Men, Body Image, and Eating Disorders

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Health professionals have few resources to help them work with men who suffer from eating disorders (i.e., anorexia nervosa or bulimia nervosa) apart from the literature that focuses on females who suffer with eating disorders. This paper presents an analysis of in-depth interviews with eight men with eating disorders. These men provided rich descriptive information to document their plight with body image concerns and eating disorders. Further, it draws on their experiences of suffering with a disorder linked primarily to women. The paper emphasizes some critical issues confronting men and boys in relation to body image concerns and eating disorders while providing links with the social construction of masculinity.

Key Words: males, eating disorders, body image, social construction of masculinity

The research literature indicates that few men (5-10 percent) seek professional assistance for eating disorders (e.g., Drewnowski & Yee, 1987). Compared to women, these statistics are not significant in terms of problematic health concerns. However, these statistics do not provide a true indication of the extent to which eating disorders and body image concerns affect contemporary Western men. This paper, which is based on ongoing research with men suffering from eating disorders, will highlight some of the main issues confronting these men.

Arguably, men may be under-represented with respect to statistics on eating disorders (Andersen, 1990; Pope, Phillips, & Olivardia, 2000). The way in which masculinity is socially constructed within contemporary Western culture may underpin
such a lack of information. This is particularly so with regard to the non-use of health services and problems associated with a lack of self-care for some men (Draft National Men’s Health Policy, 1996; Fletcher, 1992; Huggins, 1998). Moreover, the common view that illness is more often associated with women and, in particular, the notion that eating disorders is predominately a female condition (Wiseman, Gray, Mosimann, & Ahren, 1992) may be factors why so few men who suffer from eating disorders seek help (Pope et al., 2000). Thus, fear associated with being labeled weak and/or feminine are possible reasons that account for this phenomenon (Drummond, 1999; Lloyd, 1996).

Some men’s use of sport and physical activity as a means of weight loss must also be taken into consideration (Yates, Leehey, & Shisslak, 1983). Further, some men who suffer from eating disorders may be attracted to certain sports and physical activities due to their highly controlled lifestyles (Drummond, 1996, 1999; Pope et al., 2000; Yates et al., 1983).

This paper will explore issues relating to masculinity and men’s health with respect to eating-disordered men. Essentially, the paper is based upon descriptive interview data with a small group of men who suffer from eating disorders. It will also draw upon the literature in the field of men and masculinity, including the literature on men, sport, and the body. The research methodology will be outlined to highlight the manner in which the study was grounded. Finally, major themes will be identified and discussed to illuminate some of the problematic issues surrounding men’s bodies and eating disorders.

MASCULINITY, MEN, AND HEALTH

The relationship between the social construction of masculinity and men’s health has been increasingly highlighted as a primary issue underpinning men’s poor health status in contemporary Western culture (Courtenay, 2000a; Draft National Men’s Health Policy, 1996). Possibly this relationship plays a part in the manifestation and maintenance of eating disorders among men. Further, conditions such as anorexia and bulimia nervosa have long been regarded as female-related disorders (Drummond, 1999; Pope et al., 2000). Consequently, male anorexics and bulimics have claimed that their willingness to seek professional help has been thwarted by societal ideals that include notions of gender-specific illnesses (Pope et al., 2000). Additionally, anorexic or bulimic men have noted that female-oriented treatments for eating disorders are not entirely appropriate for them (Drummond, 1999).

Explaining men’s health status should not become an issue in which men are pitted against women in terms of health services, funding, and health promotion campaigns. However, the statistics associated with men’s mortality and morbidity in Western society are alarming when placed alongside those of women’s (Huggins, 1998). For instance, men die younger across a range of illnesses and diseases (Courtenay, 2000a; Draft National Men’s Health Policy, 1996; Fletcher, 1992; Lloyd, 1996). There is also a strong cultural perception that men tend to deny or disguise symptoms associated with many illnesses until they become so serious as to jeopardize their quality of life (Lloyd, 1996; Taylor, Stewart, & Parker, 1998).

It is difficult to accurately analyze the underlying reasons for men’s poor health
status, as numerous factors can be implicated (see, for instance Cameron & Bernades, 1998; Courtenay, 2000a). Further, an analysis of specific men’s health issues is in its relatively early stages, and new theories are continually being developed that require greater cooperation and dialog across several disciplines (Courtenay, 2000b).

