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Final Year Project

Eating Disorders: A Male Perspective

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Declaration

I hereby declare that this dissertation is the result of my own independent investigation under the supervision of my tutor. The various sources to which I am indebted are clearly indicated. This dissertation has not been accepted in substance for any other degree, and is not being submitted concurrently for any other degree.

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Abstract

Eating disorders are a severe mental illness which affects 1.25 million people in the UK alone. Eating disorders are described as continual disruptions in an individual's eating habits, this can cause severe mental and physical illness. This study will focus on the eating disorder Anorexia Nervosa, more commonly known as anorexia. Anorexia is an eating disorder in which the individual suffering from it suffers from symptoms such as low weight, distorted body image and drive for thinness. The aim of this study was to explore the experiences of males who have suffered from anorexia. The use of online public forums was used to obtain seven different male perspectives of living with anorexia. After the seven forum posts were chosen, they were transcribed and thematic analysis was conducted. Four main themes emerged from the forum posts; Emotions, Self-Confidence, Anorexia Nervosa and Relationships. The theme of emotions contained the sub-themes; happiness, fear, anger and depression. The theme of self-confidence contained the themes; pressures, comparison and perceived body image. The third theme of anorexia nervosa contained the sub-themes; weight loss, health and charity. The final theme of relationships contained the sub-themes; family, friends, change and isolation. These results showed a mixture of emotions felt by the sufferers, the lack of understanding and stigmatisation by some friends and family and the difficulties of living a life with such a controlling mental illness. Future research may further the found themes in this study and explore ways in which more effective coping mechanisms can be created to help those who suffer with an eating disorder.

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Introduction

Mental health illnesses have been extensively studied by psychologists and other medical professionals, an increasing field of interest is the psychological illnesses, eating disorders. An eating disorder can be defined as the continuous disruption of eating habits of an individual which in turn can lead to negative effects on both mental and physical health (Fairburn, 2001; Fairburn & Harrison, 2003; Wagner, 2016). Eating disorders are severe psychiatric disorders (Frank, 2015). Eating disorders have a long history in our society, with the first written recordings believed to be traced back to 700B.C, where people would purge after big banquets (Engel et al, 2007). The first descriptions of anorexia nervosa occurred in the 12th century (Deans, 2011). Eating disorders can be difficult for the sufferer to live with and this mental health disease has a high mortality rate (American Psychiatric Association, 2013). The aim of this study is to explore the lived experiences of males who have suffered with anorexia.

Eating disorders are a mental illness which can cause isolation and other mental illnesses such as depression, anxiety or OCD (Klump et al, 2009; Mischoulon et al, 2011; Olatunji et al, 2010). Eating disorders can occur in females and males, although research focus usually is given to female sufferers (Bardone-Cone et al, 2014; Makowski et al, 2015; Modan-Moses et al, 2012). An individual can also suffer with an eating disorder at any time during his or her life and there is no specific duration of the illness, sometimes the eating disorder lasts for years whilst other times it can occur over a shorter space of time (De Alvaro et al, 2007; Fonville et al, 2014).

The diagnostic and statistical manual of mental disorders (DSM-5) defines eating disorders as abnormal eating habits which can cause extensive health issues and in extreme cases death (DSM-5; American Psychological Association, 2013). Many medical professionals refer to the DSM-5 when diagnosing a patient, within the DSM-5 eating disorder category there are three main types of eating disorders, one type of eating disorder recognised by the DSM-5 is bulimia nervosa, and symptoms include bingeing on food and later purging to avoid weight gain. Another type of

eating disorder within the DSM-5 eating disorder category is called the binge eating disorder, a new addition to the DSM-5, the symptoms of this eating disorder are binge eating large amounts of food in a short space of time. Binge eating disorder sufferers do not purge after they have eaten, sometimes they will eat even if they are not hungry or feel full. The final main eating disorder within the DSM-5 is anorexia nervosa, symptoms of anorexia nervosa include low body weight, a drive for thinness, distorted body image and in some cases excessive exercise and refusing to eat (American Psychological Association, 2013). It is estimated that around 1.25 million people who live in the UK are suffering from an eating disorder, 10%-25% of this number are male sufferers (Beat, 2017; Mental Health Foundation, 2018). This study will focus on the eating disorder 'Anorexia Nervosa' and the experience of males who had lived and suffered with this eating disorder.

Anorexia nervosa, more commonly known as anorexia, it's a very serious mental illness where the sufferer will restrict their intake of food in order to lose weight, according to the DSM-5 there are two types of anorexia, the first is the restricting type, where the individual has not purged after eating and weight loss is achieved by dieting, fasting or excessive exercise. The second type of anorexia is the called the binge eating/purging type where the individual has purged after eating or misused laxatives in order to lose weight (DSM-5, American Psychological Association, 2013). The diagnosis of anorexia can be a complicated process with diagnostic crossovers occurring often, hindering the effectiveness of treatment for the eating disorder (Castellini et al, 2011; Eddy et al, 2008). Misdiagnosis can occur due to confusion around the sub-types of anorexia, the binge eating/purging type of anorexia can be mistakenly identified as bulimia or muscle dysmorphia (Murray et al, 2012). Additionally, the severity of the anorexia cannot be measured by the DSM-5, which can inhibit the sufferer from gaining the immediate and necessary treatment needed (Dakanalis et al, 2018).

After diagnosis, most methods of treatment include trying to find the cause of the eating disorder. The cause of an eating disorder is unique to each individual which suffers with the mental illness (Jansen, 2016; Levine et al, 2009; Salafia et al, 2015). There are many individual factors of why eating disorders occur, this can be biological, psychological or sociocultural factors (Salafia et al, 2015). Many psychology researchers have come to believe that a big influence which can

increase the chances of developing an eating disorder is the presentation of male and female bodies in the media (Derenne & Beresin, 2006, 2017; Hausenblas et al, 2013; Holland & Tiggemann, 2016).

