

The male experience of eating disorders



Orri

Your recovery made possible.

Men, you are not alone.

On average eating disorders last a third longer in men than they do in women, this is likely because men have to wait longer before receiving treatment.

Men face unique barriers to support, and the underestimation of how many men are struggling may come down to the fact that there's no one way to have an eating disorder.

For instance, if an eating disorder manifests in a preoccupation with 'clean' or regimented eating, or obsessively going to the gym, these symptoms may be overlooked and understood as simply living a 'healthy' lifestyle. They may even be celebrated as they reflect modern 'ideals' in society.

Right now, many men could be struggling and unable to identify the symptoms in themselves or others.

Men deserve to talk.
We are here to listen.

The reality.

Eating disorders do not discriminate, meaning anyone can develop an eating disorder at any point in their life. This is because anyone can go through different life stresses and anxieties – or trauma – that can lead someone to developing an eating disorder.

All eating disorders ‘look’ different, but because the male experience of an eating disorder may contradict or not align with the stereotype of the illness, GPs may struggle to identify or even fail to consider an eating disorder. Men may find themselves being referred on because their BMI remains in the ‘normal’ category, meaning that the physical expression of the illness does not align with typical assessment criteria.

The eating disorder charity, Beat, estimates that nearly a third of a million men have an eating disorder in the UK.

What’s more, hospitals have seen a 128% rise in male patients being admitted with eating disorders over the last 4 years.

Experts attribute the growth to two things: the pressure social media and culture places on men to look a certain way, and improved awareness of men with eating disorders. Support for men is getting better, but there is still a long way to go.



The facts.

'There was a 128% increase in hospital admissions for boys and young men from 2015/16 to 2020/21.'

'The National Association for Males with Eating Disorders estimates that 25 to 40 percent of people with eating disorders are males.'

-Beat, Eating Disorder Charity

'Gay males are thought to only represent 5% of the total male population but among males who have eating disorders, 42% identify as gay.'

-Psychology Today

'One in five deaths of people with anorexia nervosa are due to suicide, alongside very high rates of self-harm and comorbid depression across all eating disorder diagnoses.'

-Royal College of Psychiatrists

The system.

“As it stands, the eating disorders service — of which I am a part of — is failing to capture the stories of many men.”

- Dr Chuks, a specialist eating disorder doctor

The myths and misconceptions around eating disorders has created a stereotype for what an eating disorder ‘looks’ like.

Often, this person is a white, middle-class female living with restrictive eating disorder symptoms. However, we know that eating disorders are much more nuanced and complex than this, and anyone can suffer from one.

In not conforming to the stereotype, men face unique barriers to both recognising they have a problem and accessing support.

Only 6% of people with eating disorders are underweight.



LGBTQ and minority ethnic adults and adolescents experience a higher incidence of eating disorders and disordered eating behaviours compared to their straight and cisgender peers.

This is because these communities often experience greater levels of stress, discrimination, violence, bullying, social pressure to conform and higher levels of isolation. These challenges make LGBTQ+ individuals more likely to experience mental health struggles, especially if their identity isn't affirmed by their loved ones or they have experienced trauma.

Similarly, each community may have additional pressures to conform to certain body standards, which can contribute to a heightened awareness of body image.

This mental health epidemic can no longer be ignored.

“Men are left out in the narrative with eating disorders and subsequently suffer in silence. This is a symptom of a wider problem in how we assess eating disorders and the severity of suffering. Tools such as the Body Mass Index (BMI) are too heavily relied upon to quantify how much someone is suffering. This excludes a huge population of people who may not fit perpetuating stereotypes of an eating disorder. The fact is, eating disorders are far more nuanced and complex, meaning that we cannot take a black and white view on what it means to have a problem. We are encouraging people to observe others' behaviours closely and with kindness, look beyond the typical symptoms to the underlying emotional context, and take action so that people aren't left alone in their difficulty. Men, we are here to hear you too.”

- Kerrie Jones, Orri CEO & Founder

How Orri can help.

Here at Orri, we treat the person, not just the eating disorder.

We recognise that each person who comes in through our door or logs onto our online programmes has their own individual journey and unique story. All are welcome, however they show up.

In treatment, we don't just focus on the physical manifestation of the eating disorder, instead, seek to get to the root of the problem, exploring how it has evolved and tackling the issues that continue to reinforce it.

When it comes to men, our goal is to give male clients the best possible treatment, recognising the social conditions that may be impacting their relationship to food and their bodies.

In therapy sessions, we address issues such as masculinity and gender norms, over-exercising and muscularity, as well as relationships and sexuality. We are proud to hold spaces (online and in person) to have important, and often difficult, discussions to challenge the outdated narratives and attitudes of eating disorders.