MEN, SPORT, AND EATING DISORDERS

Within contemporary Western culture, sport and physical activity are perceived as highly masculinized domains (Drummond, 1996; Messner, 1992). From an early age, boys are socialized to regard certain sports and physical activity as a rite of passage from boyhood into manhood. The sports that promote aggression and endurance are often touted as promoting masculine qualities (Young, White, & McTeer, 1994). Social construction theorists have noted that those boys who do not become involved in “masculine” sports can be marginalized from their peers (Whitson, 1990). Further, peers may taunt such boys as being less masculine or even labeled as homosexual (Messner, 1992; Pronger, 1990).

A problematic issue within masculinized sporting and physical activity subcultures is the perpetuation and maintenance of detrimental masculine ideals. Common for many men is the perception that enduring physical pain is part of what it means to be a man. Therefore involvement in endurance sports is viewed as being a masculine pursuit. Further, successful involvement in these activities is perceived as setting men apart from one another, thus creating a hierarchy of masculinities (Drummond, 1996; Messner, 1992). A large body of literature indicates men can develop a sense of their masculinity through a developed muscularity (Mishkind et al., 1986; O’Dea, 1995; Pope et al., 2000). As McCrery and Sasse (2000) see it, many men have a “drive for muscularity” wherein they “wish to be bulkier and more muscular than they currently see themselves” (p. 302). Paradoxically, the types of sports that promote endurance, and hence a masculine identity, generally require participants to be light in weight with a consequent low level of “muscular mesomorphy” (Mishkind, Rodin, Silberstein, & Striegel-Moore, 1986).

However, by viewing “endurance” sports as a physical activity to achieve a masculinized weight loss goal (Drummond, 1998; Pope et al., 2000; Yates, 1991), we can better understand why some men use physical activity to lose weight and body fat (Yates, 1991). Conversely, acts such as dieting are not perceived as appropriate weight loss methods for men. The feminized stigma that is often linked to dieting may deter some men from food restriction or diet modification (Yates, 1991). When males simultaneously engage in sport and physical activity and restrict their food intake, they often do not generally acknowledge this combination as a primary weight-loss method (Drewnowski et al., 1995; Yates, 1991). It appears men tend to acknowledge exercise rather than food restriction and diet modification as a more “masculine” model of weight control or loss (Drummond, 1999; Yates, 1991). Schneider (1991) further reinforces this statement by claiming that “it is more socially acceptable for a man to exercise than for a woman: ‘he’s just a jock’” (p. 196).
THE RESEARCH

The present study is based on in-depth qualitative interviews with a small number of men who suffer from eating disorders. The men were invited to participate in the research after making contact with counselors at the South Australian Anorexia Bulimia Nervosa Association (ABNA). The men were then provided with details on how to contact the researcher. As volunteers, the participants were simply given the choice to tell their “stories” to the researcher. Six men contacted ABNA within a period of one month, and each willingly participated in the research project. Another two men who became aware of the project through “word of mouth” contacted the researcher directly. Whereas only two of the men had taken a psychological eating disorder diagnostic inventory, each man displayed significant eating disorder symptoms and identified himself as having an eating disorder and one who had sought help from various health providers.

In-depth interviews provided the data for the present research (Osborne, 1994; Van Manen, 1990). Such a method provided for flexibility and enabled the researcher to probe particular issues recognized as being crucial to the study. Consequently, the researcher probed for the participants’ meanings, perceptions, and expectations of masculinity within their total life experiences. Another important benefit of the interview technique is that respondents can express their feelings, opinions, and understandings of a phenomenon in their own terms (Patton, 1990). The interviews were audiotaped and followed a general interview guide that provided a checklist to ensure “that all relevant topics were covered and that basically the same information was obtained from a number of people by covering the same material” (Patton, 1999, p. 283). Using open-ended questions and emphatic reflection was important to help deepen the participants’ self-exploration and explain meanings as well as limit interviewer bias (Webb & Daniluk, 1999). Examples include, “What does it mean to you to be a man with an eating disorder?” “How would you describe your feelings following a purging episode?” “Describe your masculine identity with respect to your eating disorder.”