Previous research conducted shows a positive correlation between body image dissatisfaction and media, encouraging the beginning or the continuation of an eating disorder (Naumann et al, 2016; Wade et al, 2009). The study conducted by Naumann et al, (2016) suggests that images of thin women presented in the media can encourage the continuation of an eating disorder and negatively affects the way an individual suffering with anorexia views their body. The study of Naumann et al, (2016) highlights how anorexic individuals feel pressure from the media to maintain their low weight, regardless of the damage being done to their body. However, Naumann et al, 2016 focus only on females and how the media can affect the perception they have of their bodies. This study does not explore whether or not males experience the same reaction to images of thin people in the media, creating a gender bias study and thus can prevent a full understanding on how and why people who suffer with anorexia can be so affected by body presentations in the media, as it is not only females who suffer from eating disorders.

Research completed in the field of eating disorders is generally conducted on female participants or have significantly fewer male participants partaking in the studies (Carter, Kelly & Norwood, 2012). When comparing the male and female experience of anorexia, few studies focus on the cause and experience of their participant's eating disorder (Strober, 2001). The use of questionnaires for eating disorder studies can be a quick and effective method of obtaining information (Darcy et al, 2012).

However, findings from the Darcy et al, (2012) study which focuses on comparing eating disorders in adolescent males and females showed that males may have different causes of their eating disorder. Males who participated in this study scored significantly lower on a number of questions which represented core symptoms such as weight loss desires. This study failed to pin-point the cause of eating disorders in males but were able to obtain enough information from the female participants to suggest probable eating disorder causes. This is an example of how males who suffer with eating disorders are misunderstood more than females as

much less research has been conducted in efforts to understand and support male anorexic sufferers. Another limitation to previous studies completed on males who suffer with anorexia is the lack of compassion for those who have faced the stigma of being male and suffering with anorexia as research shows males face more stigma than females do (Anderson & Holman, 1997; Crisfulli et al, 2010; Crisafulli et al, 2008).

The importance of understanding the experiences of males who have suffered with anorexia is highlighted in a study conducted by Kask et al, (2017) whose results showed an increase in mortality of males who suffered with anorexia and also an increase in substance abuse within their group of participants. Few studies have been completed which explore the experiences of males who have suffered with anorexia and thus it is difficult to understand the thoughts and feelings they endure whilst going through the challenge of living with an eating disorder.

Lived experiences of eating disorders are individual to the sufferer, with different causes of the illness and different coping mechanisms. Excessive exercise and substance abuse has been found to be one of the leading causes of eating disorders, especially anorexia in males (Wang, 2010). This study focused on the media's influence on males and females and how this can cause negative effects on the way they view their bodies. This study used an online survey and 509 participants completed this survey. Out of the 509 participants, only 161 of them were male. This study concluded that males are highly influenced by fitness models in health magazines. However having a significantly lower number of male participants may be a limitation to the found results. Wang, (2010) concluded that males are triggered by different media outlets compared to the female participants but since there was a lower number of males than females it may be seen as unreliable due to there being a much smaller sample size. Having an equal amount of male and female participants would create a more informed understanding. There was also no information in regards to whether any of the participants had previously suffered or were currently suffering from an eating disorder. This may limit the accuracy on whether males who suffer from an eating disorder are actually affected by fitness models and health magazines.

A common factor for males who suffer from an eating disorder is the choice to seek out some form of support (Wooldridge, Mok & Chiu, 2013). Exploring the use of pro-anorexia websites specifically for male use, results from the study showed that almost all of the website users were looking for a form of support. This may suggest the inability to talk to their own friends and family about the challenges they experience. The qualitative study describes how support from the pro-anorexia website gave comfort to males who felt like they had no one to talk to and getting better was increasingly difficult due to there being a lack of a good social support group around them. Positive relationships with friends and family have been shown to help the process of recovery from anorexia and other eating disorders (Smethurst & Kuss, 2016).

This qualitative study will embrace the use of online forums to obtain a data set. Online forums can be extremely useful in qualitative studies as people are speaking from their own experience and are more likely to open and honest about the topic they are discussing and allows for open interpretation on the researchers behalf (Germain et al, 2017; Giacomini et al, 2000). Despite the benefits of using a public online forum for eating disorders, researchers must be mindful of ethical considerations such as anonymity and privacy (Lunnay et al, 2015).

The aim of this study is to explore the lived experiences of males who have suffered with anorexia. Previous studies completed on the topic of life with an eating disorder primarily focus on the female perspective or the research for male perspective is dated and might not provide reliable and up to date information. The choice of conducting a qualitative research paper is to provide data which creates a better understanding of the male perspective of suffering with the eating disorder, anorexia.

Methodology

Participants

The focus group of this study was males, all participants chosen are males who have suffered with anorexia nervosa. Participants for this study were all over the age of 18. Seven participants were chosen for this study to enable the researcher a wider range of males living with anorexia and their experiences.

Design

For this qualitative study, the collection of data required forum posts on eating disorder websites. Forum posts can offer a first-hand experience of suffering with anorexia nervosa using detailed and emotive language. This can allow for honest reflection on an individual's experience of living with an eating disorder. Participants were recruited by their gender and type of eating disorder suffered. For this study, the focus eating disorder was anorexia nervosa.

Materials

For this study to work it was essential that the researcher had access to a computer and to the internet. This study did not require the production of a consent sheet or an information sheet as the forum posts chosen were open to public access.

Procedure

After the topic of this report was chosen and ethics had been approved, the search for suitable forum posts began. Forum posts were chosen on the type of eating disorder discussed and suffered by the forum post writer, the eating disorder chosen for this study is anorexia nervosa. Several websites were explored to find the most suitable forum posts to be used for the study. The websites chosen were; www.mind.org.uk; www.mengetedstoo.co.uk; www.beateatingdisorders.co.uk. These websites are UK based and are charities dedicated to mental health. Seven forum posts were then chosen, they were chosen by the type of eating disorder suffered and the different types of experience each individual faced. These forum posts were then analysed on word using the method of analysis thematic analysis.

Ethics

This study does not pose any risk to the participants. The forum posts used in this study can be easily accessed on the internet. However, for ethical consideration usernames of those forum post writers will be changed to ensure anonymity.

Method of Analysis

The chosen method of analysis for this study was thematic analysis. Thematic analysis is a method of analysis in which the researcher can identify, analyse and report themes within a set of data (Braun & Clarke, 2006; Roulsten, 2001). Thematic analysis is also useful in the way in which it can be used to interpret numerous aspects of the topic chosen to research. According to Braun and Clarke (2006) there are six steps which must be completed in order to successfully carry out thematic analysis, these are as follows;

Step 1. Familiarising oneself with the data.

