

Male Experiences of Life After Recovery From an Eating Disorder

TABITA BJÖRK

*Department of Clinical Neuroscience and Psychiatry, Karolinska Institute,
Örebro, Sweden*

KARIN WALLIN

*Department of Clinical Science, Child & Adolescent Psychiatry,
Lund University, Lund, Sweden*

GUNN PETTERSEN

*Department of Health and Care Sciences, Faculty of Health Sciences,
University of Tromsø, Tromsø, Norway*

The aim of this study was to describe how former male patients perceive life after recovery from an eating disorder. A qualitative method with a phenomenographic approach was used to identify ways of experiencing recovery. Two descriptive categories were developed: body acceptance and self-worth. Six conceptions describe how recovered patients now relate in a balanced way to exercise and food, using strategies to avoid relapse. With a sense of self-acceptance and autonomy, they now appreciate their social life. Some perceive recovery as coping with remaining impulses to diet or exercise. Others experience themselves as totally free from the eating disorder.

INTRODUCTION

Research studies on eating disorders (ED) often exclude males because of few cases. There are few books on topics related to EDs and body image among males (Andersen, Cohn, & Holbrook, 2000); and thus our knowledge about males with ED is sparse. Studies investigating ED in males have reported gender similarities in multi-factorial causes, core symptoms, course

Address correspondence to Tabita Björk, Department of Clinical Neuroscience and Psychiatry, Karolinska Institute, P.O. Box 1613, Örebro S-701 16, Sweden. E-mail: tabita.bjork@orebroll.se

of illness, treatment response, and long-term prognosis (Weltzin et al., 2005; Woodside, Garfinkel, Lin, Goering, & Kaplan, 2001). Others have found prognosis and outcome to be more positive for males (Støvning, Andreis, Brixen, Bilenberg, & Horder, 2011).

Over the years, studies from the patients' perspective have provided knowledge about why people get an ED and helpful factors in treatment as well as what it means to be recovered from an ED. Females, for instance, tend to experience the meaning of recovery in terms of acceptance of their body, self-esteem, and problem-solving (Björk & Ahlström, 2008; Pettersen & Rosenvinge, 2002). This kind of knowledge supplements our understanding of how to design treatment and develop outcome measures (Beresin, Gordon, & Herzog, 1989; Garrett, 1997; Hsu, Crisp, & Callender, 1992; Keski-Rahkonen & Tozzi, 2005; Lamoureux & Bottorff, 2005; Redenbach & Lawler, 2003; Rorty, Yager, & Rossotto, 1993; Tozzi, 2003). However, to our knowledge, no studies have explored how males experience recovery from an ED. This information can be important because there may be gender differences in styles of coping and attribution. Our aim in this study was to describe how former male patients perceive life after recovery from an ED.

METHODS

We used a qualitative phenomenographic approach to guide the interviews and analyses. When formulating questions during the interviewing and when analyzing the data, the first author (TB) adopted the perspective of the participant, which is the central focus in phenomenography (Marton & Booth, 1997). With the focus on analysis of people's experiences, the researcher deals with similarities and differences in how a phenomenon is perceived, how it is lived, and individually developed ways of relating to the environment (Marton, 1981, 1992). Phenomena can be perceived in a number of ways that are qualitatively different. An individual's different ways of experiencing a particular phenomenon are the central factor, but analyses also generate a description on a collective level. The results derived from this approach are a limited number of distinct descriptive categories that capture the variations within and between individuals (Marton, 1981). Because a researcher using a phenomenographic approach always derives the descriptive categories from a fairly small group of people, the sample has to represent a variation in the interview answers within the studied population to increase the ability to later apply the descriptive categories to other groups (Marton & Booth, 1997).

