Stigma and Eating Disorders

Eating disorders are serious mental illnesses characterised by disturbances in behaviours, thoughts and feelings towards body weight and shape, and/or food and eating that have a substantial impact on the wellbeing and quality of life of the person experiencing the eating disorder. Despite some common misconceptions, eating disorders are more common than is typically thought and prevalence is increasing. Currently, more than one million Australians – of all ages and genders, across all socioeconomic groups, and from different cultural backgrounds – are experiencing an eating disorder (1). Most (47%) have binge eating disorder, 38% other eating disorders, 12% bulimia nervosa and 3% anorexia nervosa (1).

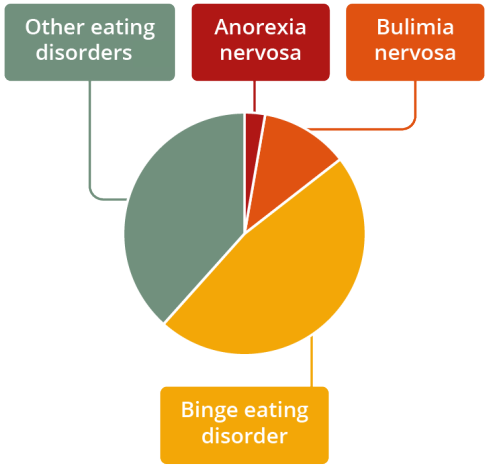

Figure 1: Prevalence of eating disorders by diagnosis

Despite increasing efforts to raise awareness of eating disorders, lack of knowledge and persisting misconceptions about eating disorders and their seriousness means that people experiencing eating disorders experience high levels of stigma. The stigma attached to these conditions can have significant negative consequences and impacts for people experiencing an eating disorder.

What is stigma?

Stigma is the experience of shame, discrimination, or social isolation of a person due to a particular characteristic, condition or attribute (2). There are several types of stigma associated with mental health conditions, such as eating disorders. These can be defined broadly to include (3):

- Public stigma: When society or the general public share negative thoughts or beliefs about a person or group of people with a mental health condition
- Structural stigma: Discrimination or exclusion embedded in formal and informal rules, policies, practices, law and organisational structures
- Self-stigma: When a person with a mental health condition has negative thoughts or beliefs about themselves based on that condition. That may be reinforced by experiences of public and structural stigma

Stigma is complex, arising from a range of cultural, social, political and psychological influences and processes. Some stigmas are based on negative attitudes or beliefs; others may be a result of a lack of understanding or misinformation.

The following factors have been shown to contribute to mental health stigma (4, 5):

- Stereotypes perpetuated by the media that portray mental illnesses and eating disorders in a negative, stereotyped or uninformed light
- Lack of education or awareness about mental health disorders and their complexity and/or severity
- Cultural beliefs and understandings that influence social responses towards mental health challenges
- Fear, the tendency to be wary and sometimes afraid of the unknown

Stigma and eating disorders

There are many misconceptions about eating disorders that can contribute to stigmatising attitudes and beliefs. Common myths and misconceptions about eating disorders include (5):

- Eating disorders are a lifestyle choice
- Dieting is just a normal part of life
- Eating disorders only affect white, middle-class females, particularly adolescent girls
- Eating disorders are easy to overcome and can be treated by simply 'eating better'
- You must look a certain way or be a certain size to have an eating disorder
- Eating disorders are about vanity or attention seeking
- Eating disorders are just a phase

To find out more about eating disorder myths and truths, visit our page here.

The reality is, eating disorders are complex and potentially life-threatening mental illnesses caused by a range of complex and interrelated factors and they have serious mental, physical and social consequences.

Research suggests that eating disorders attract more stigma compared with other mental health disorders, such as anxiety or depression (5). Negative attitudes towards eating disorders are pervasive among the general population, within employment and education institutions, within health services, and even among the friends and families of people experiencing eating disorders (5). In a recent Australian survey, 77% of people with a lived experience of an eating disorder reported having experienced stigma and unfair treatment because of their condition (6).

Experiences of eating disorder-related stigma can also be compounded by experiences of weight stigma. Weight stigma is discrimination or stereotyping based on a person's weight or body size (9). While weight stigma may occur across most weight categories, weight stigma is most prevalent among people who are of higher weight. Weight stigma can increase body dissatisfaction and can be a factor in the development of eating disorders. Weight stigma can also be experienced by people of a higher weight who may be experiencing an eating disorder, which can have further negative consequences on help seeking, access to treatment and experiences of receiving care. To find out more about weight stigma, visit our page here.

