

Ouachita Baptist University

Scholarly Commons @ Ouachita

Scholars Day Conference

Scholars Day 2023

Apr 26th, 4:30 PM - 4:45 PM

The Stigmatization of Eating Disorders: The South vs. The World

Maria Urbina

Ouachita Baptist University

Follow this and additional works at: https://scholarlycommons.obu.edu/scholars_day_conference



Part of the [Dietetics and Clinical Nutrition Commons](#), and the [Psychology Commons](#)

Urbina, Maria, "The Stigmatization of Eating Disorders: The South vs. The World" (2023). *Scholars Day Conference*. 1.

https://scholarlycommons.obu.edu/scholars_day_conference/2023/honors_theses_e/1

This Thesis is brought to you for free and open access by the Carl Goodson Honors Program at Scholarly Commons @ Ouachita. It has been accepted for inclusion in Scholars Day Conference by an authorized administrator of Scholarly Commons @ Ouachita. For more information, please contact mortensona@obu.edu.



The Stigmatization of Eating Disorders Based on Different Cultures: the South vs the World

BY: MARIA URBINA





01

Introduction

**Just in the United States alone, 28.8 million
of Americans will have an eating disorder in
their lifetime.**

What are Eating Disorders (ED)

- Mental illnesses in which the people suffer severe disturbances in their eating behaviors and related thoughts and emotions.
 - Involve extreme emotions, attitudes, and behaviors surrounding weight, food, and size.
 - Currently, the APA recognizes four clinical eating disorders in *DSM-V*:
 - **Anorexia nervosa (AN)**
 - **Bulimia nervosa (BN)**
 - **Binge eating disorder (BED)**
 - **Other specified feeding or eating disorder (OSFED)**
-

Anorexia Nervosa (AN)

- Characterized by **excessive** weight loss
 - Anorexia nervosa is likely the best-known eating disorder and also the deadliest mental illness
 - It is primarily characterized by self-starvation
 - **Warning signs of AN:** Familiarity with eating disorder warning signs is vital to early intervention.
 - Dramatic weight loss
 - Preoccupation with weight, food, calories, and dieting
 - Consistent excuses to avoid mealtimes or situations involving food
 - Withdrawal from usual friends and activities
 - Extreme exercise
-

-
- **Symptoms:**
 - Dry skin
 - Brittle hair
 - Fainting and Fatigue
 - Cardiovascular Problems
 - Electrolyte Imbalance (Na and K)
 - Stunted growth
 - For females- amenorrhea and difficulty with infertility

Bulimia Nervosa (BN)

- Bulimia is characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating.
 - This disorder may be hard to diagnose or detect because it is more secretive than the others.
 - A person might eat normally in front of others, but once they get home they purge in private.
 - Also referred as the “invisible disorder”
 - People with bulimia tend to fall within the normal range for their weight, so it might not be as easy to determine based on looks.
-

- **Warning Signs:**

- Frequent trips to bathroom after meals
 - Excessive, rigid exercise regimen; compulsive need to “burn off” calories taken in
 - Discoloration or staining of the teeth
 - Withdrawal from usual friends and activities
 - Russell’s sign
-

-Symptoms:

- Russell's Signs
- Swollen glands
- Discoloration of the teeth
- Acid reflux
- Ulcers
- Electrolyte imbalance (Na and K)

Binge-Eating Disorder (BED)

- BED is characterized by sessions of binge eating.
 - It differs from bulimia in that there is no compensatory behavior like purging.
 - An important component of BED is that the person feels out of control during the binge, and distressed following it.
 - BED is the most common eating disorder in the United States, and it's often misunderstood as just overeating.
-

- **Warning signs of BED:**

- Secretive about eating or binge episodes
- Repeated episodes of dieting or attempts at weight loss
- Large amounts of food may be missing from pantry or found in trash
- Larger than normal amounts of money spent on food
- Secret stashes of food or empty wrappers

- **Symptoms:**

- Musculoskeletal problems
 - Gallbladder disease
 - High blood pressure; high cholesterol; heart disease
 - Type II diabetes
-

Other Specified Feeding or Eating Disorder (OSFED)

- A feeding or eating disorder that causes significant distress or impairment, but does not meet the criteria for another feeding or eating disorder.
 - **Atypical Anorexia Nervosa:** criteria for AN met but weight is not below normal
 - **Subthreshold Bulimia Nervosa:** criteria for BN met but with less frequent occurrences
 - **Subthreshold Binge Eating Disorder:** criteria for BED met but occurs at a lower frequency
-

The Role of Culture

- Outside the United States, eating disorders have been considered to be much rarer. Across cultures, variations occur in the ideals of beauty.
- In many non-Western societies, plumpness is considered attractive and desirable, and may be associated with prosperity, fertility, success and economic security.
- In such cultures, eating disorders are found much less commonly than in Western nations.