This step includes the process of transcribing the data, this consists of reading and re-reading the data provided via the forum post, during this time the researcher takes notes of any initial ideas they may have.

Step 2. Generating initial codes.

The generating of initial codes identifies key features of the data. These features can be organised into groups, allowing for many potential themes to be recognised.

Step 3. Searching for themes.

This stage can only begin when all of the collected data has been coded and collated together. In this stage, the researcher has to analyse the codes generated and consider how these codes may be grouped to form a theme

Step 4. Reviewing themes

Reviewing the themes grants the researcher the opportunity to check the codes are fitting to the chosen themes. If the codes work with the themes, a thematic map can be generated.

Step 5. Defining and naming themes.

Each theme must be analysed in order to name the theme and offer the reader a definition of the theme.

Step 6. Producing the report.

Using extract examples from the data, final analysis of the themes and the data can occur. The selected extracts should be related back to the research question and literature provided in the introduction of the report.

Results

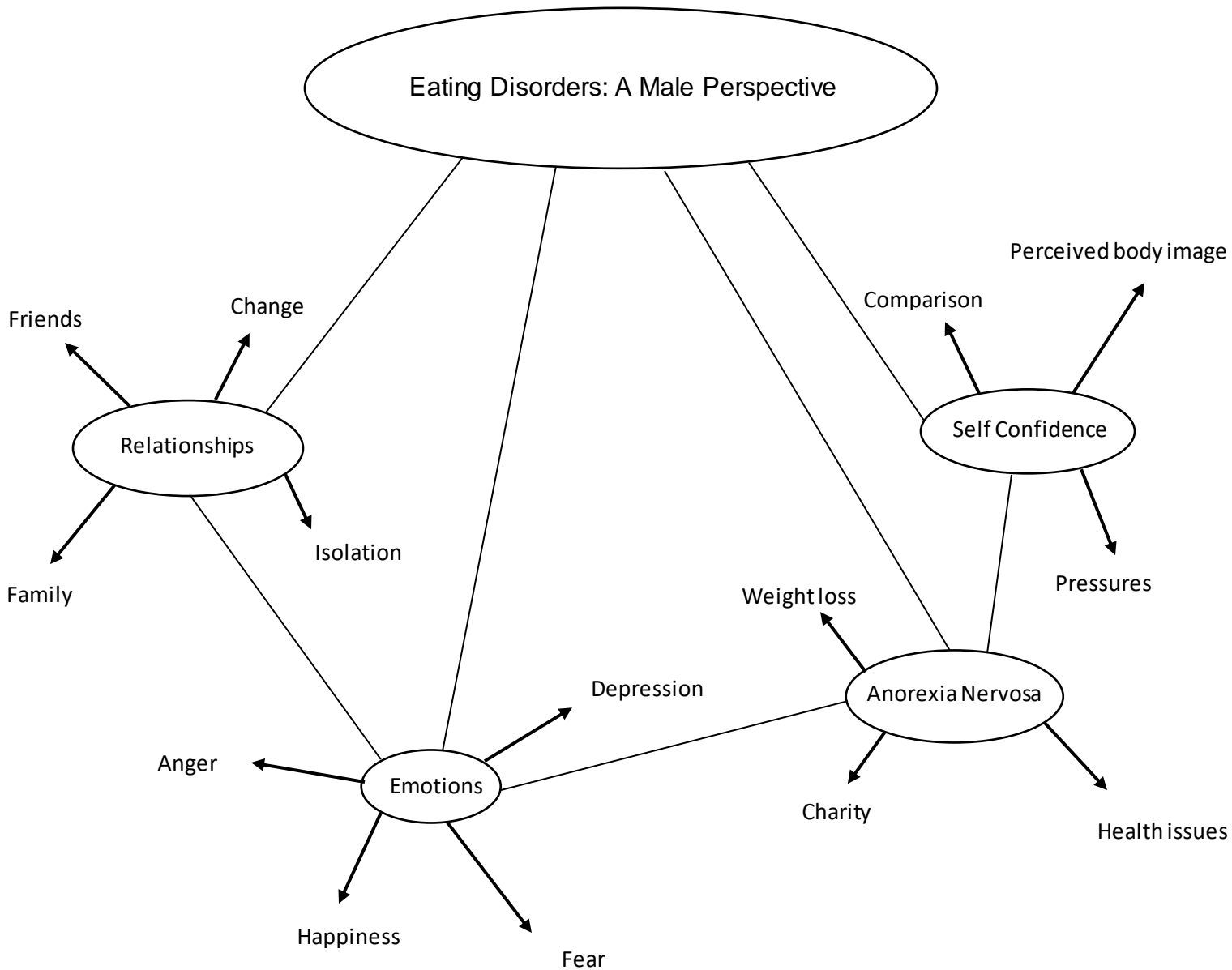


Figure 1. Thematic Map.

There were seven participant perceptions and experiences of living with anorexia nervosa chosen for this study. From their written experiences, four main themes emerged from the transcription from the seven forum posts using thematic analysis. This thematic map was created which includes the four main themes; Emotions, Relationships, Anorexia Nervosa and Self-Confidence. These four themes are divided into smaller sub-themes. The sub-themes help to define the main themes and provide wider aspects of the theme.

Emotions

A prominent theme which emerged in all seven forum posts was a mixture of positive and negative emotions. This theme highlights the rollercoaster of emotions faced by the male anorexia sufferers. Within the theme of emotions emerged four sub-themes, anger, depression, happiness and fear.

Anger: The following extracts from Gary, Dave and Edward's forum post there is a mix of different types of anger. Whilst Gary and Dave became angry at themselves for their change in behaviour and mind set, Edward was angry at the lack of care and consideration he previously faced whilst trying to get help from a medical professional;

" At home I became increasingly short tempered and my fiancée went through hell with me — I really tested the strength of our relationship." – Gary

"I was too intense, too impulsive, too angry, too judgmental" - Dave

"And rather than the casual, unconcerned, eat-more-chicken response I was used to receiving, I sensed that while I reeled off my long list of aggravations, the visiting doctor was actually understanding my situation" – Edward

Depression: For many of the participants', they faced not just the one mental illness of anorexia nervosa but also depression, leaving them feeling helpless and unworthy;

"I was at rock bottom when I called them, struggling to open up and talk about the things I was doing to myself" – Gary

Gary describes how he lost all control over himself and he felt that he had gotten to a place where he could do nothing for himself anymore but still struggled to talk and ask for help from other people.