INTERVIEWS

The interviews were carried out at convenient locations that enabled the participants to feel comfortable and at ease. As a consequence, most of the men selected to be interviewed in cafés, while two chose to be interviewed in their homes. Each interview lasted approximately two hours followed by shorter follow-up interviews, designed to gather any additional information required and as means of validity checks. The interview guide was beneficial in allowing the interviewer to touch on specific topics. However, due to the phenomenological nature of the research, the questions were essentially based on the men’s responses to previous questions. The interviews were transcribed verbatim and then coded and analyzed accordingly.
ANALYSIS

The data were analysed using an inductive approach. Using such an approach complements the phenomenological methodology (Husserl, 1962; Patton, 1990). The process the researcher undertook involved repeated examination of the data to identify common themes in relation to the phenomena being researched, that is, the lived experiences of men with eating disorders. Upon analysis of the data, similarities and differences were noted drawing on the researcher’s personal understanding, professional knowledge, and the literature (Strauss, 1987). However, as Goetz and Le Compte (1984) suggested, a “studied naiveté” was adopted that allowed each aspect of the phenomena to be viewed “as if it were new and unfamiliar and, hence, potentially significant” (p.168).

THEMES

An identical interview guide was used for each man’s interview (see Appendix 1). However, each man had the opportunity to bring up or discuss his own unique take on the issue. As a consequence individuals presented their own dominant themes. Cross-case analysis or comparing the whole set of interviews was used to identify common themes that crossed a number of the research interviews. Therefore, while some individuals emphasized unique issues, it was evident that common themes could be found flowing across a number of the interviews. Here, we’ll identify three of the dominant or common themes that emerged. Each will be explored by providing interview data as the basis upon which understanding of men’s body image issues and eating disorders occurred.

EATING DISORDERS AS A FORM OF COMPETITION

From an early age, boys learn that competition is healthy and that competition “builds character” and ultimately “better men” (Connell, 1987, 1990). Further, drawing on the literature on men, sport, and masculinity, we can say that young men are socialized that not only is competing healthy, but “successfully” competing is paramount (Messner, 1992). That is, winning becomes an important aspect of the male culture. Evidently, such thinking infuses many aspects of a man’s life, like business, finance, and female companionship, as well as material possessions a man collects, such as cars and houses, where the notion of “bigger is better” is often foremost. Interestingly, the eating-disordered men in this research also display similar competitive qualities. The problematic issue here is associated with their competing to be thinnest or competing to be the “best eating-disordered male.” This latter notion may be illustrated as “appearing the sickest” in comparison to other eating-disordered males. Alternatively, it may be physically doing the most astonishing feats with one’s body such as holding food in one’s gullet for long periods of time and then vomiting hours later.

The men in this research know how to successfully compete within the context of their own personal illness. They have set their own boundaries in which the competition is staged to improve their chances of winning. They also know their compe-
tition in terms of personal targets that must be achieved. For example, one of the men had a driving goal to be the sickest male in the eating disorders unit. However, he first had to be admitted to the unit, which has strict guidelines associated with weight ranges before being admitted. Consequently, this became a competition for him. Initially, he was not admitted because he was not defined as “critical” according to the weight guidelines for an eating disorder. Therefore, the competition was to “beat” the guidelines and be admitted as an “overnight” patient rather than a day patient. In order to do this, the young man had to further curtail his restricted eating and drinking regime. He claimed,

I didn’t like drinking too much overnight. [However,] I did start to restrict how much water I was having and stuff like that. Actually that idea came into my head from one of the psychiatrists down at the clinic. He asked me if I was restricting my fluid intake. And up until then, I wasn’t restricting my fluid intake. I didn’t really figure water was going to do too much. He basically told me straight out, “We can’t do too much for you here at our clinic. I don’t know why you were sent here … because you’re not at the critical level.” So I figured if I’m going to get to this critical level I may as well start restricting my water intake.

Once he had achieved the admittance requirements, his next goal was to become the “sickest male” in the unit. This was perceived almost as if it was a symbolic status of masculine hierarchy. That is, the sickest man would be viewed as someone who could endure physical and emotional stresses the longest in terms of bodily starvation. They had the ability to compete against family, friends, and professional hospital staff and win. However, winning was further defined by comparing oneself against another to determine the ultimate winner. The man claimed, “I guess another thing that was driving me to get lower and lower was just wanting to be sicker and sicker for this two-week program. I was just aiming to be the sickest guy there.”