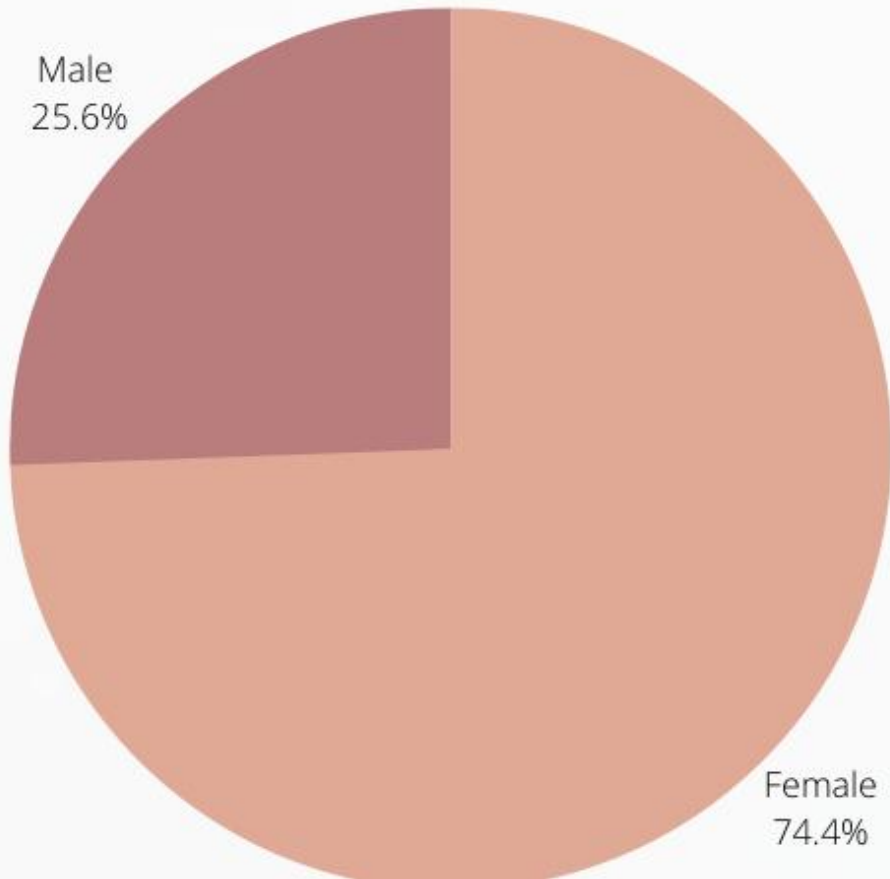
-
- **Latin culture:**
 - Latinos have elevated rates of any binge eating and binge eating disorder but low prevalence of anorexia nervosa and bulimia nervosa.
 - The US born and those living a greater percentage of their lifetime in the US evidenced higher risk for certain eating disorders while severe obesity and low levels of education were significant correlates.
 - Rates of treatment utilization were exceedingly low.
 - **Middle Eastern: Muslim Culture**
 - They limit the social behavior of women according to male dictates; in such societies, eating disorders are virtually unknown
 - **Hong Kong and India**
 - In these countries, anorexia is not accompanied by a "fear of fatness" or a desire to be thin; instead, anorexic individuals in these countries have been reported to be motivated by the desire to fast for religious purposes
-

