices for boys and men. While most of this attention has pointed to practices which have been designed to build a muscular 'cut' body, including obsessive bodybuilding and steroid use (Frost 2003; Stibbe 2004), research has also pointed to increasing incidences of eating disorders for boys and men (Madden, Morris et al. 2009; Micali, Hagberg et al. 2013).

As an extension of the public and academic concern about those practices related to body dissatisfaction for both women and men, there has been a tendency to attribute the same relationship between social ideals and eating disorders to eating disorders amongst young children (specifically, preteen boys and girls). While we have no argument with the considerable evidence that points to the incidence of eating disorders in children and, more specifically for this paper, pre-teenage boys (e.g. Equit et al. 2013; Hatmaker 2005; Madden et al. 2009; Nicholls, Lynn and Viner, 2011; Pinhas et al. 2011; Spiel, Paxton and Yager 2012), what we do challenge is the ways in which a simple relationship between body image and eating disorders has often been assumed in media reports for this age group.

While the research literature points to a much more complex picture (e.g. Equit et al. 2013; George and Franko 2010; Goncalves et al. 2012; Madden et al. 2009), popular media accounts of eating disorders in pre-teen boys tend to produce an overly simplistic and homogenised picture of boys succumbing to social pressures to conform to an idealised masculine body image, particularly as this is presented in

advertising, film and television. Such an account is not helpful to parents and clinicians who are attempting to understand boys' disordered eating, especially when such accounts fail to resonate with their own experiences. Such accounts may also (mis)lead to simple interpretations and education programs that fail to take into account the complexities of the problem for individual children.

In the first part of this paper, we demonstrate how the idea, that boys' eating disorders are simply the consequence of boys' unhappiness with their bodies generated through comparisons with ideal male bodies, is constituted in popular discourse. In the second, we use biographies generated from interviews with preteen boys who have been diagnosed with an eating disorder and with their mothers to trouble the certainty with which this popular discourse is re-cited to constitute a particular explanation of 'eating disorders' amongst preteen boys and to provide a more critical and nuanced reading of the problem.

How truths come into play

Media reporting provides ways in which claims to truth, which resonate with popular ideas/values, can be reiterated without having to prove or justify such claims. This echoes what Butler (1993, 21) describes as the 'ritualized repetition' that operates to produce certain social norms and to stabilise their actual effects. Butler writes of the 'reiterative power of discourse to produce the phenomena that it regulates and constrains' (1993, 2). In this case, explanations for boys' eating disorders draw on a combination of two now well-established discourses that have the imprimatur of medical and academic authority. The first and oldest explains anorexia and bulimia in young women as the effect of body dissatisfaction in relation to social ideals. More recently, a similar discourse has been used to explain similar phenomena for young

men (Ricciardelli and McCabe 2004). It has not been too great a step to take these much recited explanations and apply them to explain eating disorders in preteen boys. In doing so preteen boys are attributed with forms of masculine consciousness, previously associated with teenagers and men. Their disordered eating is explained as attempts to shape their bodies to make them more attractive in keeping with socially valued forms of masculinity.

As feminists and sociologists, who have lived and worked with such explanations for sometime, we were also attracted initially to these explanations for a diagnosis of an eating disorder in the children we recruited for our study. However listening to their stories disrupted our own predictions and prompted a concern to trouble the linearity of such explanations. While there were certainly references in the children's talk to their unhappiness with their bodies, these were never juxtaposed with references to male bodies sourced from the media, film or internet. Rather as we illustrate below their references to their bodies were very diverse and contingent on the boys' circumstances, particularly their ages and the ways in which their disordered eating manifested. Our purpose in this article, then, is to use their stories to 'trouble' the boys/body image/eating disorder discourse that is currently promoted in the media. We examine its particular inflections and the authorities on which it selectively draws, and consider some of the implications for those whom the discourse most effects – boys, their parents and health professional and health educators.

Boys and eating disorders: the research

Most of the past and recent research on eating disorders has focused on young women (e.g. Brown and Slaughter 2012; Evans et al. 2013). The dominant clinical and theoretical frameworks informing research into eating disorders are grounded in the

experiences and presenting symptoms of girls and women and are not suitable for the diagnosis of boys and men (Lock 2009). As a result, it is possible that the specificities and prevalence of eating disorders in boys have been overlooked and underestimated. There have also been few studies that have differentiated preteen boys from more generalised groups including adolescent and young adult males, males across the spectrum, children and adolescents, and young people of both genders. This raises some methodological questions while at the same time making it difficult to establish accurate information specifically about pre-teen boys and eating disorders.