“Psychotherapy and group psychotherapy at Orri involves witnessing and hearing the unheard, the silenced.”

- Andrew Seed, Specialist Eating Disorder Psychotherapist

Thoughts from Orri's Specialist Eating Disorder Psychotherapist

Andrew, Orri's Specialist Eating Disorder Psychotherapist and Lead of Orri's Men's Group for male staff, shares his thoughts on how gender norms have developed over the years. As a result, he highlights how societal expectation is linked with the rise in eating disorders within the male community, and how Orri steps in to change this narrative in treatment.

Historically gender has been split. Men have taken an active position as the creators of reality and the privileged position in society, while women have been pushed into a passive position,

Ideals and norms of masculinity can leave men feeling that it is not ok to express vulnerability or weakness. A sense they must be fit, strong, muscular, stoic, together, independent. Qualities of self, such as weakness, vulnerability, needing others, emotional, empathic, qualities that are traditionally considered feminine can be stigmatised, perpetuating the norm, and leaving boys and men who diverge from the norm with an inner conflict. In transactional systems of schooling and work the inequality and oppression to some extent detaches itself from the gender binary meaning both woman and men feel increasingly silenced or oppressed, with seemingly unsolvable inner conflicts.

Orri strives to embed diversity, equity, and inclusion at every level of treatment, including the training of staff, recognising and attempting to deconstruct the elements of inner experience that could inhibit the understanding or ability to listen to a diverse range of clients. In relation to men's eating disorders this means understanding the inner conflict and their socialisation this can ensure that specific nuances of experience are heard.



Stories from men who have been there

Our clients share their experience.



Charlie's Story.

Before arriving at Orri, I was studying for my Masters, which I have taken a break from to focus on my eating disorder recovery. The eating disorder diagnoses I was given were Anorexia Nervosa and rumination disorder.

Honestly, I knew I had a problem because I kept losing weight, having already been underweight for several years. I also refused to eat with anyone else and took several hours to finish meals. The symptoms and difficulties I was living with were fatigue and low energy, as well as difficulty concentrating on anything but food, all of which made both leisure time and studying harder.



“My illness impacted me in that it interfered with my life goals and weakened my relationship with my family.”

My illness impacted me in that it interfered with my life goals and weakened my relationship with my family. It made me feel like a failure because of this, but also gave me some affirmation when I finally got the body I had wanted for most of my life. By that point, however, I could barely do any work or even feed myself. My illness took away much more than it gave me, in other words.

I didn't have to tell anyone for a long time because it was obvious to others that I had a problem, refusing to eat with them as often as I did. I did feel able to tell my family when I finally sought help, though, because I knew they would be supportive and hold me accountable.

I sought help and I went to my GP for help. Neither they, nor Orri, were able to offer me any treatment at first, though. In my GP's case, I had to wait three months for their referral to an NHS eating disorders service to come through. (This was the second time I'd been referred, the first being over a year before and never amounting to anything.) As for Orri, they advised 3-6 weeks of support from a private inpatient clinic they often collaborate with before admission to their service.

“The advice I would give to other men who may be suffering is that there's no reason to prolong their suffering.”

I certainly felt I came across some barriers to accessing support, such as long wait times and not being offered any treatment at first, but not because I'm a male. Although I was the only man in my ward at the inpatient clinic, my gender was rarely commented upon and I never felt excluded because of it. It's been the same story at Orri, where there are several other male clients who receive the same level of care and respect as anyone else.

I'm doing much better now, in that I can eat meals with others in a reasonable time and have a healthy BMI again. I've also strengthened my relationship with my family, and am almost ready to return to my studies. I've still got a long way to go in my journey, though, because I have several other problems unrelated to eating.

Orri has supported me in my recovery by giving me weekly 1:1 support with dietitians and therapists, who have all challenged me to overcome my difficulties without it ever feeling like too much.

The advice I would give to other men who may be suffering is that there's no reason to prolong their suffering.

I went several years without actually believing that I had an eating disorder, and paid for it as a result.

Had I sought help sooner, I would've had an easier time recovering because my symptoms and difficulties became worse over time. Even when I did seek help, it took me over 2 months to actually receive any treatment. Because of how much my physical health deteriorated in that time, I would advise anyone starting their journey to do so sooner than later.

I would also advise men that although there may be fewer of us with eating disorders than there are women, that neither invalidates our problems nor imposes any additional constraints on overcoming them.



Orri Alumni Client's Story

What was it like to recognise you had eating disorder symptoms and reach out for support as a man?