Participants and Procedure

Former patients eligible for the study were a) males 18 years of age or older, b) patients with a previous *DSM-IV* diagnosis of ED, and c) patients who had

completed their ED treatment and experienced recovery or marked improvement. Former patients were recruited from special ED units in Norway and Sweden. They were sent a request from their former therapist regarding their willingness to be interviewed about their ED recovery experience. Those who responded positively were contacted by the researchers and given information about the study. The males lived in various areas in Norway and Sweden. For their convenience, the interviews were carried out near their home. Fifteen males participated in a face-to-face interview that lasted for about 1 hour. The interviews were conducted by the three authors. Participants were 19 to 52 years old ($MD = 23$ years). Of these, 10 had anorexia nervosa (AN), 4 had bulimia nervosa (BN) and 1 patient had an unspecified ED.

The interview guide was constructed to allow for a conversation about the patients' experiences in recovery from ED. Questions concerned whether they perceived themselves as recovered and in what areas it was evident in their lives, and in what way. All interviews were recorded and transcribed verbatim. The study was approved by the Regional Ethical Committee of Medical and Healthcare Research in Northern Norway and the Regional Ethics Review Board in Uppsala, Sweden (D. no. 2009/118).

Data Analysis

The initial step in the data analysis was to listen and read through all the interviews to obtain an overall picture. The transcripts were compared with the recorded interviews to check the accuracy of the text. All statements involving the aim of the study were then marked and labeled, such as those related to recovery and life as recovered or remaining symptoms. The next step was to compare and organize statements into similar categories. Conceptions were compared and grouped into preliminary non-overlapping descriptive categories. Analyses of similarities and differences between the preliminary descriptive categories were performed, resulting in descriptive categories and conceptions about recovery. To reach a general consensus on labels of conceptions, the chosen texts were analyzed by the composite team of all three authors and discussed until agreement was reached.

RESULTS

General Impressions

Participants were willing to tell their stories about their ED and recovery. However, for some it was also hard to talk about. Some of them had thought a lot about the meaning of recovery and how life after recovery was different from life with an ED. Most of those who were young simply concluded that their former issues with food or body image were gone, and they felt satisfied with life after recovery.

Some of the males considered being recovered from an ED as having a balance between physical training and eating, even if they believed they will always have the impulse to cut down on food or struggle with a drive to over-exercise. Those who still struggled with disordered thoughts discussed their former ED as an experience that always will make them vulnerable to relapse. Others experienced themselves as recovered because they placed less emphasis on body shape and physical performance and were not hiding behind others. Instead, they had the courage to express themselves in social situations and felt like a completely different person. Participants reported eating everything in normal portions, even though several of them described different strategies they used to not fall back into ED behavior. Such strategies included eating on a very regular basis, keeping their weight stable, not physically training too often or to an extreme, and abstaining from excessive alcohol consumption.

In retrospect, some of them talked about a feeling of shame as a male who had an ED. Some of them still had difficulty telling anyone about their history of ED because they felt it was so shameful. However, others used their recovery experience in a positive way and tried to help others. The common pattern in all their stories about recovery was a great sense of freedom from various kinds of obsessions, sometimes expressed in a tearful voice as “getting their life back.”

Participants described life after recovery in numerous ways. Altogether, a total of 403 statements were labeled and sorted into two main categories: a) acceptance of body appearance; and b) a sense of self-worth.

Each category was further divided into three conceptions describing the content of the category. Each conception was exemplified by two quotes showing how the former patients think and act in life after recovery from an ED.

Acceptance of Body Appearance

In this category, the participants' new approach to their body appearance was described. Their previous drive for a strong and/or muscular body appearance was replaced with a relaxed attitude manifested by a changed attitude towards their body as well as new behavior patterns. This category contains three conceptions: “physical training without compulsion,” “relaxed in relation to food,” and “strategies to avoid relapse.”

PHYSICAL TRAINING WITHOUT COMPULSION

This conception concerns physical training without being compulsive. Most of the males were still training. However, because they had a relaxed attitude about body appearance, compulsion and fear were replaced by a feeling of recreation and joy while training. Both frequency and intensity of training

were reduced, and they allowed themselves time for rest and spontaneity. Even though most of them were still conscious of their looks, this did not result in excessive exercise. They also found themselves less affected by the media portrayal of male body ideals.