Nevertheless we have located and drawn on research literature pertaining as singularly as possible to pre-teen boys, as this was the group who featured in our own research. In one such study, Madden et al.²s (2009) collected nationally representative data Australian prospective study of on Early Onset Eating Disorders (EOEDs) amongst 5-13 year olds being treated by child health specialists across Australia. Of the 101 cases collected, 25%25% of the 101 boys in the study were boys. Over three quarters (78%) of those identified with an eating disorder had required a period of hospitalisation, averaging 25 days each. In this study an EOED was defined as 'determined food avoidance plus weight loss or a failure to gain weight during a period of growth, in the absence of an identifiable organic cause' (p. 410). Body image perceptions were notably not part of this definition of eating disorders.

A paediatric surveillance study in the UK (Nicholls, Lynn and Viner 2011) identified 208 reported cases of children with a diagnosed eating disorder, of which 37 (18%) were boys. The most common diagnosis for the whole cohort (43%) was for Eating Disorder Not Otherwise Specified (EDNOS). There was also a high proportion (41%) of psychiatric comorbidity, and psychiatric illness within the family (44%). Another recent Australian study (Bayes and Madden 2011) investigated 10 boys with a median

age of just under 13, all of whom had been diagnosed with either anorexia nervosa or an EDNOS. These boys engaged in food avoidance or restrictions, and often had comorbid psychiatric illnesses such as anxiety disorder (70%) and depression (40%). This was one of very few biomedical studies that focused exclusively on boys. All of these studies draw similar conclusions to those of Bravender et al. (2010), which pointed to the potentially more severe and contracted consequences of various eating disorders in children and youth, and thus the need for closer monitoring, along with effective and early intervention. None of these studies and reports suggests a cause for eating disorders in children, rather they ~~These studies and reports~~ recognise the complex, multifactorial nature of eating disorders in children, and the need to address this growing problem with respect to these complexities.

Popular media coverage of boys with eating disorders

The media reporting of the research on the increasing incidence of eating disorders and body dissatisfaction amongst boys, teenagers and young adults (AIHW 2003) ignores the complexity evident in the research. Much of this reporting attempts to counter the popular understanding of eating disorders and body image problems as issues only pertinent to girls and young women (e.g. Nazor Hill 2012; Ricciardelli 2012). However, it continues the metanarrative that girls', and now boys', eating disorders are a result of girls', and now boys', unhappiness with their bodies. Such unhappiness is in turn attributed to pressures to emulate the idealised and unrealistic images in film, television, modelling and advertising (e.g. Hood 2003). For boys, these unrealistic expectations are realised as the sculpted, lean muscular clean (hairless) muscular body (Ricciardelli 2012).

There is support in the research literature both from a sociological/cultural perspective and from psychological studies for these conclusions, although importantly for our argument most of this literature refers to teenage boys or older. While some of this research suggests that boys may be dieting to produce a lean appearance (Grogan and Richards 2002), other research points to how teenage boys are trying to put on weight (O'Dea and Rawstone 2001) or resort to specialised dieting, exercise, and gym training together with the (sometimes) use of anabolic steroids to improve their muscle bulk (Frost 2003). These trends certainly point to the way men are becoming more preoccupied with body image, and increasingly dissatisfied with their physical appearance (Gregor 2004) and we do not take issue with this position. However, the research conducted with teenage boys and men produces a compelling metanarrative that is taken up to explain boys' eating disorders in terms of similar social pressures. What we challenge here is this the way eating disorders are so easily juxtaposed with preteen boys' dissatisfaction with their bodies caused by idealised media images of masculinity.

One example of this juxtaposition is a newspaper article, 'Pressure to be perfect means more boys are getting eating disorders', in *The Times* (syndicated to *The Australian*). The article reports on a major UK study comparing the incidence of eating disorders for males and females aged 10-49 years between 2000 and 2009. In the article the journalist claims that 'hundreds of young boys are developing eating disorders every year and experts say that pressure to look perfect at a younger age is partly to blame' (Smyth 2013). Although the research reported in this article does state that the incidence of eating disorders among boys has increased significantly from 2000 to 2009, it is specifically the diagnosis of eating disorders not otherwise specified (EDNOS) that has increased (Micali et al. 2013). EDNOS is a category in

DSM-IV (Diagnostic and Statistical Manual of Mental Disorders – 4th Edition)

designed to cover ‘atypical eating disorders’, that is, eating disorders of a clinical severity that do meet all of the criteria for anorexia nervosa or bulimia (Fairburn and

Bohn 2005). This category has now been removed from the DSM-V, the category avoidant/restrictive food intake disorder added and the criteria for anorexia revised.