Competing with oneself, and against others, is an intrinsic element of eating-disordered behavior for these men. As they become firmly entrenched in their eating-disordered lives, other areas in which they can be successful become increasingly remote. The ability to be successfully employed in a well-paid, committed occupation is fraught with difficulties. So too is the likelihood of developing successful sexual or platonic relationships with other individuals. Consequently, the eating disorder becomes an aspect of their lives in which a degree of success, and ultimately winning, is guaranteed. One man with bulimia nervosa emphasized this point by stating that, “I know I have the opportunity of being able to feel successful at least once a day. You know, making myself feel good and getting rid of everything I have just gorged on.”

A problem here is the associated guilt that then accompanies the eating disorder. The man further claimed,

But then I quickly lose that feeling of success and feel really stupid for what I have done. You know, kind of guilty. Then, the
only way to make myself feel good again is to do it all over again. I swear, the people down at the supermarket must wonder what’s going on when they see me buying over one hundred and fifty dollars of food on a Sunday morning and then coming back again in the afternoon for another trolley load. It’s a never-ending circle. And it’s worse on the weekends when I’m by myself.

Without having an entirely fulfilling life in terms of personal satisfaction where relationships and employment are concerned, these men require something else to ground their masculine identity. Messner (1992) has identified men who often base their masculine self-worth on what they do and the way in which others perceive them. Therefore, for these men, the eating disorder has become a part of their manhood because it is something in which they have gained success and which provided assistance in developing a sense of masculine identity. As one man claimed,

I sort of cherished it, well not cherished it, but I enjoyed the fact that I was having this restricted diet. I’ve known for a while it was an eating disorder. I guess from the start I’ve always known it’s an eating disorder. I guess I just decided I want to eat differently and I want to restrict my diet. And I know what’s gonna happen, I’m gonna drop weight. So I do see it as a part of me, something that I was proud of and I guess something that I’m still pretty proud of, that I can control my eating. It’s the power of being able to do what I want with food, and being able to drop my weight whenever I want.

Further, he claimed that,

The power I see that I have is being able to not eat a lot of food and be satisfied and happy with myself. I see other people eating chips and hot dogs and pizza and think to myself, “You greedy bastards. You just can’t stop yourself from doing that.” Whereas I sit there and think, “Ha, sucked in. You’re eating all this crap and I’m eating this.”

**FAT PHOBIA: A CULTURAL SHIFT IN MEN’S PERCEPTION OF MALE BODIES**

Pope et al. (2000) have identified that men are increasingly becoming preoccupied with weight and body size. This has gradually evolved due to a variety of sociocultural factors beyond the scope of this paper. The men in this research are representative of such a notion with each having an irrational fear of fat both in terms of the fat on their body and the fat they ingest. One of the men highlights this point by stating that:
I suppose I just made the connection between eating and fatness. I mean I always knew that if you eat too much you get fat, or if you eat wrongly, you get fat. But the change was more when something clicked like, “If you don’t eat, you will lose weight.” And if you lose weight you will be happier with what you see in the mirror. Then you will be a happier person.

He further claimed that,

I just cannot eat fatty foods. They’re the ones I fear most. You know, fish and chips. Anything with icing on it. Not so much sugars, but fats. You know, meat and stuff. It’s got fat on it. I guess I’m starting to feel more comfortable with carbohydrates, but they have to have no fat in them. I don’t have too much of a problem with drinking or putting anything in my mouth that is liquid. It doesn’t make me feel bloated like food does.

For another young man the sight of his own body repulsed him. Looking at his physique in the mirror was a daily reminder of the felt need to lose weight and fat from his body. This is consistent with the literature that indicates contemporary males place a good deal of their masculine identity on physical musculature and the reduction of body fat (Drummond, 1996, 1999; Pope et al., 2000). When asked to describe his body, he stated:

Like, it’s fat. All the time. You know, you look in the mirror, and you think, “Oh yuck.” It’s either that or occasionally you might put on a little bit of weight, and everyone will notice, and that’s when it really hits and you think, “I’ve gotta lose weight, gotta lose weight.” That’s what your mind is constantly telling you. Telling you to lose more weight. Break open some more stomach suppressants, whatever. Go on every diet there is. And do more exercise.

As a consequence of this man’s dietary regime, he has lost a degree of muscularity. Further, he claims that, being muscular is seen as playing an important role in the masculine identity of men, particularly within contemporary Western culture. The young man emphasizes this point by claiming that:

People only go for muscles. Basically, if you go out night clubbing, that’s the first thing women look at, your physique. They don’t go for your intelligence or anything else. You get noticed in a nightclub because of your physique.

