

NEDC e-Bulletin

Issue 16 | October 2013



Introduction

Welcome to the October edition of the NEDC e-Bulletin. This month we are exploring common misconceptions about eating disorders and the impact these ‘myths’ have on the prevention, early intervention and treatment of eating disorders. We are also highlighting opportunities to get involved in eating disorders research.

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Genetic framing of eating disorders: a strategy for reducing stigma?



Despite the serious nature of eating disorders, they are not well understood. In the past century, many myths have flourished; characterising eating disorders as a disease of underweight “white upper-class females” who are engaging in a “lifestyle choice” or “phase” due to vanity. Common misconceptions continue to define individuals with eating disorders as self-centred, fragile, unreliable and attention-seeking, and that these individuals “have only themselves to blame”.

Scientific evidence has been instrumental in overturning myths and generating break-throughs in prevention, health care and public policy, yet research still lags behind understanding how to reduce stigmatizing attitudes and beliefs. Recent evidence has suggested that explaining eating disorders as biologically-based psychiatric disorders is helpful for countering stigma in eating disorders, despite findings to the contrary for other mental illnesses, such as schizophrenia and other serious mental illnesses. This may be because eating disorders stigma centres on personal responsibility.

Eating disorders are plagued by “volitional” stigma; people with eating disorders are often perceived as choosing to behave as they do. Survey respondents have indicated that people are more responsible for eating disorders than schizophrenia, depression, panic attacks, and dementia (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000).

Genetic involvement relieves the sense of responsibility for causing the disorder. It may make mental illness appear more serious and disease-like and volition less plausible by focusing on elements outside of a person’s control. In support of this hypothesis, describing anorexia nervosa in terms of genetics has been shown to elicit less blame or responsibility, as well as less perceived triviality, weakness, and selfishness (Crisafulli, Thompson-Brenner, Franko, Eddy, & Herzog, 2010).

Promoting greater awareness of the role of biogenetic factors in the development of eating disorders might also be conducive to greater recognition of the severity

and public health significance of these conditions and greater acceptance by those diagnosed with an eating disorder of the need for medically oriented interventions where indicated, such as treatment from a psychiatrist and/or the use of psychotropic medication.

However, there is the risk that biological attribution would indicate that the problem is an essential, defining, and perhaps immutable characteristic of the person. This “genetic essentialism” could draw attention away from the role of developmental and/or psychosocial factors in the development of disordered eating and the need to address these factors in treatment and recovery. Furthermore, findings from a recent, qualitative study suggest that promoting biogenetic accounts of aetiology may have the effect of reducing motivation for change and, perhaps, engendering a sense of helplessness by highlighting the need for treatment that is not currently available.

For these reasons, promoting adherence to a biogenetic model of mental illness at the exclusion of other causal explanations is not the most effective way to reduce the stigma toward individuals with eating disorders.

It is important that our responses to eating disorders address the interplay between genetic and personality vulnerabilities and social and environmental triggers. An alternative approach would focus on improving awareness and understanding of the risk factors that occur at the population level and the distress and disability associated with these. A strategy of this kind has the potential to improve awareness of the public health significance of eating disordered behaviour and reduce the stigma of sufferers without encouraging fatalistic, reductionist, and self-fulfilling genetic prophecies.

References:

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New NEDC resource: Eating Disorders Myths



Research indicates that there are generally low levels of mental health literacy in the community. General beliefs and misunderstanding about mental health affect community responses to eating disorders.

It is important that everyone understands the facts about mental health and eating disorders. This leads not only to a more aware and accepting community, but also improves prevention, early identification and help-seeking.

To give the Australian public access to factual information about eating disorders we have updated our [Eating Disorders Myths page](#). Highlighting the truth behind five of the most common misconceptions about eating disorders, we hope this page will serve as a valuable resource for our diverse web audience which includes young people, families and carers, clinicians and education and health and fitness professionals.

We have also created an [Eating Disorders Myths infographic](#) summarising the key points on our myths page for use with young people and across social media platforms. A high resolution version of this image can be downloaded from our website.

Visit the new [Eating Disorders Myths page](#).

Opportunities to get involved



Participate in a research study

There are a number of exciting research studies on eating disorders currently taking place in Australia. Many of these researchers are actively looking for participants.

*To foster collaboration and research participation we maintain a directory of ethically approved **Australian research projects** on our website. If you are interested in participating, or know someone who might be interested, check out our research directory.*

If you have a current research study that you would like us to include in our listings, or you would like some help recruiting study participants, contact us at info@nedc.com.au.

Stigmatisation of eating disorders

About: This study aims to improve our understanding of stigma in the context of eating disorders. The study asks questions about the stigma you have experienced and about what kinds of attitudes/beliefs you consider most important or damaging. In analysing the results, the study aims to explore differences in stigma felt by men and women with eating disorders, and between people with different types of eating disorders.

Participation involves: The study is an online questionnaire that you can complete on your home computer or on your smart phone. The study takes between 15 and 20 minutes to complete.

More info: Visit the [Sydney University School of Psychology website](#) for more information and how to participate.

Anorexia Nervosa Genetics Initiative (ANGI)

About: The Anorexia Nervosa Genetics Initiative (ANGI) is a global effort to identify genes that contribute to eating disorders. The goal of the study is to transform our knowledge about the causes of anorexia nervosa and to work toward greater understanding.

Participation involves: Participants are asked to complete a brief 30-minute online questionnaire about their eating habits, and if eligible, will be asked to donate a blood sample for DNA extraction and storage.

More info: Contact ANGI on their free call number 1800 257 179 or email angi@qimr.edu.au. To start the survey please visit their [website](#).

Healthy eating behaviours in male gym users

About: It is anticipated that the data collected during this study will assist us in improving our understanding about the factors associated with the development of eating behaviours in adult males who use health and fitness centres.

Participation involves: Completion of a short questionnaire.

More info: More information can be found on the [questionnaire page](#).