Anorexia nervosa is now defined as a condition ‘-

which primarily affects adolescent girls and young women, is characterized by distorted body image and excessive dieting that leads to severe weight loss with a pathological fear of becoming fat’.

The new category of ARFI requires substantial weight loss but does not require ‘a distorted body image’ (American Psychiatric Association 2013b).

In the media report of Micali et al.’s study, there is no speculation beyond changes in diagnosis as to why there has been an increase in diagnoses of eating disorders among boys. Indeed the lead researcher on the study, Dr Nadia Micali, points out that ‘The reality might be that boys have more eating problems early on in childhood and early adolescence that are not the common ones of anorexia and bulimia ... among boys, similar numbers in the 10-14 [year old] category were developing problems that did not fit neatly into traditional categories’ (quoted in Smyth 2013). This comment reflects the subtleties, complexities and even contradictions that were evident in our own research. These subtleties and complexities, more typical of rigorous research, are often overlooked when data are transmitted through popular media.

In another example, drawing on a different study, a commentator on the daily national Australian Broadcasting Corporation (ABC) online news program *The Drum* states

that ‘the picture is worse for Australia; horrifically, one in four children and one in ten adults with anorexia nervosa is male’ (Bain 2012, para.3). Male eating disorders are declared ‘the elephant in the room – and it is an increasingly large elephant representing an increasingly skinny population of young males’ (para.6). Without any direct evidence, Bain claims that, ‘the waifish emo and hipster subcultures have led to anorexia nervosa and bulimia nervosa’ (para.9). Bain rails against ‘the unhealthy aesthetics [that] are percolating into the mainstream media and filtering down to suburbia’ (para.11).

As pointed out above we have no argument with the evidence that young men are increasingly body conscious and are often engaging in damaging practices to achieve their desired bodies, nor that this might be affecting boys in their early teens. What we do have issue with is the easy slippage from teenage boys to preteen boys, for whom we argue the issues may be different. We also take issue with the singular focus on idealised bodies in the mass media and the lack of attention to other social sources from which boys might derive anxieties about their bodies, such as the widespread focus on obesity and the social abhorrence of fat in any form. For example, a series of studies of primary school children’s meanings of health point to the children’s almost unanimous association of health with eating the right foods and exercising, and the equating of health with appearance – that is, ‘looking’ a healthy weight (Burrows 2008; first author et al. 2003; Harwood 2012; first author and other 2004). While it is hard to attribute specific sources to these ideas, given their ubiquitousness in social interactions, the children in these studies pointed to their parents and their schools as the major sources of information about how to be healthy – that is, information about what to eat and what not to eat and how much exercise they needed to maintain a healthy weight.

In further support of this position, a study by Grogan and Richards (2002) of boys and older males ranging in age from 8-25 years highlighted the prominence of an obesity discourse in the talk of the boys and men in their focus groups, which grew out of public health concerns about population trends towards overeating and under exercising. While these concerns focused more on body health and functioning, as opposed to body image ideals, amongst the cohort of interviewees, the primary and even sole justification for exercising was 'the fear of fat' (228). The authors concluded that for the boys and men interviewed, 'bodily [image] concern is a stereotypically feminine concern and runs contrary to prevailing ideals of masculinity where body function (rather than aesthetics) is valued' (228). The authors nevertheless found that the desire of these men and boys to look slender, muscular, and attractive coexisted with functional preoccupations (being fit and healthy). At the very least, it appeared that men and boys negotiated issues related to body image in 'complex and unpredictable ways' (231).

An earlier review of the literature on boys and body image (Cohane and Pope 2001) did not produce evidence of links between body image and eating disorders, but did establish that boys frequently wanted to be bigger. In a much more recent study (Drummond 2012) into the construction of masculinity in young boys (5-7 years of age), muscles and muscularity featured alongside strength, power, dominance, and speed as the most prominent pre-occupations and aspirations of the 33 Australian schoolboys interviewed. Very little was said about food, diet or weight that might have suggested negative connotations or difficulties for the boys.