" If I could lose weight, restrict and take control of it I could do anything...I thought. But I'd begun to lose. Slumped into depression and it slowly wore me down." – Gareth

This extract gives an example on how putting pressure on oneself can cause severe relapse and eventually feel completely worn out by feelings of depression and helplessness.

Fear: Some of the forum posts describe the sense of fear felt both before and after their diagnosis of anorexia nervosa, for Gareth it stemmed from things he had heard about the mental disease before;

“In fact I'd never seen a doctor about it because I was scared I wasn't 'anorexic enough'. I'd never gone days on end without eating, I'd never fainted or been fed through a tube. I was scared I wouldn't 'qualify' as anorexic, that I wasn't 'good enough' at it.” – Gareth

Edward felt fearful that he would never be able to understand what was happening to him and why, his feelings over fear and anxiety however were stopped once he was diagnosed;

“What I feared most of all was that I would never find the truth, which was terrifying. Being diagnosed was a moment of great relief.” – Edward

The following extract shows the extreme fear and realisation Dave went through in order to receive treatment and get better. The fear and thought of death encouraged him to focus on recovery and getting better;

“At my breaking point, after two hospitalizations I realized I had to get help or else I would die. That was the hardest part...deciding whether it was worth the risk to eat something or to die” - Dave

Happiness: Although living with anorexia caused much distress and unhappiness in the sufferers' lives, there was also moments of happiness which reminded the participants' that life is worth living and recovery from this mental illness is possible;

“I now feel like a stronger person and that I have my life back” – Gary

Whilst in a rut, it can seem impossible for some to believe that they will ever escape their negative thoughts however, Henry writes in his post about hope, bringing a positive and happy message to all those who need it;

“No low point is too dark and hopeless to rise from, no time impossible to fight through” – Henry

Sometimes, embracing the situation a person has to face can create much more of a positive mind set, helping people to become more positive and happy as described by Edward. He realised once he had accepted the anorexia into his life, it had less control over him and his emotions, allowing him to live in a happier mind set;

“What I can feel positive about, where I can draw strength from, is that knowing I have anorexia is not embarrassing, shameful, or something to be proud of” – Edward

Relationships: Each forum post mentioned how living with anorexia effected their relationships with family, friends and health professionals. The theme of relationships contains three sub themes; Isolation, Friends and Family.

Isolation: the feeling of being alone and misunderstood was experienced by the chosen male sufferers of anorexia, Lewis explains how family felt confused and misunderstood his actions and he felt abused by his anorexia leaving him feel isolated and alone;

“This illness takes on a character of it’s own and abuses you into pleasing what it wants. Meanwhile, family and friends watch from afar, and can’t understand why there’s a person running down that road.” – Lewis

Gary openly admits in his forum post he would avoid seeing his friends and family, scared what they would think and say when they realised the severity of his weight loss;

“I barely ate or slept and would avoid family and friends so that they couldn’t question me about my weight” – Gary

Some people can find comfort in their social or religious groups, although Henry acknowledges that he did have people around him for support, the anorexia still left

him feeling lonely and isolated as he felt he did not have a group of people that would understand him;

“Lacking religious faith or allegiance to any particular group, I couldn’t help still feeling alone, contrary to the reality of my situation” - Henry

Family: Family plays a key role in the forums written of living with anorexia, some found their family to be supportive and understanding which in turn provided comfort and hope, making the experience of living with anorexia more tolerable;

“I cannot emphasise enough the precious worth of some simple words of support from my parents, their comforting presence at my side through this most turbulent of times” - Henry

“My family also used the information that Mind provide to gain an understanding of what I was going through and how they could help” - Gary

On the other hand, Peter’s family sadly did not understand what Peter was going through both physically and mentally and struggled to provide the support needed to get through the difficult times;

“My family and friends just weren’t aware of what to do to help” – Peter

Friends: Both Gary and Lewis experienced a change in some of their friendships after they revealed they suffered with anorexia, some friends misunderstood, were judgemental and even severed friendship ties;

“I identified with the illness and freaked people out—they left” - Lewis

“ I struggled to talk to any of my male friends about what I was going through, because it’s not really what blokes do! Even after my diagnosis one friend in particular still has very little concept of what I am talking about and others find it difficult to broach the subject” – Gary

The value of friendship however was highlighted by experiences had by Gareth, his experience of living with anorexia allowed him to meet new people and create new friendships built on shared experiences and mutual respect for each other;

“Of all therapy though, nothing compares to hearing those first-hand experiences from Shaista, Olivia and Lilith” – Gareth

Highlighting the importance of good relationships with friends, Edward believed that his recovery was helped along with the support of his friends, allowing for his experience of living with anorexia to be less lonely and more positive;

“Your true friends and family will help.” - Edward

Anorexia Nervosa

The theme of this research is the male perspective of eating disorders, the chosen eating disorder for this study was anorexia nervosa. This was the mental illness suffered and discussed by all seven of the forum post writers. They gave their experiences of living with this eating disorder and the experiences were unique for each individual. This theme contains three sub-themes; weight loss, charity and health.