I still train a lot, but not nearly as much as I did a few years ago. So I feel I have become more relaxed and overall satisfied. I don't see anything wrong in being a little aware of how you look. (Jonathan, 21 years, unspecified ED)

I feel that I could accept the way I look, and think the way I look and feel is somewhat ok . . . I feel now that I exercise with a whole different kind of freedom that feels good, whereas before it was to compensate or burn calories. You know, I ran until I puked or could taste blood in my mouth. Now when I run it's wonderful to see the countryside and mixture of different types of trees. It's a lot more comfortable, and I don't train as much as before, maybe 2–3 times a week. (Mike, 36 years, AN)

RELAXED IN RELATION TO FOOD

This conception has to do with the participants' new and more permissive and flexible manner regarding food and eating situations. Being recovered, food no longer controlled their life as it did before, but instead had become a part of life. For some males, the relaxed relationship with food meant they were not thinking about what they were eating anymore. Others believed that they always will be aware of what and how much they eat to ensure they get enough nutrients.

Food is no longer a problem. I've left that behind me. But I will always have a strained relationship with food. By strained I mean that I'm aware of what I eat and how much, but not as I was before when I would skip dinner or avoid social gatherings where food was involved. Or I would quickly go out for a run so that I deserved to eat. I don't think that way anymore. I am much more relaxed now and when spending time with others, I don't think about it (food). (Paul, 42 years, AN)

For me, being recovered today means not going to the grocery store, walking around and looking at what everything contains. It's just, do I want this? If I want to have chocolate then I actually buy chocolate. If I want a pizza, then I go and buy a pizza . . . for me it's the freedom. (Patric, 24 years, AN and later BN)

STRATEGIES TO AVOID RELAPSE

This conception has to do with different strategies used to ensure the state of recovery and reduce different risks that are associated with relapsing into

ED. The strategies are interpreted as tools used to keep a distance from ED-associated ways of thinking. Using these strategies has become a way of life for recovered ED patients. To lower the risk of binge eating, which in turn triggers impulses to get rid of the calories, they avoided buying too much food. Other behaviors that can trigger thoughts are drinking too much alcohol, eating irregularly, rapidly gaining weight, or using the scale frequently.

I'm not able to react to what I want at the moment. Instead, I'll eat breakfast, I'll eat snacks between meals, or I'll eat lunch and dinner. One might say that this meals routine is what runs my life, but it's not. It's to keep the sickness under control. (Philip, 31 years, BN)

I don't want to have scales so I can minimize the risk of standing on them every day and see the small up and down changes in numbers. Those small changes determine whether I should feel bad or feel good. The thought that numbers can control my feelings doesn't sound really healthy, so I don't have scales. (Patric, 24 years, AN and later BN)

A Sense of Self-Worth

In this category, the participants described how, during the process of recovery, they experienced a new approach towards themselves as individuals which is described in three conceptions: "self-acceptance," "autonomy" and a growing wish to "enjoy a social life."

SELF-ACCEPTANCE

This conception is about experiencing self-acceptance as a result of personal growth during the process of recovery. This was revealed as new ways of caring for themselves and managing to reduce their demands for high performance, which contributed to a sense of freedom.

To accept who you are, that you sort of let go in a way . . . all things in taking care of yourself. You can do what you want to and stuff. Yeah, it's a relief to not be so hard on myself. (Jacob, 19 years, AN)

Before I wore dark clothing. . . . Now I put on a bright red sweater and . . . some people ask why I've changed sweaters. It's because when I'm well I want to be noticed . . . I have no need to hide myself. (David, 52 years, BN)

AUTONOMY

This conception represents confidence to pay less attention to others' opinions and make room for their own judgments as well as wishes. The

participants reported a feeling of having the right to assert their rights and make their own decisions.