A qualitative study of preteen boys with eating disorders

This article draws on empirical qualitative data collected as part of an Australian Research Council funded study, ‘A socio-cultural analysis of eating disorders among pre-teenage boys and girls’ (see Author 1, Author 2 et al. 2014; Another author, Authors 1 and 2, 2014). The study included a series of semi-structured interviews conducted in 2012 with 26 Australian mothers of children between the ages of 5 and 13. Thirteen of the 26 mothers interviewed had a young child diagnosed with an eating disorder. While all child participants were pre-teens at the time of their diagnosis and initial treatment, one had turned 13 and one 14 by the time interviews were conducted. We recruited these families through adolescent eating disorder units at two large public hospitals with specialist ED units in two Australian capital cities. All of the diagnosed children had experienced hospital-based interventions including family therapy, regular weigh-ins and medication. There were seven girls and six boys with diagnosed eating disorders who participated in the interviews. Research ethics approval was gained through the two hospitals involved and Deakin University. Interview transcripts were analysed using QSR NVivo 10. The biographies presented in this paper were developed through a close reading and re-reading of the transcripts from the child and the mother’s interviews, with the intention of capturing how both lived with the diagnosis of an eating disorder. This approach allowed us to understand their experiences and interpretations in the context of the families and to a certain extent their social locations.

By taking this approach we contribute to the smaller amount of extant literature focussing specifically on pre-teen boys with eating disorders. We add insights that are only available through qualitative research, a window into lives that may be read in different ways but provokes thought without closing down possibilities of interpretation. In this paper, we suggest that these stories disrupt the circulating

discourses about the simple nexus between boys, body image and the media and offer alternative ways of thinking about the issue.

Family biographies

In earlier work by one of the co-authors of this paper (Author 2 et al. 2008), family biographies were utilised as the main framework for viewing and understanding eating disorders (more specifically anorexia) in the cases presented. Family biography has a particular value for the following discussion because of the way anorexia, amongst other eating disorders, is recognised as being deeply entangled in ‘the individual experiences, environments, and sociocultural circumstances of each person’s life’ (2nd Author et al. 2008, 160).

Family biography offers a tool for constituting stories by drawing on interview accounts with different individuals, and this is an important ethical consideration in terms of burden when the interview subject is young and has a health problem. Family biography also provides a structure that highlights complementarities and divergences in the experiences and narratives of different family members, as well as offering a strategy for communicating how and in what ways the presence of an eating disorder affects other family members. The family biographies in this study were constructed using recordings and transcripts of interviews conducted with the six boys with eating disorders, and their mothers, and at times, other children in the family as well.

Mothers were the only carers interviewed because the assumption was made (and was supported by the study) that the mothers would have primary responsibility for the care of the children, and there was insufficient funding to interview both parents/caregivers. The majority of the mothers in the study with children diagnosed

with eating disorders had given up their paid work or changed from full to part-time work so that they could better care for their children (Author 1 et al., 2014).

The biographies have been organised in terms of age. Although the number of children and their mothers interviewed does not allow for any generalisation on this point, the young boys in the study were more likely to have disordered eating from an early age, while the older boys were more likely to talk about their changes in eating or exercising behaviour as related to desire to shape their bodies in particular ways.

As with any stories these accounts are always partial and produced in relation to changing material and discursive circumstances (what is important and what people know and believe at the time of the interview). This applies to both the story that is told – that is, a life history or biography tells us about the historical and social circumstances in which the life was lived (Antikainen and Komonen 2003), and the circumstances in which the story is told – how the teller is now positioned (for example, as a mother facing a new crisis with her child or looking to a period of improvement). It also depends on the relationship between the interviewer and the interviewee. The interviews reported in this paper were generally conducted in pairs, with the children interviewed, for the most part, by the youngest member of our

research team, who could recognise the internet and media references and was experienced in conducting interviews with children. The interviews with the mothers were conducted by researchers who were older than most of the mothers, were very experienced, and were able to deal with the distress that asking the mothers about their lives with their children often prompted. In most cases these interviews were lengthy, at least an hour and textually rich, possibly as they presented an opportunity to talk to a sympathetic listener, and sometimes characterised by moments of distress.