Weight loss: one of the main symptoms of anorexia nervosa is weight loss and weight loss was an experience which was spoken about in all seven forum posts. This was sometimes perceived as an achievement through the sufferers' eyes;

“It was a game – counting calories, counting ounces, pounds, stones, exercising, seeing how far I could go without eating. When I was winning I LOVED my little game - it gave me a huge buzz.” Gareth

The harsh reality of anorexia is difficult to see and brings a sense of shame for some of the sufferers, shocked by how much their appearance changed because of the severe weight loss;

“The few pictures we have from this time are put to one side as they are very upsetting for us to view” - Gary

“They were saying I was “gaunt”.” – Lewis

Losing weight was so important, extreme measures were taken to try and lose as much weight as possible;

“ I started exercising, running mile after mile everyday and eventually went vegan to subconsciously save my calories. If I ate too much one day, I would compensate by running on my achy knees on zero calories for the day.” – Dave

Charity: Charities which help to raise awareness on the topic of eating disorders, including anorexia can be helpful to both the sufferer and the family/friends of the sufferer, educating and providing support for all those affected by anorexia;

“Last week I received a call from Mind asking if I would write this blog for Eating Disorders Awareness Week and to help promote their new report on men and mental health” – Gary

“You know that amazing feeling when someone says something that sums up a thought or feeling that you’ve been unable to describe? It can make that thing suddenly make sense. And if it’s something that you’ve been struggling with, that can be an enormous relief. Well for me that happened while being filmed for Mind’s Talking about eating problems video.” – Gareth

“ One day, when wondering around the unit at about six in the morning, I happened to see a leaflet made by beat. If I’m honest, it didn’t contain anything revolutionary, or that I hadn’t been told before, but being able to see, in writing, the words of people who had been through a similar experience to myself, before moving on with their lives, meant so much to me.” – Henry

Health: Suffering from anorexia took its toll on the general health and wellbeing of the sufferers;

“Then through my teenage years, with me desperately wanting to know why my legs were so thin and my body so underdeveloped. And then into my twenties, pleading to know why I was constantly dizzy, nauseous and had no appetite” – Edward

“I got brittle bones, heart problems, blood abnormalities and kidney pains. I’d have to get rid of it before it got rid of me.” – Gareth

Lewis was oblivious to the fact that his anorexia was causing such damage to his body and mind, without realising the butterfly affect anorexia had on his health and behaviour;

"I realized that I had a severe sickness and the thoughts and behaviours were because of it" – Lewis

The decline in the sufferers' health and wellbeing can be a real eye opener to the severity of the eating disorder, anorexia. Being open and discussing health issues can be beneficial for the sufferer;

"Identifying those at risk of developing eating disorders and providing appropriate support right from the first signs of struggling can help prevent much worse problems further down the line. Early intervention can prevent years of misery, save huge amounts of money in the costs of care, and ultimately, save lives" – Peter

Self-confidence

The lack of self-confidence and body dissatisfaction was frequently mentioned in all forum posts. Many believed that the voice they heard in their head was bullying them and body shaming them, leading to low self-confidence. The theme of self-confidence includes three sub-themes; comparison, self-image perception and pressures.

Comparison: frequently mentioned in the forum posts was the way the sufferers of anorexia compared themselves to others, which was detrimental to their mental and physical health;

"I perceived my weight loss as "male model beauty" to have sunken cheeks, and if I was skeletal I might be noticed and cared for." Lewis

Gareth felt like he never belonged into a group, comparing himself to others who did have groups and lowering his self-esteem due to feeling like he never belonged somewhere like other people seemed to;

"I'd never been cool, or sporty or popular at school but now I had an identity label, a 'thing' that described me." – Gareth

Pressures: pressure can be put on someone by an external force or a person can put pressure on themselves, whilst suffering with a mental illness like anorexia, these pressures can be detrimental to the perception an individual sees of themselves. These pressures can be put on by health professionals in order to encourage recovery, however when the time comes it can leave the sufferer feeling indifferent;

"When the all powerful scales finally showed a weight which was acceptable for discharge, I can't say I was elated or felt immediately different inside" - Henry

"Drowning in a sea of confusion and unhelpful pleas – why couldn't I just eat?" – Henry

Pressure can be placed on an individual by bullies, who can make someone feel different and not normal, which may encourage extreme measures in order to try and fit in;

"My illness began when I was 13. I had heard about eating disorders in school and it never occurred to me that I could control my eating in such a way. Then, because of the mental recordings of "things kids said to me in elementary school" played over and over. Naturally, I thought in extremities, wanted the weight off quickly, and felt I deserved to starve." - Lewis

Perceived body image: derogatory descriptions of oneself was a reoccurring part in many of the forum posts, the way the sufferers viewed their appearance was usually in a negative way;

"if I was skeletal I might be noticed and cared for. It was like a poor man's plastic surgery in which I could transform into someone "better". I just wanted to disappear into an impossible body and take up little space." – Lewis

"I concluded that I was an "idiot", an embarrassment, ruined lives and I should be silenced." - Lewis

The dominant traits of anorexia were troublesome for the sufferers during the time spent living with anorexia however, after recovery had occurred their opinions of their bodies and the way they perceived their appearance developed into a more positive opinion of themselves;

“I now feel like a stronger person and that I have my life back” – Gary

“Right now I am training for a bodybuilding competition and am attending college for Nutrition and hope to work with eating disordered patients as an eating disorder nutrition specialist.” – Dave

“Becoming Henry, not Henry the anorexic, took a long, long time, and I would be misleading you if I told you that I don’t worry about food a little every day, but I can now accept that there is so much more to me than just that.” – Henry

Summary

Thematic analysis has shown that many aspects of a male anorexic’s life can be affected by the eating disorder. All individuals describe the negative affect anorexia has had on both the mental and physical health. Thematic analysis also highlighted the social issues that can be caused by anorexia, many of the participants felt that some of their support system did not understand the eating disorder and thus experienced stigmatisation by friends, family and even medical professionals. Their self-confidence suffered and they all experienced a rollercoaster of emotions which sometimes left them feeling alone and confused. This sometimes made the diagnosis and recovery process difficult. However, some participants did experience understanding and support from their interpersonal relationships. The participants acknowledge that their psychological illness may have caused long term damage to both their physical and mental health but feel more positive about the future.

Discussion

The aim of this study was to explore and examine the lived experiences of males who have suffered with anorexia. In order to obtain detailed and first-hand experiences from males who had suffered with anorexia, a qualitative approach was chosen to obtain data. This data was taken from online forums in which males write about their lived experience with anorexia. Thematic analysis was then conducted on the forum posts in hoped themes would emerge. Four main themes emerged from the data set; relationships, self-confidence, anorexia nervosa and emotions. There a few studies which explore the lived experiences of suffering with anorexia from a male perspective, studies which have been conducted in this topic area are dated and thus may not be as accurate in this time period. Adding this study to previous research conducted may allow for a better understanding of the lives and experiences of males who have suffered with anorexia.

