POEMS ON MALE EATING DISORDERS:
A CREATIVE APPROACH TO ARTICULATING, COMMUNICATING & UNDERSTANDING MALE EDs

Dr Heike Bartel (PI) & Dr Huw Grange (RA)
University of Nottingham
heike.bartel@nottingham.ac.uk

BACKGROUND

The AHRC-funded research network **'Hungry for Words: An interdisciplinary approach to articulating, communicating and understanding male anorexia'** (PI: Heike Bartel; CoI: Nadia Micali; 2016-18) set out to foster interdisciplinary research into narratives of male eating disorders (EDs).

Investigating multiple genres of personal narrative we aimed:

- to explore the **importance of stories of lived experience** for men and boys affected by EDs, and for health professionals, those in pastoral roles, carers, family-members, co-workers, and the general public;
- to add **qualitative research** on lived experience to the quantitative findings of clinical research to help health professionals develop a greater understanding of the complexity of male EDs.

Our **impact**, public engagement and knowledge exchange activities have:

- raised awareness of male EDs in wider society;
- supported workshops in secondary schools and universities, and training for teaching staff;
- built collaborations with charities **First Steps Eating Disorders** and **MaleVoicED**.

Our follow-on project will raise awareness at the level of primary care, encouraging practitioners to **#ConsiderMaleEDs**.

RESEARCH

The use of literature in health treatment is well researched (Mazza 2017; Crawford/Baker/Brown et al. 2015; Springer 2006; Hynes/Hynes-Berry 1994).

The full range of language arts (reading, writing, speaking and listening) are used successfully in therapeutic, educational and community-building approaches (Bartel 2019), as in the '**green shoots'** approach used in EDs therapy (Treasure et al. 2010; Pennebaker/Evans 2014).

Personal narratives – mediated through literature and art – can offer **medical practitioners** deeper insight into lived experience of illness and recovery, and help them to value the patient's perspective (Charon 2006; Hawkins 1999; Frank 1995).

The '**Poems for Doctors**' project (School of Medicine, St Andrews), has highlighted how poetry can give doctors a '**more profound understanding** […] of the psychological and moral subtleties that illness reveals' (Fraser et al. 2016).

ANALYSIS OF "NO SUGAR"

An anorexic, excessively exercising brother viewed through the eyes of a loving and deeply concerned sibling.
The sparseness of the word-layout creates a 'skeletal' shape that enhances the content.

'No Sugar' on food-labelling, in names of diets, in everyday conversation; situates personal experience within context of everyday consumer culture. Avoidance of sugar is extended to other foods.

Resonates with the nursery rhyme *'Jack Sprat could eat no fat'*. This also situates the personal poem within much larger cultural and historical continuities of male eating behaviour *(Image: Frederick Richardson 1925, Wikimedia Commons)*

"No sugar"

My brother won't eat
sugar or fat,
meat or flour,

He runs 18 miles
on a cup of
oatmeal.

His eyes are black
and his fingers
like bone.

I hear his shoes
slapping the pavement
at midnight.

He flies like
a hummingbird
who can't find nectar –

For as long
as he can.

Selina Burr

Beating its wings with ferocious frequency, the tiny hummingbird with its extreme energy expenditure evokes the thrill and beauty of flight. The tone darkens with 'Who can't find nectar', suggesting fear of over-exercising, starvation and death: he hovers in mid-air, suspended between being there & vanishing, high energy & burn-out, hope & grief, life & death. Combines grave concern with love and tenderness.

For the carer the poem allows engagement with a mixture of contrasting emotions. For the male with AN it may indicate a way to address contradictory thoughts and emotions.

The language of sparse factual statement runs through the poem and contrasts with the emotive fear of loss it conveys.

Excessive running as part of AN. The specificity of measurement (miles, cups) indicates the need for highly controlled behaviour. The gross disproportion between intake and expenditure of energy marks the brother's life as both excessively controlled *and* utterly out of balance.

Paul Crawford, Prof. of Health Humanities (Uo Nott.) filming 'No Sugar'

The anorexic 'haunted body' (Ferreday 2011) provides the backdrop for the hummingbird's flashing brightness; stark contrast between the brother's appearance and how the sibling sees him.

Communicates the 'need' for exercise to be fitted in at any cost, indicating transgression of the temporal frame of 'normal life'. 'Midnight' conveys an image of the isolated, 'haunted' runner. Also: the sibling is haunted by the sound of the brother's running feet, indicating the deep effect of his illness on family.

METHODOLOGY

Analysis of a corpus of 13 poems (with no therapeutic focus on the individual author) through the literary method of '**close reading'**, concentrating on:

- key words to communicate eating practices: e.g. 'control', 'sugar', **'meal'**, 'toxic'; deliberate use of scientific language, e.g. 'acrylamide';
- rhyme scheme: e.g. from measured and controlled to frantic and uncontrolled, linking form and content in the motif of **loss of control**;
- key motifs: e.g. excessive exercising, relationships, interventions in the linearity of illness narratives, **shame**, guilt.

THE POETRY

An open call for **poems about male 'disordered' eating** resulted in 13 poems, which were then judged according to how well they conveyed an original message about male 'disordered' eating that was accessible to diverse audiences.

In **Video Poems** 5 are read out by individuals with potential roles in the **recovery process**: GP, nurse, charity staff, teacher, sibling, fellow student, co-worker, researcher. Making these personal lyrics heard through the voice of others fosters an **open dialogue** about male EDs.

Comments by readers and writers highlight their impact:

- *'Finding voices to articulate such a difficult… area will change things.'*
- *'In my recovery process, to be able to read these poems… would have given me the words I struggled to find to articulate myself.'*
- *'… to know that you are not alone with these issues and that it is nothing to be ashamed of.'*

CONCLUSIONS

Literature can provide creative outlets for sufferers, carers, family et al. to aid in the process of **recovery**. It can also give medical practitioners detailed and **new insights into lived experience** and point to improved ways of engaging with patients. It can raise public awareness and help overcome stigma. **Further research** needs to be undertaken into how to use **potentially triggering** texts in the therapy of particularly vulnerable individuals.

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