The children's interviews, on the other hand, were more likely to be half an hour with

much shorter answers. The biographies below have been written by those who interviewed the mothers, using the mother and child interviews together. These stories are shaped by the researchers' interests and questions and by what the participants remembered at the time of interview and were willing to talk about. Our purpose in writing these biographies is to provide a window into the lives of these children diagnosed with eating disorders and their mothers. We offer the stories as a means of disturbing the certainty of the both-social, psychological and medical explanations for eating disorders amongst preteen boys taken up by the media.

Irwin and Ilona

Irwin has a 9 year-old's sense of humour. He loves *The Simpsons*; T-shirts with silly messages like 'Misfits' and 'If you can read this you're in my way'; and slap-slick YouTube videos. He's besotted with *Minecraft* and a NERF aficionado amongst his schoolmates. He'd love to be as good at lacrosse as his father but doesn't play often enough to be really good. Irwin lives with his parents and older brother in a large, modern home in a middle class suburb of south-west Melbourne. He readily concedes his diet is unhealthy but he will only eat carbohydrates: cookies, corn chips and French fries. He isn't tempted to experiment with other foods.

Irwin's older brother suffers extreme allergies to eggs and dairy foods and Ilona, their mother, suffers from Irritable Bowel Syndrome so constant vigilance about what can and can't be eaten pervades family life. Ilona dates the beginning of Irwin's eating problems to constipation and anxiety at 18 months. Irwin still drinks soy baby formulae and has developed rigid rules that govern what he will and will not eat, such as French fries without 'pointy ends' and specific brands of corn chips. Experiments with other carbohydrates, like cake, are always short-lived.

Irwin's food refusal had become persistent and worrying by three years of age. Since then, he has been in almost weekly counselling with a succession of psychologists, counsellors, nurses, dieticians and other specialists. An assessment through the Child and Adolescent Mental Health Service led to a diagnosis of anxiety because Irwin worried about everything, ranging from ants in the house and having dirty clothes to the possibility that the family might be affected by events in the daily news: a robbery, street bomb, fire, floods or a tsunami. Ilona's friends have suggested he might be 'high functioning autistic'. A psychologist rejected the possibility but Ilona isn't persuaded. The time and attention imposed by Irwin's severe anxiety drain her physical and emotional resources. He's currently on Prozac and supplements because he is undernourished but his anxiety about routines of daily life – what he will eat, who he will play with – and resistance to food persists.

Benjamin and Bronwyn

Benjamin was 11 years old when interviewed but his size makes him look much younger. His slight wiry frame seems to belie his many achievements in sports. Sport is his passion and he plays almost all kinds of sport: 'cricket, footy, Austag, swimming, golf, all the sports pretty much, basketball'. His trophies for many of these adorn the shelves of the house. His ambition is to 'become a sportsperson'.

Benjamin lives with his parents and his sister in a fibro house in a working class suburb of south-western Sydney. Simply putting food in his mouth is a struggle, because, he explains: 'I'm afraid of choking'. All his food must be pureed and consuming even a couple of tablespoons can take two hours. During the day he lives on strawberry milk, biscuits and water ice blocks. Benjamin recognises that his diet is getting in the way of his having the kind of healthy body he aspires to, a body that is

‘big and strong [with] Abs...Muscles’. He describes his own body as unhealthy and weak.

For both Benjamin and his mother, his difficulties with eating have been part of his life since he was a baby. Bronwyn has been directed to a plethora of experts from private psychologists, speech therapists to eating disorder clinicians, and a mental health clinic. Recently his struggles with eating had been diagnosed as a consequence of an anxiety disorder, rather than anorexia. Benjamin’s mother is sceptical although she acknowledges that medication has made feeding Ben easier.

Bronwyn worries about how Ben will survive at high school. He seems to have been bullied about his eating at primary school yet there he has had the support of his teachers. At the large high school he will attend next year, Bronwyn fears he will be more vulnerable and then there are the further complications of pressures around eating on school camps and excursions. At the moment the family rarely travel any distance because of the difficulties with feeding Ben.