Eating disorders can be defined as continuous disruption of eating habits which can be detrimental to both physical and mental health (DSM-5, American Psychological Association, 2013; Fairburn & Harrison 2003; Wagner, 2016). This study focused on the lived experiences of males who have suffered with the eating disorder anorexia nervosa, more commonly known as anorexia. Anorexia is a severe psychological illness which characterises itself within the sufferer by causing extreme weight loss by restricting food intake or bingeing and purging after meals (NICE, 2017; NHS, 2018).

Utilising the use of online forums, this study focused on seven male individuals who have lived experiences of suffering with anorexia. The seven male participants chosen had all written about their own experiences of suffering with anorexia, seven male lived experiences were chosen in order to gain a better understanding of the different experiences each individual faced whilst suffering with the eating disorder, anorexia. The use of public online forums for this study did not require written consent nor an information sheet as the forums are open for public viewing on the internet. However, for ethical considerations the usernames of the chosen forum authors were changed for anonymity. Thematic analysis was conducted on the forum posts and four main themes emerged; Anorexia Nervosa, Self-Confidence, Relationships and emotions. From these four main themes, sub-themes emerged, these sub-themes include; change, isolation, friends and family for

the main theme of relationships. For the theme of anorexia nervosa the emergent sub themes were; charity, weight loss and health issues. The main theme of self-confidence included the sub-themes; pressures, perceived body image and comparison. For the final theme emotions, the emergent sub-themes included; fear, anger, happiness and depression.

The participants were honest about the way suffering with anorexia affected their relationships with friends and family. Participants Lewis, Gary and Henry all believe they faced isolation during their time of suffering from anorexia. This finding fits previous research which also showed that during the period of suffering with an eating disorder, individuals can feel alone and isolated from friends and family (eg, Klump et al, 2009). Another issue faced by some of the males who suffered from anorexia was the reaction of friends when the eating disorder was revealed to them. Gary mentions in his forum post some of his male friend's inability to understand the issues Gary was facing, also mentioning that he found talking to his friends about his illness difficult because it was not something males talk about. This type of stigmatisation towards males with eating disorders can disrupt recovery and can leave the sufferer feeling alone as also found in previous research (Crisafulli et al, 2008; Crisafulli et al, 2010).

Despite there being difficulties for some of the participants in regards to their relationships between family and friends, there were also experiences where participants felt they had a good support system. These positive relationships were then described as being a helping factor in the process of recovery. Similar findings were produced by Smethurst & Kuss (2016). The theme of support found in Smethurst & Kuss, (2016) mirrors the theme of relationships in this study, where positive relationships were found to help aid recovery from the eating disorder. Interpersonal connections such as friends and family provided Henry the support he needed to help him get through the difficult time of living with an eating disorder. Although Gary faced difficulties in some of his relationships, he also recognised his family's willingness to learn about anorexia showed him he was not as alone as he felt in the beginning of his experience.

All participants mentioned during their forum post that they suffered with low mood or depression. Many times this left them feeling hopeless and some expressed

the belief that they had hit rock bottom. Eating disorders such as anorexia can often co-exist with other mental health issues such as depression or anxiety (Mischoulon et al, 2011). Gareth experienced suffering with depression and felt it wore him down, making living with anorexia more difficult. Another negative emotion that was faced by the participants of this study was anger, many times in the forum posts, anger is discussed. Anger takes different forms for each individual, for Gary and Edwards it was anger towards those around him, whilst Dave became angry towards himself. Similar sub-themes were also discovered in a study which analysed pro-ana websites (Wooldridge, Mok & Chiu, 2014). The negative feelings experienced towards others and oneself may stem from the psychological instability (Frank, 2015).

This study highlighted feelings of happiness which emerged during the thematic analysis process. All of the participants mentioned positive emotions felt after they had recovered and were living life with a more positive outlook. This finding is unique to this study as there are few qualitative studies which focus primarily on the lived experience of suffering with anorexia. The mixed emotions suggests the difficulty faced by the participants whilst going through this experience but highlights that happiness can be experienced and feeling happy can make the experience of living with anorexia a little bit more tolerable.

The theme of self-confidence emerged due to the negative way the participants' spoke about themselves and the way they appeared. A symptom of anorexia is the sufferer believing they are much bigger in size than they are and thus can go to extreme measures to lose weight rapidly (DSM-5, American Psychological Association, 2013). This was detrimental to many of the participants' health and some of the participants were hospitalised due to a rapid decline in their physical and mental health. Derogatory terms were used by Lewis to describe his physical appearance, he felt so worthless he believed he should have been 'silenced' and that he ruined people's lives. Low self-esteem has also been reported in previous studies which have explored body image in eating disorders (Levine, 2009; Salafia et al, 2015).

Self-esteem also seemed to be affected by the portrayal of beauty standards in the media for some of the participants. For Lewis, achieving the 'male model

beauty' was a way to fit into the pressures of beauty standards within the media. The way sufferers of anorexia are affected by the media has been previously researched, with results similar to this study, findings suggest that the media can hinder recovery and can be a triggering factor to the development of an eating disorder (Naumann et al, 2016; Wade et al, 2009).

Anorexia nervosa can occur at any time during an individual's life and can occur in both males and females (Fonville et al, 2014; Makowski et al, 2015). Since all of the chosen participants' suffered with anorexia, the forum posts were based on the topic of anorexia. This was the most prominent theme throughout all seven forum posts. An unlikely sub-theme which emerged from the theme anorexia nervosa was charity. A few of the participants discussed how the help from eating disorder charities gave them comfort in the idea that the individuals are not alone and there are other people going through similar experiences. Gareth was involved in meeting other sufferers of anorexia and discusses how he finally felt understood and that meeting with three other sufferers and sharing their stories gave him a sense of strength and hope. Charities such as Mind and Beat can offer guidance and advice to sufferers of an eating disorder and their surrounding support system.

The main symptom of anorexia is weight loss (APA, 2013). All seven participants ended up experience dramatic weight loss through different methods. Anorexia nervosa can be split into two types; restrictive or bingeing and purging (APA, 2013). Each participant lost weight differently, some purged and took laxatives whilst others restricted their food intake or exercised excessively. The different methods of weight loss reported in this study have also been found in other studies who have investigated eating disorders and their symptoms (Wang, 2010). The study conducted by Wang, (2010) discovered that males are more likely to try and lose weight by excessive exercise and gym use, this study produced similar findings. This could suggest that some males who suffer from anorexia idolise fitness models and try to follow in their lifestyle choice (Slater, Varsani & Diedrichs, 2017).

