



Brief research report

Healthcare professionals' stigmatization of men with anabolic androgenic steroid use and eating disorders



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ABSTRACT

Building upon previous research on the stigmatization of individuals with eating disorders (EDs), the present study sought to evaluate healthcare providers' attitudes toward male anabolic androgenic steroid (AAS) users. Healthcare providers ($N = 148$) were first randomly assigned to read one of four vignettes describing a male AAS user, ED patient, cocaine user, or healthy control. Each provider then rated, on a scale of -3 to $+3$, how strongly either word in one of 22 word-pairs described his or her feelings toward the person described in the vignette. Results indicated that providers perceived the ED and AAS use patients less favorably than the cocaine user or healthy adult, suggesting that the two groups may be stigmatized by health providers. Given the psychiatric and medical risks associated with AAS use and EDs, reducing bias may help reduce the personal suffering and public health burden related to these behaviors.

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Introduction

Body dissatisfaction among males is classified as a fear of being too small or less muscular than ideal (Murray et al., 2012), and has nearly tripled over the past three decades in Western countries to a current rate of 43% (Goldfield, Blouin, & Woodside, 2006). Male body dissatisfaction appears to manifest in a desire for a larger, leaner, and more muscular build – and it has been suggested that such dissatisfaction may underlie the development of eating disorders (EDs), muscle dysmorphia, and appearance- and performance-enhancing drug (APED) use in men (Bjork, Skarberg, & Engstrom, 2013; Field et al., 2014; Murray et al., 2012). In fact, previous research indicates that there are behavioral, cognitive, and psychological overlaps among these three groups. Murray et al. (2012) found that men with anorexia nervosa (AN) and muscle dysmorphia similarly demonstrated disturbed body image, eating habits, and exercise behavior, and that a significantly higher proportion of men with muscle dysmorphia reported using APEDs. Other research groups have reported similarities in eating- and weight-related characteristics and psychiatric symptoms between

males with EDs, male anabolic androgenic steroid (AAS; a type of illicit APED) users, and male bodybuilders (Goldfield et al., 2006; Hildebrandt, Alfano, & Langenbucher, 2010).

Additional evidence suggests that the frequency of AAS use to increase muscle size is as common among males as purging is among females (Field et al., 2014). Thus, similar to those with EDs, individuals who use AASs may exhibit a willingness to engage in extreme practices to achieve their ideal physiques. This is concerning, as AAS use is associated with a number of serious physiological, psychological, and social side effects, including cardiovascular problems, anger, depression, sleep disturbance, aggression, and other drug abuse (Bjork et al., 2013). Moreover, recent reports indicate that 1–5% of men in Western countries have used AASs at least once (Kanayama, Hudson, & Pope, 2010), and over 7% of American adolescent males have used AASs and other APEDs to improve their physiques (Field et al., 2014).

Given that male AAS users appear to have several characteristics in common with males with EDs, and that AAS use itself is associated with severe medical and psychological side effects, it is important to identify and treat individuals within this population. However, there are several barriers to doing so. First, AAS users rarely present for treatment. Few users view their AAS use as problematic, many do not trust that their doctors are knowledgeable about AASs, and many may be reluctant to admit to a potentially harmful and illegal behavior (Rashid, Ormerod, & Day, 2007). Second, qualitative data suggest that AAS users who do admit to their

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use feel discriminated against and ridiculed by healthcare professionals (Maycock & Howat, 2005). Such perceived stigmatization by healthcare providers may have broad implications. Chief among these is patients' delay and avoidance of healthcare, as seen across medical and mental health problems (e.g., Corrigan, 2004; Drury & Louis, 2002).

Addressing healthcare providers' stigmatization of AAS users is important if we are to work toward improving the mental and physical health of men who suffer from body dissatisfaction and are driven to use AASs and other APEDs. To do so, we must first examine the stigma. Thus, the aim of the present study was to determine the extent to which healthcare providers stigmatize AAS users.

Method

Participants

Participants were recruited by sending a brief description of the study and a link to an online survey to Internal Medicine listservs at eight academic hospitals within the United States, randomly selected from *U.S. News and World Report's* "Best Hospitals 2010" list (U.S. News and World Report, 2011). The email sent to listservs stated that researchers were recruiting participants for a one-time, online study aimed at examining healthcare providers' attitudes toward different types of people that might present for different types of clinical care, such as mental health counseling, routine medical visits, or specialty care. To be eligible for the study, participants had to be at least 18 years of age and self-identify as licensed healthcare providers with at least 50% time devoted to active clinical work. The study protocol was approved by the Icahn School of Medicine Internal Review Board.