I've struggled with an eating disorder for over 20 years and it was always something that I kept to myself, trying to manage on my own because of feelings of deep shame, the perceived stigma of being a male with an eating disorder, fear of emasculation and a distorted belief that it was an illness that only affected women.

In my late teens, it was my Mum who first noticed something was up as I began to withdraw and lose a lot of weight. She took me to see the GP and after explaining my symptoms to him, he diagnosed depression, prescribed Prozac, and told me that "men don't get eating disorders." This diagnosis added to my belief that I'd developed through online research where the vast majority of material was focused towards women; written by females for females.

My conclusions left me feeling deeply ashamed, scared, isolated and confused like I didn't know where to turn. For the next 20 years I internalised my suffering and "lived with" my ED using restriction, bingeing and purging, drinking to excess, chain smoking, over exercising - anything that would take me out of my own head and quieten the increasingly loud negative voice.

Over time, I managed to convince myself that I wasn't unwell and in the main was able to hide my anguish from the outside world pretty well but deep down I was miserable.

What's it like being a man in treatment?

There were so many questions going around in my head before I started treatment which made me feel anxious but on reflection, were totally normal concerns to hold. How would I feel being a guy amongst a group of women? Would I be accepted? Would I be treated differently? Am I really ill enough to be going into therapy? Looking back, a lot of my anxiety was centred around the shame I'd held for so long of being a man with an ED and this is an area I've worked hard on trying to overcome.

As I entered and progressed through treatment, I began to understand and accept that my struggles were as legitimate as any of my peers - gender is irrelevant. I found it so liberating to be able to listen to and empathise with others who were experiencing the same issues I'd been going through. It gave me the strength to be able to share my own story and it felt empowering to be listened to and understood in return. I came to realise that as I began to show my vulnerability my mask came off, the barriers came down and it was just me left which actually wasn't so bad!

How have you managed your recovery whilst socialising and going about "normal" life?

Sharing my struggles in a group treatment setting, being listened to and supported by my peers gave me confidence to open up about my struggles to my family and friends. Taking this openness outside of the treatment setting really helped me to manage my recovery as my loved ones could understand some of the things I'd been grappling with. By sharing some of my vulnerabilities with my mates over a pint, my relationships have grown stronger and I don't feel like I need to make excuses anymore.

What are some of the myths you'd want to bust around being a man in recovery?

Men get eating disorders too yet there is still such a stigma that exists around admitting we're struggling and asking for help. As guys, we should feel able to open up about our struggles without fear of emasculation, guilt or shame because we don't fit into an archaic male stereotype. The whole British stiff upper lip thing is outdated, flawed and actually quite dangerous.

What would you like people to know going into eating disorder treatment?

Treatment is not a walk in the park, my recovery journey is not linear and I still have bad days. Yet, therapy is one of the most rewarding, life changing steps I've taken and I've worked incredibly hard to make the most of my time there. I have learnt so much about myself; I've started to accept me for who I am (sans mask) and I'm no longer afraid to share that person with others. It turns out I actually quite like the real me as does my wife, my family and my friends.



Orri's EDAW Campaign.

We are calling on the community to remember your #BROS, highlighting the importance of action, education, mindful conversation, and the opportunity that comes from challenging the narrative around how people can be impacted by an eating disorder:

Banter Mindfully

Recognise Responsibility

Observe Behaviours

Support & Signpost



A MANifesto for change.

Your #BROS need you, and you need you. Here's our MANifesto for change to ensure men get the support they need, when they need it.

How to be a Great Mate:

Do:

1. Notice radical changes & consider why
2. Ask then ask again
3. Be compassionate, be kind, be curious
4. Educate yourself & your bros about eating disorders
5. Check the banter
6. Be aware of the help that is out there

Don't:

1. Assume anything
2. Underestimate your impact or take the easy route
3. Be a 'fixer' or the 'solutions-guy'
4. Be an enabler
5. Body shame
6. Ignore this mental health epidemic

At Orri, the witnessing of pain and vulnerability can be a transformative experience, and this is one of many ways Orri supports men to loosen the grip of an eating disorder, expanding and strengthening what it means to be a man.

— Andrew Seed, Specialist Eating Disorder Psychotherapist

Further Support.

MaleVoiceED: <https://www.malevoiced.com/>

Beat: <https://www.beateatingdisorders.org.uk/>

CALM (Campaign Against Living Miserably):
<https://www.thecalmzone.net/>

Men's Health Forum:
<https://www.menshealthforum.org.uk/key-data-mental-health>



If you have concerns about
your relationship to food
and your body, simply reach
out.

We're here to talk it
through.

#RememberYourBROS.

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Orri

Your recovery made possible.