The aim of this study was to explore the lived experiences of males who have suffered with anorexia nervosa. Using online public forums dedicated to discussing eating disorders, this study gained first hand experiences of those who have suffered from the eating disorder, anorexia. Although the online forums used were dedicated

for male only use, there is no guarantee that the author of the forum posts used were male. The forum websites used for this study either sought out for males to write about their lived experiences with anorexia (www.mind.org.uk, www.beateatingdisorders.co.uk) or was a website dedicated to males to discuss their experiences together (www.mengetedstoo.co.uk). Future studies may wish to organise face to face interviews with their participants in order to be certain they are using the experiences of those they wish to learn and use in their study. Future studies may also wish to focus on lived experiences of those with an eating disorder co-existing with another mental illness such as depression, as this was prominent in the seven participants chosen for this study.

Eating disorders can be life changing illness which can cause severe issues with mental and physical health, in some cases death can occur (Fairburn, 2001; Kask et al, 2017). Anorexia is a life threatening eating disorder but can be recovered from and life afterwards can be normal and fulfilling (Smethurst & Kuss, 2016). This study highlighted the different types of experiences faced by those who have suffered with anorexia, and has helped to create a better understanding of these experiences. It is imperative that future research should focus on both male and female experiences of living with anorexia in order to gain a better and more empathetic attitude to those who suffer with such a controlling and dangerous mental illness.

Reflexive Analysis

Reflexivity is an important component of qualitative research as it can help highlight and remove certain biases. The topic of eating disorders was of great interest to me as I have personally suffered with anorexia, however I wanted to create a study which did not highlight my own experiences but the experiences of others. Whilst deciding on the process of recruiting participants, I was mindful to seek out participants which would have had a completely different lived experience of the mental illness. Reading the individual experiences of the male experience of living with anorexia, I was emotionally affected. It was sometimes difficult to read about the experiences some of the males had experienced but I believed it was important to include the harsh reality of life with anorexia. This enabled me to create a better understanding of the disease from a male perspective and be able to create this study in order to inform others of difficulties faced by these brave individuals. I believe writing about this topic without having a first-hand experience may have affected the way I interpreted the written experiences. I may have missed key aspects of the individual posts such as the mixture of emotions and the way the illness affected not only the sufferer but their interpersonal relationships too.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.

Andersen, A. E., & Holman, J. E. (1997). Males with eating disorders: Challenges for treatment and research. *Psychopharmacology bulletin*, 33(3), 391.

Bardone-Cone, A., Fitzsimmons-Craft, E., Harney, M., Maldonado, C., Lawson, M., Smith, R. and Robinson, D. (2012). The Inter-Relationships between Vegetarianism and Eating Disorders among Females. *Journal of the Academy of Nutrition and Dietetics*, 112(8), pp.1247-1252.

Beat. (2017). *Anorexia*. [online] Available at: <https://www.beateatingdisorders.org.uk/types/anorexia> [Accessed 12 Mar. 2018].

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

Carter, J. C., Kelly, A. C., & Norwood, S. J. (2012). Interpersonal problems in anorexia nervosa: Social inhibition as defining and detrimental. *Personality and Individual Differences*, 53(3), 169-174.

Castellini, G., Sauro, C. L., Mannucci, E., Ravaldi, C., Rotella, C. M., Faravelli, C., & Ricca, V. (2011). Diagnostic crossover and outcome predictors in eating disorders according to DSM-IV and DSM-V proposed criteria: a 6-year follow-up study. *Psychosomatic Medicine*, 73(3), 270-279.

Crisafulli, M. A., Thompson-Brenner, H., Franko, D. L., Eddy, K. T., & Herzog, D. B. (2010). Stigmatization of anorexia nervosa: Characteristics and response to intervention. *Journal of Social and Clinical Psychology*, 29(7), 756.

Crisafulli, M. A., Von Holle, A., & Bulik, C. M. (2008). Attitudes towards anorexia nervosa: The impact of framing on blame and stigma. *International Journal of Eating Disorders*, 41(4), 333-339.

- Dakanalis, A., Timko, C. A., Colmegna, F., Riva, G., & Clerici, M. (2018). Evaluation of the DSM-5 severity ratings for anorexia nervosa in a clinical sample. *Psychiatry research, 262*, 124-128.
- Darcy, A. M., Doyle, A. C., Lock, J., Peebles, R., Doyle, P., & Le Grange, D. (2012). The eating disorders examination in adolescent males with anorexia nervosa: How does it compare to adolescent females?. *International Journal of Eating Disorders, 45*(1), 110-114.
- De Alvaro, M., Munoz-Calvo, M., Barrios, V., Martinez, G., Martos-Moreno, G., Hawkins, F. and Argente, J. (2007). Regional fat distribution in adolescents with anorexia nervosa: effect of duration of malnutrition and weight recovery. *European Journal of Endocrinology, 157*(4), pp.473-479.
- Deans, E. (2011). *A History of Eating Disorders*. [online] Psychology Today. Available at: <https://www.psychologytoday.com/blog/evolutionary-psychiatry/201112/history-eating-disorders> [Accessed 11 Mar. 2018].
- Derenne, J. and Beresin, E. (2006). Body Image, Media, and Eating Disorders. *Academic Psychiatry, 30*(3), pp.257-261.
- Eddy, K. T., Dorer, D. J., Franko, D. L., Tahilani, K., Thompson-Brenner, H., & Herzog, D. B. (2008). Diagnostic crossover in anorexia nervosa and bulimia nervosa: implications for DSM-V. *American Journal of Psychiatry, 165*(2), 245-250.
- Engel, B., Reiss, N. and Domebeck, M. (2007). *Historical Understandings*. [online] Mentalhelp.net. Available at: <https://www.mentalhelp.net/articles/historical-understandings/> [Accessed 11 Mar. 2018].
- Fairburn, C. G. (2001). *Eating disorders*. John Wiley & Sons, Ltd.
- Fairburn, C. G., & Harrison, P. J. (2003). Eating disorders. *The Lancet, 361*(9355), 407-416
- Fonville, L., Giampietro, V., Williams, S., Simmons, A. and Tchanturia, K. (2013). Alterations in brain structure in adults with anorexia nervosa and the impact of illness duration. *Psychological Medicine, 44*(09), pp.1965-1975.