However, it is the fear of fatness that has severely impacted his identity as an individual from a young age. He highlights this by stating:
I think my body is just one big fat thing. I always have. It virtually started off, to get down to the weight. I’d sit there and make myself throw up, take constipation pills or laxative abuse. I didn’t start stomach suppressants until I was 13, but I mean I also cut back on my meals. Now, I can’t even eat a McDonald’s happy meal, and that’s pretty small. It’s just that my stomach won’t take it. I mean, I’m full after a bite of anything. I went from three meals, to two meals and, I mean, last year I was on one meal a day. And now, if I’m lucky, it’s like once a week. Because, I don’t get hunger pains, and I don’t get cravings. I don’t get anything.

FITTING THE IMAGE:
A FLAWED SENSE OF MASCULINITY

Eating disorders in men are different from those in women. The social structures that impact on the way in which masculinity and femininity are constructed strongly influence a man’s perception of self and individual identity. That is, since the social construction of masculinity is different from the way in which femininity is socially constructed in contemporary Western culture, men with eating disorders confront an array of gender-specific concerns. However, this by no means creates a reductionist argument whereby one gender is played off against the other. Rather, it highlights the impact of gender construction on issues surrounding eating disorders.

The men involved in this research have each identified eating disorders to be a feminized phenomenon. Several have emphasized this in terms of their own personal plight. However, all have claimed it to be a socially constructed viewpoint. As one of the men aptly claimed:

I think most people see it as a girl’s thing because everyone knows of a girl who has had an eating disorder, if not personally, at least someone like a movie actor or model. You know, like Ally McBeal.

Another man provided detailed insight into his personal insecurities in developing a socially regarded female disorder. In particular, he was most concerned about the way in which others, such as family and friends, would view him.

No, I don’t think I’m particularly masculine in any way. And, I think it impacts on my masculinity when I break down in front of other people. But that’s more in a physical sense when I collapse in front of them at training. I was more worried about the girls seeing me at the gym where I train because a lot of them are young and see me as a practically indestructible person who could do anything he wanted to. I get worried that they might now see me as less of a man. Flawed. Not as strong.
The term “flawed” used by the young man is used in an interesting, yet poignant, manner. The other men involved in this research also see themselves as something less than masculine. Therefore, according to them, their masculinity is flawed. Further, they claimed that one of the problems associated with psychiatric treatment was the perpetuation and maintenance of their disorder as a feminized illness. Each intimated that within contemporary Western culture men are not supposed to develop mental disorders, let alone eating disorders. One man noted that: “Mental disorders are not terribly masculine as far as illnesses go.”

While another man highlighted his dilemma in visiting a psychiatrist by stating that:

As a bloke, I didn’t like seeing a “shrink” because it made me feel weak. If I go to the psychiatrist, I sit in the waiting room all meek and mild, worried about what other people think an 18-year-old kid is doing here. You know, what problems has he got, or what’s he taking? That makes me feel bad. I was lucky I had Linda, my coach, to come along on the first occasion. But as a guy it was a weakness, and I wonder what my grandfather, who I saw as a really strong person, would think about me having to see a “shrink.” I feel that he would think of that as bad. You know, he would look down on me. So that’s what I worry about.

The men perceived their masculinity to be flawed as a consequence of an illness that had developed over time. They were also highly critical of their own physiques and that somehow their body had “let them down.” That is, they did not perceive their physique in a manner that would emulate the cultural archetypal male. Further, disdain and disgust were often leveled at their personal appearance, heavily impacting on individual masculine identity.

My ideal body for a masculine guy is a white T-shirt that fits and a pair of blue jeans that fit. I don’t even see the actual body itself. I just see the white T-shirt and the blue jeans. It just fits and looks good, you know. It’s as simple as that. I don’t remember attaining that look. You know, I have never got anywhere near it. Yeah, I’m not the bloke in the blue jeans and white T-shirt and probably never will be.

Another man typifies the expectation placed on contemporary males by stating that:

I don’t fit the cultural model of masculinity because I’m not very muscular. The model of masculinity I know is having a muscular framework. It’s a very stereotypical model, but it’s very culture-oriented.