02

Results of my study

2.1

Demographics



GENDER

FEMALE- 96 PARTICIPANTS

MALE- 33 PARTICIPANTS

States Represented

-Arkansas- 80

-Texas- 28

-Oklahoma-5

-Louisiana -2

-Mississippi-1

-Missouri-1

-Florida-1

-Nevada-1

-California-1

Total of 121 Americans, but 1 person omitted their state



Countries Represented



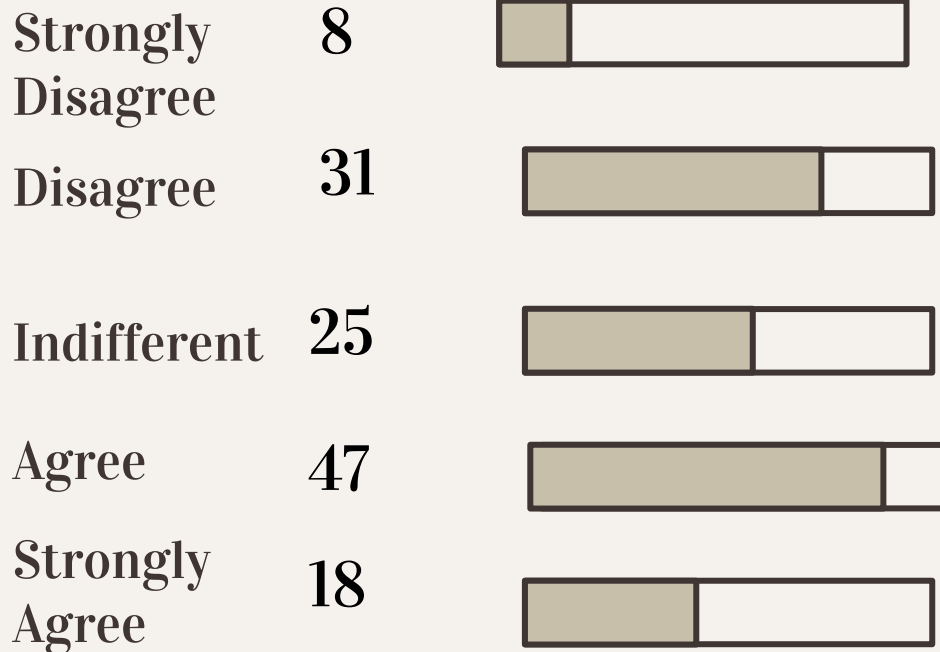
**A total of 9
countries
surveyed**

2.2

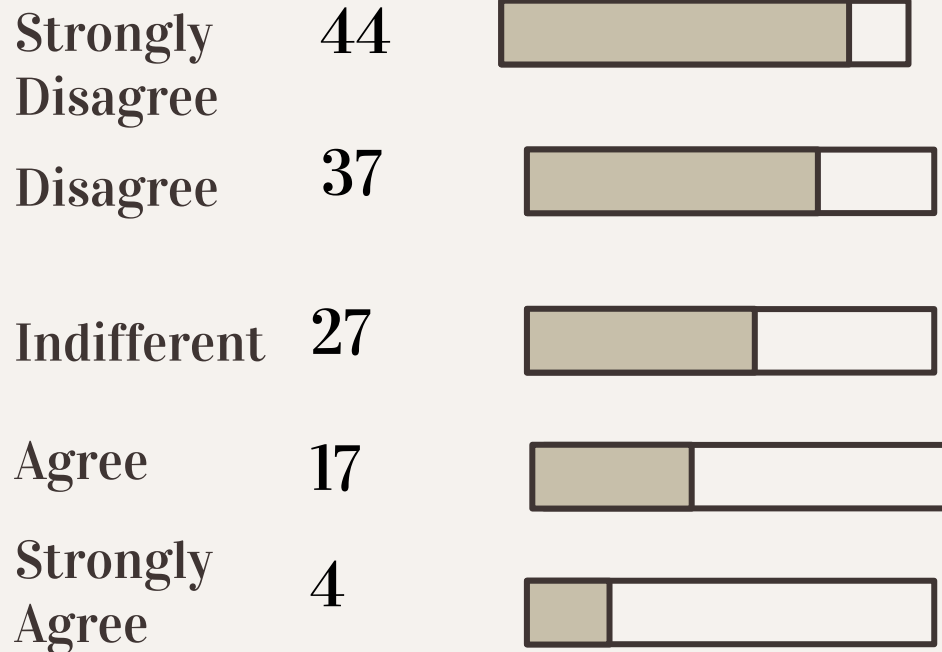
Culture & Diet Questions

A decorative curved line starts from the left edge of the slide, curves downwards and to the right, crossing the bottom horizontal line, and then continues to curve downwards towards the bottom left corner.

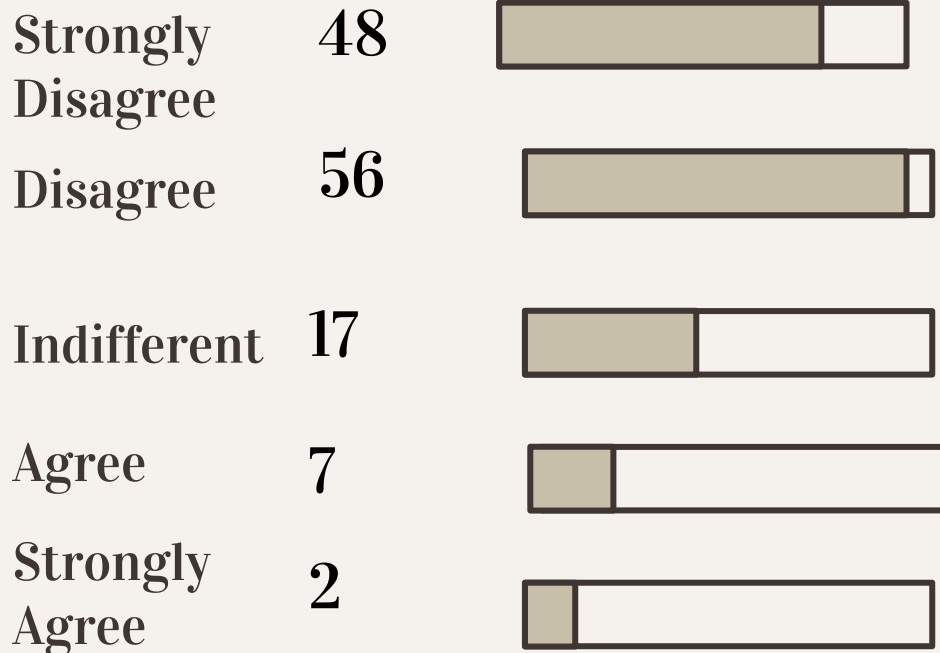
I. I worry about my weight and body shape more than other people