One hundred forty-eight ($N = 148$) healthcare providers consented to and completed the study. The mean age of participants was 41.8 ± 13.3 years. The majority was female (79.7%), Non-Hispanic (87.8%), and Caucasian (78.4%). The most common profession was primary care physician ($n = 108$; 73.0%), followed by other specialist physician (e.g., cardiologist; $n = 22$; 14.8%), nurse ($n = 10$; 6.6%), and psychologist ($n = 8$; 5.4%).

Procedure

Participants consented to and completed the study online via SurveyMonkey. Once a participant provided consent, he or she was randomly assigned to read one of four vignettes and then completed a series of ratings. Participants were not compensated for completion of study procedures.

Materials

Vignettes. Four vignettes, describing an AAS user, cocaine user, bulimia nervosa (BN) patient, and healthy exercising individual (an individual regularly engaging in exercise but with no obvious medical or mental health concerns), were created specifically for the study. Vignettes were based on typical primary care visits and circulated among research staff familiar with all four populations for face validity. Each vignette featured a 28-year-old exercise and fitness enthusiast named "Mark." Complete vignettes are provided in Table 1.

Measures

Semantic Differential Scale. The Semantic Differential Scale (SDS; Osgood, 1952) was adapted to assess healthcare providers' attitudes toward an individual seeking care. The SDS has been routinely used within social psychology and stigma research to study attitude formation (Barclay & Thumin, 1963). It has also been used

Table 1
Vignettes created specifically for the study.

AAS user	Mark is a good-looking, 28-year-old male with a classical V-shaped body frame. He has a broad muscular chest measuring 45 inches and a small 34-inch waist. His shoulders are also broad and muscular and his biceps are 22 inches in circumference. Mark is passionate and committed to exercise and sports. In addition to playing the defensive position on his community's soccer team, Mark attends the gym 4 to 6 times a week. On the days Mark goes to the gym, he is there for one to two hours and will engage in weight lifting and some aerobic activities. Mark has been consistently going to the gym for 8 years and can't imagine himself not participating in some form of exercise. Even when Mark is injured, not feeling well, or contending with a muscular strain due to sports or exercise-related activities, he still pushes himself to work out. Mark admits to using anabolic steroids intermittently throughout the year.
Cocaine user	Mark is a good-looking, 28-year-old male with a classical V-shaped body frame. He has a broad muscular chest measuring 45 inches and a small 34-inch waist. His shoulders are also broad and muscular and his biceps are 22 inches in circumference. Mark is passionate and committed to exercise and sports. In addition to playing the defensive position on his community's soccer team, Mark attends the gym 4 to 6 times a week. On the days Mark goes to the gym, he is there for one to two hours and will engage in weight lifting and some aerobic activities. Mark has been consistently going to the gym for 8 years and can't imagine himself not participating in some form of exercise. Even when Mark is injured, not feeling well, or contending with a muscular strain due to sports or exercise-related activities, he still pushes himself to work out. Mark admits to using cocaine once a week.
BN patient	Mark is a good-looking, 28-year-old male with a classical V-shaped body frame. He has a broad muscular chest measuring 45 inches and a small 34-inch waist. His shoulders are also broad and muscular and his biceps are 22 inches in circumference. Mark is passionate and committed to exercise and sports. In addition to playing the defensive position on his community's soccer team, Mark attends the gym 4 to 6 times a week. On the days Mark goes to the gym, he is there for one to two hours and will engage in weight lifting and some aerobic activities. Mark has been consistently going to the gym for 8 years and can't imagine himself not participating in some form of exercise. Even when Mark is injured, not feeling well, or contending with a muscular strain due to sports or exercise-related activities, he still pushes himself to work out. When Mark feels particularly stressed, he admits to compulsively bingeing on several types of fast foods. The day after a bingeing episode, Mark will exercise for a longer period of time in order to burn off the extra calories gained from the bingeing.
Healthy exercising control	Mark is a good-looking, 28-year-old male with a classical V-shaped body frame. He has a broad muscular chest measuring 45 inches and a small 34-inch waist. His shoulders are also broad and muscular and his biceps are 22 inches in circumference. Mark is passionate and committed to exercise and sports. In addition to playing the defensive position on his community's soccer team, Mark attends the gym 4 to 6 times a week. On the days Mark goes to the gym, he is there for one to two hours and will engage in weight lifting and some aerobic activities. Mark has been consistently going to the gym for 8 years and can't imagine himself not participating in some form of exercise. Even when Mark is injured, not feeling well, or contending with a muscular strain due to sports or exercise-related activities, he still pushes himself to work out.

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