Germain, J., Harris, J., Mackay, S., & Maxwell, C. (2017). Why should we use online research methods? Four doctoral health student perspectives. *Qualitative health research*, 1049732317721698.

Giacomini, Mita K., Deborah J. Cook, and Evidence-Based Medicine Working Group. "Users' guides to the medical literature: XXIII. Qualitative research in health care A. Are the results of the study valid?." *Jama* 284.3 (2000): 357-362.

Hausenblas, H., Campbell, A., Menzel, J., Doughty, J., Levine, M. and Thompson, J. (2013). Media effects of experimental presentation of the ideal physique on eating disorder symptoms: A meta-analysis of laboratory studies. *Clinical Psychology Review*, 33(1), pp.168-181.

Holland, G. and Tiggemann, M. (2016). A systematic review of the impact of the use of social networking sites on body image and disordered eating outcomes. *Body Image*, 17, pp.100-110.

Jansen, A. (2016). Eating disorders need more experimental psychopathology. *Behaviour research and therapy*, 86, 2-10.

Kask, J., Ramklint, M., Kolia, N., Panagiotakos, D., Ekblom, A., Ekselius, L., & Papadopoulou, F. C. (2017). Anorexia nervosa in males: excess mortality and psychiatric co-morbidity in 609 Swedish in-patients. *Psychological medicine*, 47(8), 1489-1499.

Klump, K. L., Bulik, C. M., Kaye, W. H., Treasure, J., & Tyson, E. (2009). Academy for eating disorders position paper: eating disorders are serious mental illnesses. *International Journal of Eating Disorders*, 42(2), 97-103.

Levine, M. P. (2012). Loneliness and eating disorders. *The Journal of psychology*, 146(1-2), 243-257.

Levine, M. P., & Murnen, S. K. (2009). "Everybody knows that mass media are/are not [pick one] a cause of eating disorders": A critical review of evidence for a causal link between media, negative body image, and disordered eating in females. *Journal of Social and Clinical Psychology*, 28(1), 9-42.

Lunnay, B., Borlagdan, J., McNaughton, D., & Ward, P. (2015). Ethical use of social media to facilitate qualitative research. *Qualitative Health Research*, 25(1), 99-109.

Makowski, A., Mních, E., Angermeyer, M., Löwe, B. and von dem Knesebeck, O. (2015). Sex differences in attitudes towards females with eating disorders. *Eating Behaviors*, 16, pp.78-83.

Mental Health Foundation. (2018). *Eating disorders*. [online] Available at: <https://www.mentalhealth.org.uk/a-to-z/e/eating-disorders> [Accessed 12 Mar. 2018].

Mischoulon, D., Eddy, K. T., Keshaviah, A., Dinescu, D., Ross, S. L., Kass, A. E., ... & Herzog, D. B. (2011). Depression and eating disorders: treatment and course. *Journal of affective disorders*, 130(3), 470-477.

Modan-Moses, D., Yaroslavsky, A., Kochavi, B., Toledano, A., Segev, S., Balawi, F., Mitrany, E. and Stein, D. (2012). Linear Growth and Final Height Characteristics in Adolescent Females with Anorexia Nervosa. *PLoS ONE*, 7(9), p.e45504.

Murray, S. B., Maguire, S., Russell, J., & Touyz, S. W. (2012). The emotional regulatory features of bulimic episodes and compulsive exercise in muscle dysmorphia: A case report. *European Eating Disorders Review*, 20(1), 68-73.

Murray, S. B., Rieger, E., Hildebrandt, T., Karlov, L., Russell, J., Boon, E., ... & Touyz, S. W. (2012). A comparison of eating, exercise, shape, and weight related symptomatology in males with muscle dysmorphia and anorexia nervosa. *Body Image*, 9(2), 193-200.

Naumann, E., Tuschen-Caffier, B., Voderholzer, U., Schäfer, J. and Svaldi, J. (2016). Effects of emotional acceptance and rumination on media-induced body dissatisfaction in anorexia and bulimia nervosa. *Journal of Psychiatric Research*, 82, pp.119-125.

Olatunji, B. O., Tart, C. D., Shewmaker, S., Wall, D., & Smits, J. A. (2010). Mediation of symptom changes during inpatient treatment for eating disorders: The role of obsessive-compulsive features. *Journal of psychiatric research*, 44(14), 910-916.

Salafia, E. H. B., Jones, M. E., Haugen, E. C., & Schaefer, M. K. (2015). Perceptions of the causes of eating disorders: a comparison of individuals with and without eating disorders. *Journal of eating disorders*, 3(1), 32.

Slater, A., Varsani, N. and Diedrichs, P. (2017). #fitspo or #loveyourself? The impact of fitspiration and self-compassion Instagram images on women's body image, self-compassion, and mood. *Body Image*, 22, pp.87-96.

Smethurst, L., & Kuss, D. (2016). 'Learning to live your life again': An interpretative phenomenological analysis of weblogs documenting the inside experience of recovering from anorexia nervosa. *Journal of health psychology*, 1359105316651710.

Strober, M., Freeman, R., Lampert, C., Diamond, J., & Kaye, W. (2001). Males with anorexia nervosa: a controlled study of eating disorders in first-degree relatives. *International Journal of Eating Disorders*, 29(3), 263-269.

Wade, T., George, W. M., & Atkinson, M. (2009). A randomized controlled trial of brief interventions for body dissatisfaction. *Journal of Consulting and Clinical Psychology*, 77(5), 845.

Wagner, A. F., Stefano, E. C., Cicero, D. C., Latner, J. D., & Mond, J. M. (2016). Eating disorder features and quality of life: Does gender matter?. *Quality of Life Research*, 25(10), 2603-2610.

Wooldridge, T., Mok, C., & Chiu, S. (2014). Content analysis of male participation in pro-eating disorder web sites. *Eating disorders*, 22(2), 97-110.

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Introduction	1871
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