

## Exploring Pathways Towards the Destigmatization of Eating Disorders

Michele Crisafulli, M.A.

New England Eating Disorders Research Collaborative  
November 3, 2008

Prior research has shown that eating disorders are stigmatized conditions. In particular, there is evidence that individuals with eating disorders are subject to a stigma of blame. That is, they tend to be held responsible for their condition, more so than individuals with many other types of mental illness, particularly those that are perceived as more biologically-based. Researchers have speculated that part of the reason why individuals with eating disorders are seen as to blame for their condition may be that the general public does not tend to perceive them as biologically-based conditions.

In collaboration with colleagues at the University of North Carolina at Chapel Hill, I conducted a study to experimentally test this hypothesis. We divided 98 female nursing students into two groups, giving one group information that explained anorexia as a biological disorder and the other group information that explained it as a sociocultural disorder. We found that the group who received information about the biological underpinnings of anorexia were less likely to exhibit blaming attitudes, less likely to attribute anorexia to vanity, and more likely to express willingness to sign a petition advocating equal insurance coverage for people with anorexia as for people with other illnesses. These findings suggest that one pathway towards destigmatizing anorexia might be greater dissemination of research on the biology and genetics of the disorder. However, there may be detrimental effects associated with this approach, and to tout anorexia as purely biological is as inaccurate as to describe it as purely sociocultural.

Currently, at Boston University and the Harris Center, we are collecting data for a study that builds upon the one described above. In this study, stimulus materials are video tapes, instead of paper information sheets. In addition, there are three groups instead of two. One group will receive information about the biology of anorexia, one will receive information about sociocultural factors that contribute to the disorder, and one will receive information about the way in which genes and the environment *interact* to produce the disorder. We hypothesize that individuals in the biological and interaction groups will exhibit less blame-based stigma than individuals in the sociocultural group.