Declan and Donna

Declan, another very slight 11 year old, was into computer games and reading: ‘I don’t play sports ... I like reading’. He lives with his parents and sister in a house in the western suburbs of Sydney. Although Declan talks about his eating disorder in the past tense (unlike his mother), he still describes a long pattern of illness that persists: ‘I’m always sick...my stomach’s been hurting for ages’. Declan feels alienated from his body, ‘my body hates me’ because of his constant digestive, ‘my stomach has been hurting for ages’, and sleep-related problems. From Donna’s perspective, Declan’s issues are more mental than physical, more related to his underlying anxiety, a tendency towards ADHD, and perhaps even autism.

Declan has been seeing psychologists since he was four years old when he was prescribed Dexamphetamine for three months. He lost weight while taking the medication but then continued to lose weight after coming off it. As his mother said, 'he's only a tiny kid, so [8 kilos in 6 months] was a little too much weight to lose'. At the same time he wouldn't come to the dinner table, 'he'd shake' and run to the toilet, just to sit there in a safe place.

Declan's problem seems to be eating at the dinner table rather than not wanting to eat food; a phenomenon his mother attributes to distressing conversations around the family meal: 'bad news came at the dinner table' and to the Dexamphetamine he was on at the time it started. This extended eventually to eating at any table and then to only eating specific meals. For a time he was prescribed Zyprexa, a drug used to encourage teens with anorexia to eat. This worked and his weight increased. At the time of the interview, he was off the drug and his mother described him as being in a 'good time at the moment'. However, she anticipated a decline in his behaviour, 'I can see it coming back'. As she says,

it's something that we've always got to be on the ball with, to make sure it doesn't get back to as bad as what it did, because it was scary. It broke my heart, every time looking at him and it was over the summer, and his shirt would be off all the time, and it was just horrifying.

When he went to the eating disorder clinic they referred him on to a mental health clinic where he was diagnosed with Persuasive Developmental Disorder not Otherwise Specified, an autism spectrum disorder. For Donna, this was comforting because it explained much of his strange behaviour, however, it had not changed his relationship with food and eating.

Luis and Lesley

Luis lives with his parents and younger brother in an inner city middle class suburb of Sydney. From his mother's account, Luis' father worked long hours in high-pressured environment and has high academic expectations of his son. Of all the children (boys and girls) with a diagnosed eating disorder interviewed for this study, 12 year old Luis was the only one who identified himself as 'anorexic'. He attributes his problems with eating to a comment from a friend that he was 'fat' when he was 10 years old. His mother agreed with this account but also suggested that the stress of studying for a selective school entry might have had something to do with it. According to Luis, his father suggested that rather than 'getting toned' through exercise he could lose weight by reducing his food intake, and 'then I became too really skinny and then anorexia'. Luis was very articulate about his condition. He recalled the way he had been terrorised by food, or the fear of eating, to the point where he 'had to stay under my bed and I was so creeped out, I cried and shouted for quite a long time'. Luis described how the 'voice' in his head constantly nags him and speaks through him to limit his eating.

I just want to have the freedom, but freedom with my own choice, like not anorexia's choice my choice. So I choose what I want to have and I choose sensibly but without anyone in the background torturing me.

Luis had also been diagnosed with OCD and is taking medication to control it. He sometimes also has panic attacks associated often associated with eating. After a brief period in hospital, Luis, at the time of the interview, was being treated at an eating disorder clinic as an outpatient. While his food intake had improved he and his mother were still having 'some 'bad' days and attending the eating disorder clinic regularly.

Kai and Kathy

Thirteen year old Kai is a high achieving athlete whose disordered eating and exercise behaviour seemed to have been triggered by an injury which restricted his physical activity. It also coincided with his first months at an elite boys' private school where athletic performance was valued highly and where information about nutrition, weight maintenance and performance permeated both teaching and coaching programs.

Kai lives with his parents and younger sister in the affluent northern suburbs of Sydney. Kai's mother attributes his anorexia to high anxiety about being the best, being the fittest and the fastest, the best tennis player. For Kai it was 'purely to have a better body'. He felt that he was not only judged on his athletic ability at school but also in the change rooms on the appearance of his body. He began eating less, 'if it wasn't healthy I wouldn't eat it', using school nutritional information as a guide. By the middle of his first year at high school Kai's mother was sufficiently worried to take him to a doctor for what she perceived to be his anxiety. The doctor immediately referred him on to the eating disorder clinic where he was admitted to hospital as an emergency admission for life threatening symptoms.

