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Presentation of eating disorders in the news media: What are the implications for patient diagnosis and treatment?

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Abstract

Objective: Eating disorder (ED) specialists increasingly see anorexia nervosa and bulimia nervosa as complex mental illnesses with both genetic and social roots. The public, however, tends to view EDs more simply as a manifestation of personal or social problems among female, white, young women. This disconnect potentially prevents timely ED diagnosis and reinforces a stigma that limits treatment availability. We examine the presentation of EDs in daily newspapers, an important contributor to shaping public perception of EDs.
Methods: We analyze 1 year of coverage about EDs by seven daily U.S. newspapers (252 articles), focusing on the messages conveyed about epidemiology, etiology, severity and treatment.
Results: The highest proportion of articles about EDs (48%) ran in arts and entertainment sections. Articles primarily covered those who are female, young and white, and mentioned mainly environmental causal factors. Only 8% of patient profiles discussed treatment and recovery within a medical context.
Conclusion: News coverage rarely presents EDs as complex medical phenomena, but rather simplifies and sensationalizes these conditions.
Practice Implications: Educators would benefit from recognizing the news media's role in shaping public perceptions of EDs in ways that differ from clinical perspectives, potentially limiting diagnosis and treatment. Three communication improvements are suggested.

Keywords: Eating disorders; Media analysis; Framing

1. Introduction

1.1. Differing perceptions of eating disorders

Specialist clinicians and professionals who counsel eating disorder (ED) patients increasingly see anorexia nervosa and bulimia nervosa as complex mental illnesses anchored to both genetic and environmental roots. This perspective of EDs as multi-factorial conditions, however, has emerged only recently. Although EDs have long been seen through a medical framework in so far as they lead to serious clinical complications such as heart failure [1], their etiology has historically been understood in non-medical terms. Causal factors cited most frequently in past research literature have been personality traits (e.g., perfectionism, low self-esteem, enhanced harm avoidance); psychological reactions (e.g., fear of puberty, desire for independence, response to stress, reaction to strained parent–child relationships); and socio-cultural influences (e.g., media embrace of slender role models, advertising messages espousing diet regimens) [1–4].

As growing importance is placed on genetic understanding of health and illness, however, a genetic causal discourse has also developed around EDs. Within the clinical setting, models increasingly suggest a complex interrelationship between socio-cultural, psychological and genetic factors in determining susceptibility for disordered eating behavior, as well as in the manifestation of some causal factors themselves. This "geneticized" [5] understanding of EDs draws upon progress that has been made in identifying genes associated with enhanced susceptibility to anorexia and bulimia [6], and research that shows anorexia patients are unusually likely to have comorbid psychological conditions such as anxiety

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disorders and family members with obsessive traits [7]. Moreover, twin studies have also suggested that genetic factors can explain more than 50% of the risk for developing an ED [6,8,9]. The biomedical framework for anorexia and bulimia thus now views EDs as caused by a combination of genetic and environmental factors [2,3,10,11], a discourse that considerably extends the medicalization of EDs beyond clinical treatment to include causation, susceptibility and diagnosis.

It is not clear, however, that the lay public has made a similar shift to a more medicalized perception of anorexia and bulimia. Surveys find that the public sees EDs as having causal pathways that are exclusively environmental in nature. Data from a 2005 poll commissioned by the National Eating Disorders Association (NEDA), for example, indicate that American adults see dieting (66%), the media (64%) and families (52%) as the primary causes of EDs [12]. Only 30% referred to any causal link between genetics and EDs. British researchers have found that respondents often feel that ED patients "could pull themselves together" (35%) and "are to blame" for the condition (33%) [13], concluding that "the lay public tends to see anorexia nervosa merely as an extreme form of dieting, often for narcissistic motives" [14]. Collectively, these findings suggest that the public does not see EDs as medical conditions with complex causes.

Beyond etiology, the public also appears to hold perceptions about the epidemiology and severity of EDs that diverge from those held by clinical and research specialists. Areas in which there appears to be a disconnect between the public and biomedical discourses around ED include the following:

- *Gender*: The public discourse portrays ED patients as unilaterally female [15]. Research indicates that although anorexia and bulimia do affect women and girls disproportionately, boys and men represent nearly 10% of total cases [16], and this figure may underestimate male prevalence [17].
- *Age*: The public ED discourse tends to construct all patients as teenagers or young people [15]. Research shows that EDs are indeed most prevalent among women 15–19 years old, but they are not uncommon among older people [18].
- *Race*: The public ED discourse largely excludes ethnic minorities, based on the belief that different cultural views about physical attractiveness do not promote the same behaviors across ethnic lines [19]. While some studies report that ethnic minorities have lower ED symptomology than whites, others report comparable prevalence rates, and no study has found an absence of ED symptoms in minority populations.
- *Severity*: In a study to assess lay knowledge of EDs, only about 3% of respondents viewed anorexia and bulimia as having physical consequences [20]. Clinical research has, however, established important health consequences from anorexia and bulimia, including heart failure, decreased bone density, kidney failure and dental erosion [2], as well as high premature mortality [7].
- *Treatment*: Surveys show that lay respondents overestimate the ease of curing anorexia and bulimia [12,21]. Medical evidence indicates only about 50% of anorexia patients recover fully, while 30% recover partially, and in 20% the illness becomes chronic. Bulimia patients are considered more amenable to treatment, but a significant portion still retain disordered eating habits. ED treatment can be complex and expensive, potentially involving inpatient hospitalization, intensive counseling and medication therapy [2].

1.2. How disconnected perceptions impact the patient experience

The disconnect between how clinical specialists and the public perceive EDs has the potential to impede prevention, treatment and recovery efforts. The news media is one powerful mechanism through which public understanding of medical conditions is presented and further shaped [22], serving as a forum to elucidate concepts such that they are subject to public consideration and comment. Rather than being a "natural" reflection of recent events, the construction of the news reflects cultural norms and expectations. News coverage frames an issue for an audience via the language used, the sources consulted and the opinions cited (as well as those omitted), all of which provide the context within which a particular problem is best understood [23].

The impact of the public construction of EDs is likely to be multifaceted. An individual's own concept of their health and behavior will be at least partially determined via collective constructs, as will their concept of if and where they should seek treatment. Families and friends who hold a particular demographic picture of EDs may fail to recognize disease among people who fall outside this stereotype, preventing early diagnosis. For example, Gordon et al. [19] asked three groups of undergraduates to read a passage describing an adolescent girl with ED symptoms; the only difference in the information given to each group was the girl's race (African American, Caucasian or Hispanic). When asked whether the girl had any "notable" medical problems, respondents were less likely to consider information about her ED symptoms when she was portrayed as an African American or Hispanic.

The impact of public constructs of EDs is not limited to lay audiences; treatment can be further delayed by a disconnect between generalist and specialist clinical perceptions of the condition and appropriate treatment. Becker et al. [11] reported that "eating disorders may go unrecognized in clinical settings in up to 50% of cases" (p. 1092). To the extent that EDs go unrecognized, so they necessarily go untreated, at least within the clinical domain. Anecdotally, many patients report that even when an accurate diagnosis was made, their doctors initially told them simply to "eat better" (NEDA President Lynn Grefe, personal communication, 7 April 2005), and a study of Australian clinicians found that ED patients were seen as self-inducing their illness, which was associated with the recommendation that patients "take self-control" rather than a more formal course of therapy [24]. Thus, even when the symptoms are recognized in the clinical setting, the link between diagnosis and effective treatment is not assured.

A public understanding of EDs as purely societal, rather than biomedical or multi-factorial conditions may also support