BACKGROUND

- There is a growing body of research on stigma toward individuals with eating disorders (EDs), but much of the work that has been done is limited in application due to problems with external validity.
- In most studies, participants will read vignettes about an individual with an ED and then complete a questionnaire about their perceptions of the individual, but these vignettes often lack detail or include inaccurate descriptions of disorders (El loosen & Latmer, 2014; Mond et al., 2004; Wingfield et al., 2011).
- The present two studies explore stereotypes about individuals with restrictive eating disorders, in particular.
- Study 1 aims to understand whether a diagnostic label impacts perceptions, specifically with regard to whether anorexia nervosa (AN) is considered more severe than other specified feeding or eating disorder (OSFED).
- Study 2 aims to understand whether helpfulness of diet impacts perceptions, with regard to whether or not the individual with the ED restricts their food intake without regard for the health of foods, or restricts intake only to healthy foods as in orthorexia nervosa (ON).

STUDY 1 CONTINUED

- There was a significant difference in desirability composite scores between groups (F(2, 42) = 5.592, p = 0.05). Post-hoc analyses using Tukey’s test indicate there was a significant difference between the AN and Control groups (p = 0.048) and a trend between the AN and OSFED groups (p = 0.067). This scale consisted of 7 items (α = 0.769).
- There was a significant difference in severity composite scores between groups (F(2, 42) = 7.446, p = 0.002). Post-hoc analyses using Tukey’s test indicate there was a significant difference between the AN and Control groups (p = 0.008) and between the AN and OSFED groups (p = 0.018). This scale consisted of 14 items (α = 0.812).
- There was a significant difference in estimations of weight between groups (F(2, 42) = 4.709, p = 0.014). Post-hoc analyses using Tukey’s test indicate there was a significant difference between familiarity with AN and OSFED, Indulge nervosa (BN) and OSFED, and binge eating disorder (BED) and OSFED (p = 0.004 for all).

STUDY 2 CONTINUED

- Results were analyzed using IBM SPSS 25.
- Some items were summed to create composite measures (desirability of disorder and severity of disorder) and were reverse-coded when necessary.
- One-way ANOVA tests were run to determine differences between groups.

STUDY 1: Diagnosis

Methods

- Participants: 70 college students recruited from Grossmont College and Columbia College took part in this study. Data was only analyzed for the first 15 participants in each condition (n = 45 total), to keep n even. Of these, 9 students were male, 35 were female, and 1 was non-binary. Participants did not differ significantly in BMI or EDE-Q scores across conditions.
- Design: Participants were told they would be completing a survey about short stories that participants were being tested on their familiarly concerning individuals with an ED. Participants were randomly assigned to one of three conditions: AN, OSFED, or Control. The survey was completed online through Qualtrics. The format of the survey was as described below.

Measures:

- MFQ. Developed by Gilewski & Zelnicki (1998), included to assist in making a believable cover story that participants were being tested on their memory.
- Demographic questions. Developed by the researchers, and consisted of 14 questions to assess general physical and psychological health.
- Vignette. Developed by the researchers, modeled after those created by Mond et al., 2004; Wingfield et al., 2011). Researchers, modeled after those created by Mond et al., 2004; Wingfield et al., 2011).
- Familiarity questions. Developed by the researchers, these 28 questions evaluated participants’ memory of the vignette as well as their perceptions of AN.
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- EDE-Q. Developed by Fairburn & Beglin (1994), these 28 questions evaluate self-reported disordered eating behaviors.

Results

- No diagnosis is more desirable than an AN diagnosis, and individuals with an AN diagnosis are expected to weigh less than individuals with no diagnosis.
- AN is seen as more severe of a diagnosis than OSFED.
- College students know less about OSFED than about other EDs.
- No diagnosis is more desirable than an AN diagnosis, and an OSFED diagnosis is also more desirable than an AN diagnosis.
- ON is seen as healthier than AN, but no diagnosis is healthier than either one.
- It is possible that ON is seen as less severe than AN.

General

- There are differential levels of stigma associated with various restrictive EDs.
- Stigma against restrictive EDs may impact whether sufferers choose to seek or not seek treatment.
- Future studies should further explore severity differences between AN and ON.

REFERENCES