

“Just because I’m a man doesn’t make my condition any less serious”

Exploring men’s experiences of help-seeking for an eating disorder

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Disclosure

- I have no actual or potential conflict of interest in relation to this presentation

Please note that this presentation contains data that is not yet published – please keep confidential and do not circulate

Recovery as a Social Process

- Self-(re)definition at the centre of recovery
 - Reclaim valued social roles & identities (Tew et al., 2012)
 - True also for ED recovery (McNamara & Parsons, 2016)
- Occurs....
 - Through social relationships
 - In a particular social context
- Need to create environments that are recovery-supportive



Connecting with Similar Others: The 'Social Cure'



Online groups (those that are recovery-focused) can help to promote ED recovery (McNamara & Parsons, 2016; Hastings, McNamara, Allan, & Marriott, 2016)



Virtuous Circle of Identification
(Sani, 2012)

Multiple Group Memberships

- Groups of similar others only one group we might belong to/ identify with
 - Constitute an individual's identity network
 - All equally supportive?
- Identity networks situated in a particular social context
 - Facilitate *and* hinder identity change
 - Stigma as a corrosive process
 - » Can hinder help-seeking
- The 'Social Curse' (Kellezi & Reicher, 2011; Stevenson, McNamara, & Muldoon, 2014)



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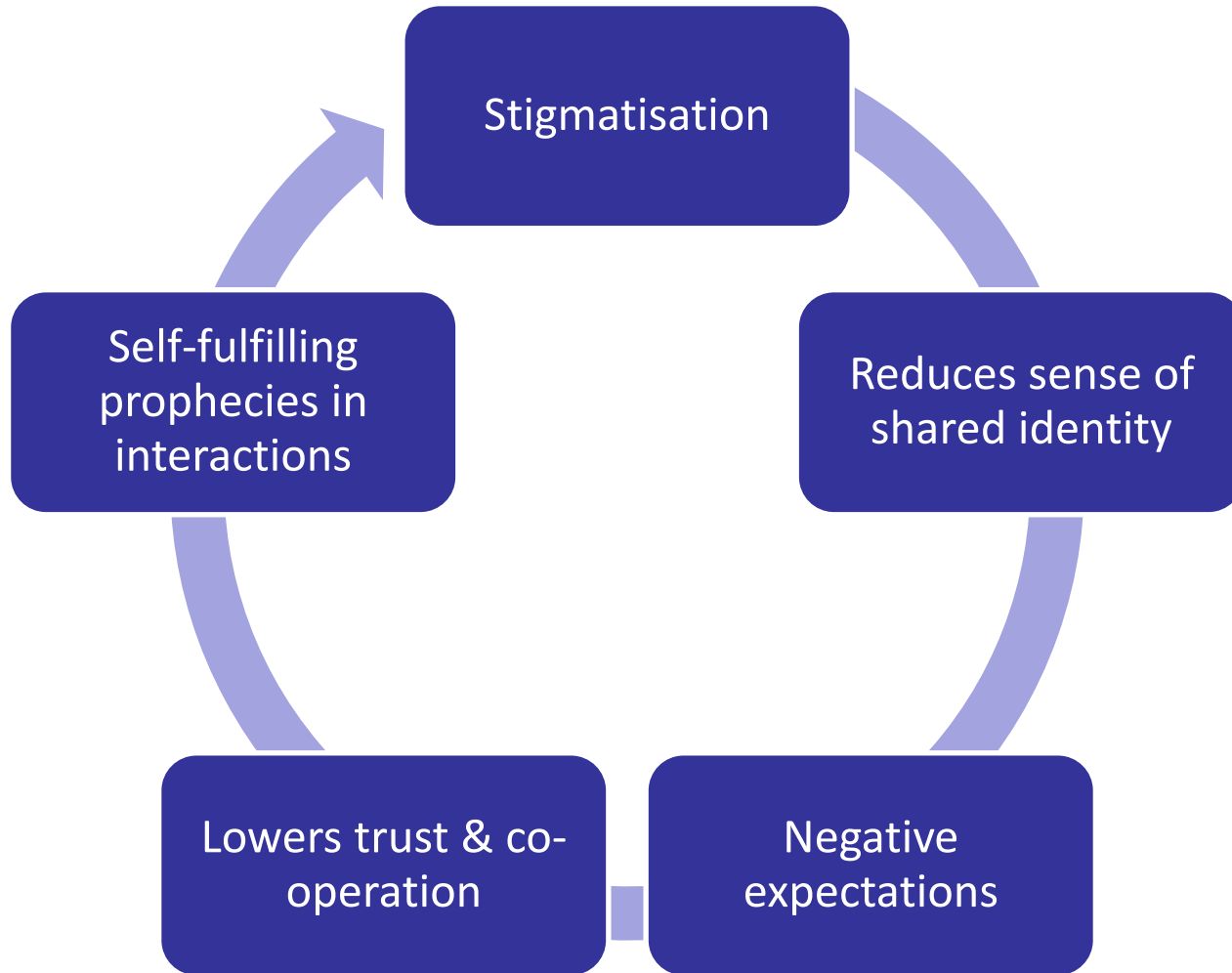
 Analysis

An eating disorder is not just a personal battle – it's also a battle with public perception

