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The relative stigmatization of eating disorders and obesity in males and females

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Objective: Anorexia nervosa (AN), bulimia nervosa (BN), binge-eating disorder (BED), and obesity are stigmatized conditions known to affect both men and women. However, little research has examined differences in stigmatization of individuals with these diagnoses or the impact of gender on stigmatization. Such perceptions may play an important role in understanding and reducing the stigma associated with weight and dysfunctional eating behaviors. This study investigated stigmatizing attitudes toward eating disorders and obesity in men and women.

Method: Participants were university undergraduates (N = 318; 73.6% female; mean age = 21.58 years, *SD* = 3.97) who were randomly assigned to read one vignette describing a male or female target diagnosed with AN, BN, BED, or obesity. Participants then completed measures of stigma and perceived psychopathology. Measures were analyzed using a 4 (target diagnosis) x 2 (target gender) MANOVA and subsequent ANOVAs.

Results: Measures of stigma and perceived psychopathology revealed significant main effects for diagnosis ($p < .001$), but not for target gender. There were no interactions between target diagnosis and gender. Although all diagnostic conditions were stigmatized, more biased attitudes and perceptions of impairment were associated with targets with AN and BN compared to targets with BED and obesity. Additionally, individuals with AN, BN, and BED were perceived as having significantly more psychological problems and impairment than individuals with obesity.

Conclusion: Although individuals with eating disorders and obesity both face stigmatizing attitudes, bias against individuals with AN, BN, and BED may exceed stigma toward obesity in the absence of binge eating. Future research is necessary to address stigmatizing beliefs to reduce and prevent discrimination against both men and women with eating disorders and obesity.

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1. Introduction

Widespread stigma has been documented against individuals with weight- and eating-related disorders including obesity (Puhl & Heuer, 2009), anorexia nervosa (AN; Stewart, Keel, & Schiavo, 2006), bulimia nervosa (BN; Roehrig & McLean, 2010), and binge-eating disorder (BED; Bannon, Hunter-Reel, Wilson, & Karlin, 2009). This stigma is associated with a number of consequences, including social isolation, poor self-esteem, and psychological distress (Corrigan & Rüsch, 2002; Holmes & River, 1999; Puhl & Heuer, 2009). Moreover, there may be a relationship between stigma and disordered eating, as research indicates that greater weight stigma increases the risk for disordered eating, and vice versa (Puhl & Suh, 2015). Given the profound effects of stigma, a more thorough understanding of stigmatizing attitudes toward individuals across the spectrum of weight- and eating-related conditions is warranted.

Although research has demonstrated bias against individuals on both ends of the weight continuum (Swami, Pietschnig, Stieger, Tovee, & Voracek, 2010), few studies have compared stigmatizing attitudes across obesity and eating disorders (EDs). It is important to note that obesity is not an eating disorder. At the same time, research has demonstrated high rates of eating disordered symptoms in individuals with obesity (Darby et al., 2009), indicating an intimate relationship between weight status and eating disorders. Therefore, comparing the stigma associated with obesity and different eating disorders may improve our understanding of the

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roles of specific weight statuses (e.g., overweight, underweight) and behavioral eating disturbances (e.g., restriction, binge eating, compensatory behaviors) in stigma. The stigmatization of BED has received particularly little attention, despite the fact that many individuals with BED exhibit obesity coupled with eating disturbances (e.g., Kessler et al., 2013; Zachrisson, Vedul-Kjelsås, Götestam, & Mykletun, 2008). Wingfield, Kelly, Serdar, Shivy, and Mazzeo (2011) compared stigma toward AN and BN, and found that women with BN were considered to be more responsible for their condition, more self-destructive, and having less self-control. Only one published study has examined stigmatizing attitudes across EDs and obesity (Ebneter & Latner, 2013); findings suggested that women with AN and BN are seen as similarly impaired and to blame for their condition, but more impaired and to blame for their disorder than women with BED or obesity. It may be the case that the general public conceptualizes BED as more similar to obesity than either AN or BN. Given the sparse comparative literature and mixed findings, more research using multiple validated measures of stigma is necessary to gain a better understanding of stigmatization across different EDs and obesity.