As a result of his diagnosis, his treatment involved limiting his physical activity, including his tennis. At the time of the interview Kai was back training but doing around half of what he had done before 'with a little more balance'. His mother allowed him to run or swim if he were doing it because he was feeling good about himself, that is, when 'it's not driven by feeling bad'. Fortunately for Kai he seems to be making a rapid recovery. Four months after diagnosis his family and clinicians are all very happy with his progress.

Jacob and Jasmine

Jacob lives with his parents and sisters in a quiet suburban street in a middle-class eastern suburb of Melbourne. Almost 14 years old, he is in his first year of an elite private boys school; his favourite activities were sports such as soccer and tennis. The researcher interviewing Jacob recorded in her field notes that he was ‘very uptight, minimal eye contact, short answers, hard pressed getting any elaboration’.

Jacob’s mother first noticed strange behaviour around eating on a family trip when Jacob avoided snacking with the rest of the family and, rather than join the family for lunch, declared that he would eat his lunch by himself but not until 1 o'clock. Jacob began to lose weight; he either cooked the family meal or monitored what his mother was preparing. He developed rules about eating which were more and more restrictive. After some months of Jacob’s condition worsening, he was an emergency admission to the hospital where he remained for three weeks. Jacob’s mother recalled how ‘you could see all his bones, his fingers were blue, yeah, you just think no, that is not – it’s just like they’re withering away before you really’.

At the time of the interview, Jacob was eating regular meals with the family but there were still battles over some foods. As his mother said ‘some days are better than others... you know, it’s like a war but it’s got a lot better now, we’re sort of in the groove and I know how to handle – I don’t discuss it’.

Jasmine is quite adamant that Jacob’s eating disorder is not about body image, but more to do with anxiety; perhaps anxiety about going to a high school or perhaps facilitated by an extended project at primary school, on the ‘healthy human body’, [for the topic ‘healthy eating’](#).

No, everyone thinks it's girls, and people think it's a body image thing. Like it's got nothing to do with him wanting to look thin, I don't believe it is anyway. He never looks at himself in the mirror.

Discussion

Individually and collectively, the biographies we have constructed around each of the boys and mothers in the context of their families reflect the complexities, subtleties and even contradictions commonly evidenced in both the biomedical (Madden et al. 2009; Nicholls, et al. 2011; Pinhas, et al. 2011) and sociological and body image literature (McCabe et al. 2010; Smolak and Stein 2006; Stanford and McCabe 2005; Warren et al. 2010) on eating disorders in children, and pre-teen boys more specifically. Our analyses of the interview material revealed a number of distinctive, complex, and idiosyncratic scenarios in which each boy and mother has attempted to negotiate the challenges and dangers of the eating disorder, based on the particular ways it was manifesting at the time.

Bronwyn could trace Benjamin's anxiety back to the time when he was a baby, while Benjamin could recall eating difficulties 'pretty much from birth'. Benjamin had, at the time of the interview, recently commenced treatment for an anxiety disorder. The medical literature (American Psychiatric Association 2013a) recognises anxiety disorder as a typical co-morbid condition complicating diagnosis and treatment of eating disorders. Benjamin's anxiety issues had little to do with his physical size but may have been partially connected to a fear of choking. Typical of other young boys featured in a different study (Drummond 2012), Benjamin had also appropriated aspects of the muscularity discourse that appeared to inform boys' identification as male/masculine. 'Abs' and 'muscles' made for 'big and strong', while unhealthy

equated with 'weak'. These bodily dimensions related more to bodily functioning for sport than good looks. If anything, Benjamin wanted to be able to eat well so that he could recover and maintain his fitness, strength and sporting successes.

According to Declan's mother Donna, the co-morbidities present in Declan's condition were at least as significant as his eating disorder. As with Benjamin, anxiety had a major presence for Declan, as did ADHD and in Donna's view, possibly even autism, although these latter 'conditions' had not been medically investigated or substantiated. Donna was convinced that, for her son Declan, 'it's not really a food issue', and the main work he needed to do was at an emotional level. Here again, Declan's picture presents as complex and multidimensional, the eating disorder coincident with a number of psychological, emotional and even environmental disturbances.

With the older boys, there is certainly a stronger link with wanting a different body.