Deirdre Cowman PUBLISHED 28/02/2014 | 02:30


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The Social Curse

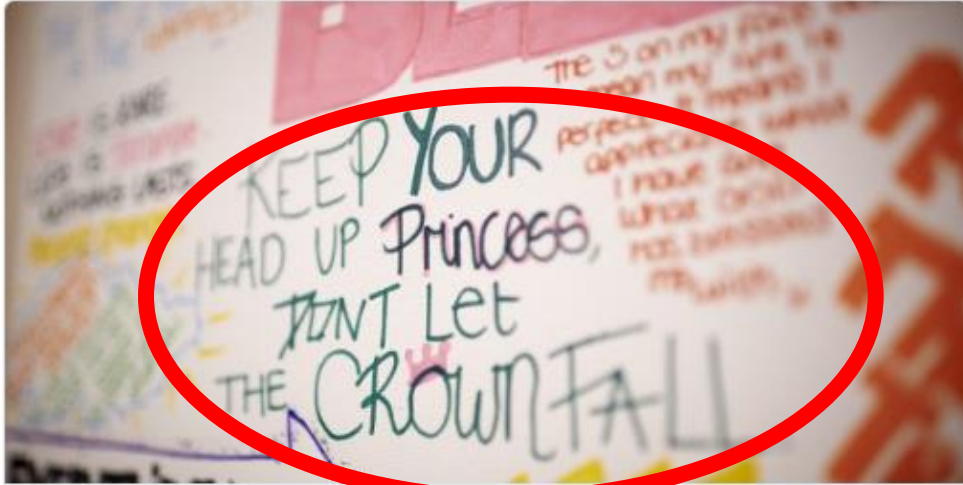


Stevenson, C., McNamara, N. & Muldoon, O. (2014). Stigmatised identity and public service usage in disadvantaged communities: Residents', community workers' and service providers' perspectives. *Journal of Community & Applied Social Psychology*, 24(6), 453-466.

The Social Context of Eating Disorder Recovery

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Did you know, First Steps deliver support to students suffering with mild-moderate eating difficulties at Nottingham Trent University and The University of Nottingham. For more information about our EDISS service, check out our website



Eating Disorders in Student Services

The Eating Disorders in Students Service (EDISS) offers various types of support to all students and staff, with or without an eating disorder diagnosis.

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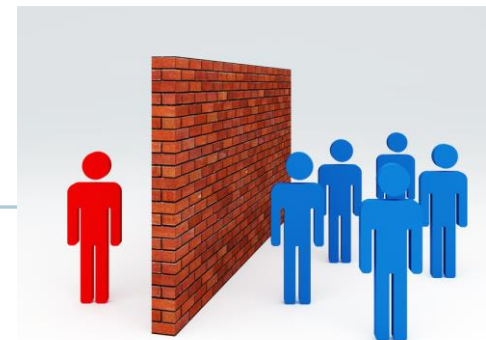
Current Study

Aim:

- Understand how social identity factors shape the support experiences of men living with an eating disorder

Method:

- 15 males with Eating Disorders aged 19-43 years ($M=26.93$, $SD=7.53$), most from England ($n=10$)
- Most common subtype- Anorexia Nervosa ($n=10$)
- Self-reported illness duration ranged from 4 to 240 months ($M=84.8$, $SD=79.86$)
- Asynchronous online semi-structured interviews
- Thematic analysis



I was in the middle of one [an eating disorder] that very nearly killed me and had no awareness that it was the issue **Frank**

Recognising the problem

My dad was much more serious and demanded I stop, as he was the one who witnessed me faint a few times and realised just how bad my health was deteriorating. **Rory**

my GP...was the first one to mention an eating disorder. I insisted I was fine, I 'wasn't a 13 year old girl, I was just trying to be right.' He took me [at] my word, and said I should stop pushing myself as hard, lighten up. **Tony**

I was...worried about how people would react to me with an eating disorder as it's seen as predominantly a 'female illness'.

David

**Internalised stigma
is a barrier to
help-seeking**

*Historically eating disorders have been perceived to be a predominantly female issue and even a sign of weakness...I found it difficult initially simply because talking about it was taboo. Males simply did not have eating disorders. **Joseph***

*(About his GP) I know I can trust him and am sure that he will do everything to help while keeping me safe. **Paul***

*Each admission has seen me put with females and although there are some commonalities in treatment there were some distinct differences that made things more difficult being the only male, such as when they would talk about regaining their periods, or discussing the latest fashion trends and how they impacted on their eating disorders - neither of these were applicable to me. **Matthew***

Experience of care reinforces stigma

*In treatment I was the only male with an ED on the ward. 'We' (all the ED patients) quite often were referred to as girls, "snack time girls." This left me feeling annoyed. **Tony***

*I sometimes feel that ED services think I'm stronger and that I can break the cycle easier, that I'm less fragile. In truth I'm every bit as fragile... just because I'm a man doesn't make my condition any less serious than any woman suffering. **Jack***

Conclusion

- Connections with others important for well-being
- Stigma can undermine these connections
- ED Recovery
 - Occurs within identity networks who need to provide supportive environment
 - Services should not reinforce stereotypes



Thank you!



Any Questions?

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Feedback



https://ntupsychology.eu.qualtrics.com/jfe/form/SV_ac1LNUWgv8pjbQF