Furthermore, experiences of stigma related to eating disorders can be compounded by additional experiences of stigma and discrimination attached to other intersecting conditions, attributes or backgrounds. This includes stigma attached to other mental health conditions, physical or cognitive disabilities and under-served populations (e.g., LGBTIQ+ communities, First Nations people, CALD communities).

Impacts of stigma

Experiences of stigma can contribute to poorer psychological, economic, social and physical outcomes for people experiencing an eating disorder (2, 7, 8).

Stigma can cause people to judge, blame and isolate a person experiencing an eating disorder (5). If friends and family do not understand the eating disorder, this can create a barrier between them and the person experiencing the eating disorder, which can create conflict and communication problems (5). This can lead to people distancing themselves from individuals with an eating disorder (5).

Stigma perpetuated by workplaces or educational institutions can reduce the opportunities afforded to people experiencing an eating disorder and can also influence their experiences in work or study environments, including stigmatising or discriminatory treatment by employers, teachers, coworkers and peers.

The stigma projected by society and experienced by a person with an eating disorder can cause them to self-stigmatise and internalise negative attitudes about their condition (5). Self-stigma and internalisation can lower a person's self-esteem and perception of self-worth and increase feelings of isolation and shame (5). This can have implications for their mental and social functioning, including increased feelings of emotional distress, anxiety and depression and a withdrawal from relationships, social activities, education and employment (5).

The discrimination, shame and isolation experienced by people with an eating disorder can restrict their opportunities or willingness to seek help (2, 7, 8). This can delay their access to life-saving support and treatment. As such, increased stigmatisation is associated with increased illness severity and duration (2, 8). This may be compounded if the person experiences stigma in healthcare settings (5, 7, 8).

Addressing stigma

There have been some key efforts to address and reduce stigma surrounding eating disorders. These include the development of public campaigns and initiatives to raise awareness of eating disorders, the development of the Mindframe guidelines for the reporting and portrayal of eating disorders in communication mediums, the establishment of advocacy groups and organisations, and the inclusion of lived experience within policy development, service design and delivery and organisational governance.

Everyone has a role to play in reducing mental health-related stigma and discrimination. Some suggestions and strategies that have been adopted for addressing eating disorder stigma and mental health stigma more broadly are described below (4, 10, 11, 12).

Strategies to reduce self-stigma could include:

- Addressing self-stigma through public stigma reduction initiatives
- Engaging in therapy
- Accessing psychoeducation to better understand eating disorders
- Engaging with peer support to connect with a someone who has been through similar experiences
- Practising mindfulness
- Practising self-advocacy and/or seeking support to do this

Strategies to reduce structural stigma could include:

- Strengthening human rights and anti-discrimination legislation
- Strengthening accountability mechanisms and avenues for making complaints
- Strengthening lived experience leadership and engagement in research, policy and service design, delivery and evaluation
- Educating and training key workforces and cohorts (e.g., health professionals, friends and family, community leaders, HR representatives) about eating disorders and stigma
- Providing safe and empowering environments for people accessing mental health services, e.g., inclusive, safe and affirming care, eliminating restrictive practices, promoting consumer and carer rights
- Improving equity of access to quality healthcare and psychosocial support and services, and ensure equitable provision of services

Strategies to reduce public stigma could include:

- Protest and advocacy strategies, e.g., correcting discriminatory policies or processes within schools or workplaces
- Educational strategies and programs to inform the general public and key cohorts about eating disorders
- Facilitate positive interactions and connections between people experiencing mental health conditions and the general public
- Public health campaigns promoting key messages that can target key priority groups
- Media regulation and adoption of a code of conduct to mediate how eating disorders are represented in the public sphere

What can you do?

- Create a safe space to have honest and open conversations about mental health challenges, and challenges with food, eating and body image with those around you
- Increase your self-awareness and educate yourself and others about mental health and eating disorders
- Recognise and challenge your own biases and assumptions about mental health conditions, disordered eating and body dissatisfaction, and how they present in your thoughts, interactions and behaviours
- Show compassion and empathy for people experiencing mental health struggles and try to gain a better understanding of their experiences
- Be conscious of your language. Use affirming and inclusive terms and avoid using stigmatising language that perpetuates feelings of shame or guilt around eating, shape and weight. The Mindframe guidelines can serve as a guide
- Encourage mental illnesses to be taken as seriously as physical illnesses and to be treated with the same level of understanding, empathy and compassion
- Take an anti-discrimination stance around eating disorders and body shapes and call it out when you see or hear it
- Be inclusive of people regardless of body size and shape

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