For Luis this was prompted by teasing for being fat, and for Kai it was the leanness and muscularity that demonstrated his athleticism. Like other research, which associates boys desire for more muscular bodies with their capacity to perform physically (Grogan and Richards 2002; Author 1 and others 2006). Kai's disordered eating seemed to be primarily driven by the need to protect his image and reputation as a successful sportsman, 'to have a better body' and to grow up looking 'fit and healthy'. His mother attributed his eating disorder to a combined desire to be 'fittest', 'fastest' and 'best'. For Jacob, associations with body image were less apparent, although excesses of over-exercising and under-eating seemed to be associated with school-based prescriptions for healthy eating. Like Jacob, Kai also used school-based resources about nutrition to inform and limit his food choices. This use of health information accords with literature that points to the ways school education about

healthy lifestyles can contribute to children's narrow equation of health or fitness with eating less and exercising more (Author 1 and other 2007; Evans, Rich, & Allwood 2005; Author 1 and other 2004). While this does not mean the media has no influence, other factors seemed far more important in both prompting and offering the prescriptions for food selection to maintain these boys' eating disorders, for example, anxiety seems to have played a key role in these boys' eating disorders.

While Luis was the only boy to identify himself as 'anorexic', he simultaneously declared he had 'OCD' and his mother Lesley nominated his 'anxiety' and 'panic attacks' as being of equal concern to his desire to not be 'fat'. These elements of the disorder have a substance and functionality that seem more important than mere body aesthetics or a preoccupation with body image. Jacob's mother Jasmine was also convinced that anxiety was also a much more fundamental underlying aspect to Jacob's eating disorder than any concerns he may have had about body image. She claimed 'it's got nothing to do with him wanting to look thin... [and that] he never looks at himself in the mirror'. Both Jasmin and Ilona suggested that their sons were high-functioning autistic, although they had no formal diagnosis.

A study by Vandenbosch and Eggermont (2013, 299) on the sexualisation of adolescent boys suggests that 'boys who are in the middle of or just finished transitioning to an adult male body learn to value a muscular, suntanned, spotless, and ultimately handsome appearance as an important, if not ultimate, goal through watching their favorite prime-time television shows and visiting highly sexually arousing websites'. The mean age of the boys in this study was 15 years. For most of the boys in our study their interests in the media and internet did not extend at this stage to the kinds of prime time television shows described in this study. Rather most of the boys in our study were avid computer game players, Minecraft being

particularly popular. Minecraft is ‘a game about breaking and placing blocks’ (<https://minecraft.net/>). The figures in Minecraft are made from constructed of lego blocks and do not project realistic bodies. ABC3 a free to air government sponsored channel specifically designed for ‘the kids of Australia’ and the Disney Channels were popular with the younger boys. The older boys, however, were moving on to action movies and reality shows such as *Beauty and the Geek* (Jacob) and superhero shows such as the *Avengers* (Luis) where idealised images of the male body were more likely to be evident. How these impacted on the boys is difficult to determine, however, from their own and their mothers’ comments these did not seem to be what motivated their disordered eating.

Conclusion

Overall, we found very little evidence to support the media-generated popular myth linking boys and eating disorders primarily to body image issues, motivated by aspirations to be more like the male bodies presented in the media and elsewhere in popular culture. Whereas this myth is spoken and communicated through popular media reports on pre-teen boys, we are concerned about the way this myth ‘utters its message’ (Barthes 1976, 109). This is most problematic when the utterances tend towards the sensational, such as Bain’s (2012) reference to ‘horrific’ increases, ‘the elephant in the room’ and an ‘increasingly skinny population of young males’. In other instances, even when the language refers less sensationally to ‘the pressure to stay perfect’ or the need to ‘educate... and breed resilience in young people’, the media myth still works to reduce and simplify a complex and varied set of conditions operating distinctly, and differently, for each boy, mother and their families. We acknowledge the potential value of popular media attempts to disseminate important public health information to the wider community. However, when this information is

mythologised for ease of circulation and perhaps comprehension, the effect is to provide a ‘perpetual alibi’ (Barthes 1976, 123) for much more complex, multi-dimensional and nuanced situations that remain concealed or distorted. With evidence pointing to a growing incidence of eating disorders amongst pre-teen boys (Bayes and Madden 2011; Madden et al. 2009), it is all the more important that the complex and varied nature of this trend is accurately and adequately conveyed through the mainstream media. Countering the media-generated popular myth, and understanding the nature of the problem in more refined and nuanced ways, is crucial for developing an appropriate range of interventions to both treat boys with this serious illness, as well as contributing to a more nuanced understanding for those designing health interventions or health education programs.

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