He further stated that,
Women have to be smaller and thin. Whereas men have to be a certain height and a lot more muscular and have a weight emphasis. But mainly muscle and not fat. I find this really intimidating at times. Because our society is telling us, “This is how you are supposed to look,” and if you don’t, you’re not in the “in” crowd, or you’re not as good as them. It’s a masculine image, which is impossible for some of us to have.

CONCLUSION

Men are not immune to the body image concerns and eating disorders that impact women. Further, there is arguably a cultural shift in the expectation placed on men’s bodies to be both muscular and lean. This is rapidly being adopted as the cultural form of the archetypal male and representative of an evolving masculinity. These factors are inherently dangerous for young men in contemporary Western culture. Increasingly men’s bodies are being subject to commodification in similar ways that women’s bodies have had to endure. Some may perceive this as affirmative action. However, from a health perspective this can only be viewed as problematic. That is, the consequences of such commodification may be similar to that of women with increasing levels of body consciousness and subsequent eating-disordered behavior.

Aspiring to an exemplary form of masculinity in order to uphold one’s masculine identity is not a new phenomenon for men. The problem now is that men’s bodies are increasingly becoming the center around which their masculine identity is built. In the past, men’s actions in terms of their physicality and ability to “do” things (Connell, 1983) were bases of masculine identification for men, whereas contemporary men must “be” masculine (Connell, 1983) with respect to their body shape, size and, more recently, levels of fatness.

The fundamental issue that needs to be addressed with respect to men, bodies, and eating disorders is Western culture’s coercion of men to aspire to a problematic cultural ideal. Attempting to develop and maintain an appearance-oriented masculine identity is superficial and both physically and emotionally tiring. Problems that women have had to confront in terms of body image concerns and eating disorders need to be placed in the foreground to assist in minimizing similar occurrences with men. Health professionals must recognize that this is not a gender-specific issue. It now appears to be a non-gender specific cultural phenomenon. Similarly, the men involved in this research indicate that they, like women with such illnesses, require the same level of care.

REFERENCES

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**APPENDIX**

**Interview Guide**

The interview guide was divided into specific sub-sections for ease of thematic analysis and identification.

The following line of inquiry acted as a general guide. The phenomenological underpinnings of the research allowed for further individualized exploration of issues with each of the participants. Almost all of the initial responses were followed by why, who, how, when, etc. This was to ensure that the line of questioning was being exhausted thus providing the richest descriptive information possible from each participant.
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(1) General introductory questions to make the participant feel comfortable and to develop a rapport with the interviewer.

(2i) Relationships:
Describe relationships with:
• Parents
• Father
• Mother
• Peers
• Men
• Women

(3) The Body:
Describe your body.
• Are you happy or unhappy with your body?
• How do you feel about your body?
• What would you like to change about your body?
• In terms of masculinity how do you perceive your body?

(4) Masculinity:
• What does masculinity mean to you?
• Do you fit your own model of masculinity?
• Do you think society’s model of masculinity is too restrictive?
• What is the social/cultural ideal of what a man should look like?
• How do you think other people perceive your masculinity when you are/were thin or if they knew you have/had an eating disorder?

(5) Food:
• What does food mean to you?
• Has it always been like this?
• Do you want this to be different?
• Are there any foods you feel comfortable with?
• Which foods do you fear most?

(6) Disorder:
Describe your eating disorder.
• How does it affect your life?
• Do you see your disorder as a part of you, or is it disassociated from you?
• Do you perceive it as a feminine disorder?
• Does it impact on your masculinity?
• Are there significant milestones or events in your life that have contributed to your eating disorder?

(7) Behaviors:
• What type of behaviors do you display with respect to eating and food? (i.e., eating habits, compulsive traits, binging/purging, etc.)
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• Do you count calories/keep a food diary/exercise excessively?
• Describe a “normal” day for you when your eating disorder is/was at its most heightened.

(8) Control:
• Is being in control important to you?
• Is control an element of masculinity or the eating disorder?
• How do you feel when people tell you what you should be eating or doing?

(9) Treatment:
• What treatments have you explored/undergone?
• Why did you choose these?
• Did they work?
• How did they make you feel? … and then as a man?
• Did they change your perception of eating disorders?
• Did being in treatment affect others’ relationships with you?
• What do you think is the best way of treating an eating disorder?
• How do you think men and women differ when it comes to eating disorders?
• How do women with eating disorders treat you?
• Would you rather be treated by a male or a female?