Research exploring stigma toward obese men and women suggests that obese women experience significantly more stigmatization than obese men (Puhl, Andreyeva, & Brownell, 2008). In contrast, very little is known about how stigmatizing attitudes toward men and women with eating disorders differ. Although men have historically been thought to comprise a very small minority of ED cases, more recent findings suggest that there may only be a small to moderate difference in the frequency of EDs in men and women (Striegel-Moore et al., 2009). Further, the clinical significance and level of impairment associated with EDs is similar between genders (Striegel, Bedrosian, Wang, & Schwartz, 2012). Despite these findings, significantly fewer males enter treatment for EDs compared to females (Striegel-Moore, Leslie, Petrill, Garvin, & Rosenheck, 2000), leading to speculation that men face alienation and stigma for having a "women's disease" (Carlat, Camargo, & Herzog, 1997; Robinson, Mountford, & Sperlinger, 2013). To our knowledge, only two studies (Griffiths, Mond, Murray, & Touyz, 2014; Wingfield et al., 2011) have compared stigmatization of males and females with eating disorders, revealing few differences in stigmatization between genders. In their study of attitudes toward individuals with AN and BN, Wingfield et al. (2011) found only one difference between male and female targets in that women with these EDs were considered less likely to recover compared to men. Similarly, in an examination of gender differences in stigmatization of AN and muscle dysmorphia, Griffiths et al. (2014) found small effects indicating that women were more stigmatized than men on four of twenty-seven items assessing attitudes and beliefs toward vignette characters. Given these findings, further work is needed to examine potential differences in stigmatizing attitudes between men and women with AN, BN, and BED.

The present study compared stigmatizing attitudes across obesity and EDs. On the basis of past research (Ebneter & Latner, 2013), it was hypothesized that participants would endorse more general stigma against EDs compared to obesity, with those with EDs being seen as more psychologically impaired than those with obesity. Further, it was predicted that individuals with AN and BN would be perceived as more psychologically impaired than those with BED and obesity. This study also compared stigmatizing attitudes toward men and women with AN, BN, BED, and obesity to explore the potential effect of gender on stigma. Given the sparse literature in this area, no specific hypotheses related to gender were proposed.

2. Materials and methods

2.1. Participants

The study sample consisted of 318 university participants (73.6% female; mean age = 21.58 years, $SD = 3.97$) recruited in April and May of 2014 from the University of Hawai'i at Mānoa (UHM), a public university located in Honolulu, Hawai'i with over 14,000 undergraduates. Approximately 6% of UHM students are psychology majors. All participants were enrolled in psychology courses and offered course credit for participation. The ethnic background of this sample was 48.7% Asian, 25.8% Caucasian, 10.7% Pacific Islander, 3.5% Hispanic, 3.5% African or African American, and 6.6% other ethnicity. Their mean body mass index (BMI, kg/m^2), based on self-reported height and weight, was 23.20 kg/m^2 ($SD = 5.09$); 9.7% were underweight (BMI <18.5 kg/m^2), 63.8% were normal weight (18.5 $kg/m^2 \leq$ BMI < 25.0 kg/m^2), 13.8% were overweight (25.0 $kg/m^2 \leq$ BMI < 30.0 kg/m^2), and 9.1% were obese (BMI $\geq$ 30.0 kg/m^2). 6.9% of participants endorsed a past diagnosis of AN, BN, and/or BED.

2.2. Procedures

Data for this Institutional Review Board-approved study were collected using the online survey software, Surveymonkey.com. Participants took the survey using this software for free. At recruitment, participants were informed that the study was examining attitudes about different groups of people. Participants were randomly assigned to read one vignette describing a male or female target who met criteria for AN, BN, BED, or obesity, in a 2 (male vs. female) x 4 (AN vs. BN vs. BED vs. obesity) between-subjects design. The number of participants assigned to rate each of the eight vignettes ranged from 37 to 45. The six eating disorder vignettes (see Appendix A) were based on those used by Mond, Hay, Rodgers, Owen, and Beumont (2004; 2006), Ebneter, Latner, and O'Brien (2011), and Ebneter and Latner (2013), and adapted to include gender. The obesity vignettes were based on those used by Murakami and Latner (2015) and modified to include the target's gender and similar details to the eating disorder vignettes (e.g., the target's overall diet). The behaviors and symptoms of each target in the eating disorder vignettes were described such that they met DSM-5 (American Psychiatric Association, 2013) criteria for AN, BN, or BED. To ensure target's condition was unambiguous, all vignettes explicitly noted the target's diagnosis by stating that the target had been recently diagnosed with the condition (e.g., "bulimia nervosa").

The AN vignettes described a male or female target who exhibits body dissatisfaction and a fear of becoming fat, subsequently becoming severely underweight through a combination of frequent exercise and caloric restriction. The BN vignettes described a male or female target who exhibits body dissatisfaction accompanied by recurrent episodes of binge eating and compensatory vomiting. The BED vignettes described a male or female target who experiences distress over recurrent episodes of binge eating that are associated with eating when not physically hungry, solitary eating, and subsequent guilt. As past literature indicates that differing etiological explanations may play a role in the stigmatization of eating disorders (Crisafulli, Thompson-Brenner, Franko, Eddy, & Herzog, 2010), no biological or sociocultural influences were described as contributing to the development of the target's ED. Further, in order to avoid potentially confounding weight stigma with the description of these eating disorders and because the weight of individuals with eating disorders can widely vary, the weight of the targets with AN, BN, and BED was deliberately not quantified. Finally, to ensure that participants understood that patients met the medical

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