In principle I wanted to please everyone and be everyone's friend, even those who were unfair towards me. . . . In some ways I'm meaner . . . I feel independent and dare to do things myself and not care too much. Although I still care, I don't care as much about what other people think. (Kim, 19 years, AN)

It's freedom to make my own decisions and . . . listen to myself. When you're sick you listen to yourself, although in the wrong way. You listen to your sickness instead, and when you feel better you don't listen to yourself in the same way. (Alexander, 22 years, AN)

ENJOYING A SOCIAL LIFE

This conception is about acting in a new and relaxed way in social situations and not allowing a previous ED to hinder an active role in such environments. As recovered, participants now prioritize social relationships and do not let disappointments tear them down. Some of them describe how they long for and are trying to find a partner to share their future.

I contact my friends. This is a very big difference because I didn't do this before. Even if they contacted me, I would always say "No." If I had contacted them when I was sick and they said "No" I would be furious, angry and very sad. But if today they say "No I cannot meet up" or "I can't" or "I'm not able to meet up today" it's fine. It is not a problem. (Christopher, 21 years, AN)

I have thrown myself a little more into finding a girlfriend and to give it a try, and it's nice. Eating no longer has anything to do with putting a hold on that. Later on, you gradually get a little bit of your life back in some ways. (Robert, 45 years, BN)

DISCUSSION

This study describes male participants' perspectives on life after recovery from an ED. Our results showed several differences as well as similarities among their conceptions of recovery. Statements constituted two descriptive categories that described how former patients now relate to their body appearance and to themselves in an accepting way. Our results highlight a number of aspects of recovery that previously have been described in the literature, but only for women. Our results are in line with earlier studies. For instance, acceptance of their body, having a relaxed attitude toward food and having a social life seem to be important for both sexes as a sign of recovery (Björk & Ahlström, 2008; Lamoureux & Botorff, 2005;

Noordenbos & Seubring, 2006; Pettersen & Rosenvinge, 2002). However, males in this study emphasized a need to learn to handle compulsive physical training more than women in an earlier study, who rather stress the importance of achieving a relaxed attitude toward weight, as well as the ability to handle emotions and solve problems. Another result that has also been reported regarding women (Björk & Ahlström, 2008), but emphasized more clearly by males (in this study), is the conscious choice to avoid relapse through using specific strategies. One might argue that the need for such strategies is an indication that recovery status is fragile and not fully achieved because these former patients are not relaxed in relation to food or physical training. The males, however, did not worry that much about relapsing. They found it pointless to let their behavior trigger thoughts that could risk their recovery status. Long-term follow-up studies could answer whether males still maintain these strategies or if they reach a more relaxed attitude in difficult situations.

A strength of our study is that the sample comprised males. There is a lack of knowledge about the meaning of recovery from their point of view. Male perspectives add important information about criteria for recovery, related to finding which treatment goals are important in realizing full recovery. A further strength of this study is that the results cover different ED diagnoses and ages. Results seem to be related to the personal experiences of recovery rather than diagnostic group or age. An additional strength of our study is that interviews were carried out after some time had passed since treatment. It has been shown that significant improvements occur up to 2 years after treatment, and some criteria for recovery, especially psychosocial functioning (Noordenbos & Seubring, 2006) and balance in physical training (Clausen, 2004), often take longer to achieve than stable weight and eating patterns.

There are limitations to our study as well. The inclusion criteria stipulated that participants had experienced recovery or were markedly improved. This status was not confirmed by any objective measure. Therefore, some participants may have still have had ED symptoms and thus difficulty telling their experiences of recovery. However, only 3 of the 15 participants had very few things to say about recovery.

CONCLUSIONS

Based on the present study, we suggest that males can experience full recovery from ED. Several aspects of recovery are in line with earlier research, but this study also adds new aspects of recovery from the males' perspective, that is to be able to physically train without compulsion and not letting training become overly intense or too frequent. More research is needed to confirm the findings in our study.

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