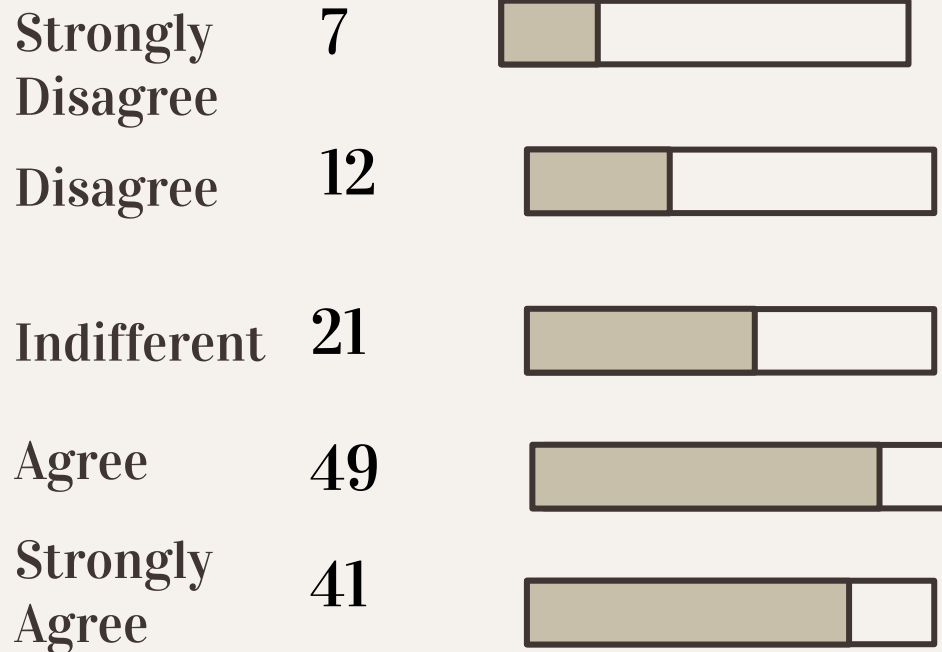
II. I am a frequent dieter



III. My weight is the most important thing in my life



IV. I often find myself comparing my physique to other



2.3

Open Response:

How has your community/culture affected your view on eating disorders?



Arkansas

“it’s better to look good than to feel good”

“I’ve never payed attention to it until I came to college because my family always told me eating disorders are not real”

“my culture makes me feel like having an eating disorder is normal and sometimes even encouraged”,

“it has made me think they are fake and it’s just people looking for attention or it isn’t a disorder just a way to say you have a problem”

“food is being treated as something that can bring disease or cause for disorders instead of something that is beneficial”

“It’s been shamed and seen as silly”

Texas

“I really don't hear a lot about eating disorders in my community, but as an athlete I hear a lot”

“that they don't really exist and do not happen around us”

“my community has taught me that people with eating disorders lacks self confidence”

“I view them as very negative and as an entrapment as much as an obsession”

“I'm a runner, so everyone has one or has struggled with one”

“thinner people as more successful.”

Other States

“for me the eating side of it is not because of a disorder I just have to make weight for my sport, but social media has caused me to constantly compare myself to others”

“my athletic community has made me realize that it is extremely easy to stress about food and develop an eating disorder”

“They see it as something silly and that is only that person's fault, its something they can get out of at”

Countries

I've done all the research by myself,
I haven't learned anything from my
culture except to **internalize** it"

-Colombia

"I feel some pressure to fit in the
social pattern of body shape,
but sometimes society
influences me to be better."

-Brazil

My culture **does not
really recognize** eating
disorders. My community
however is one that sees
them and has educated
me on them.

-Kenya

"We have very little knowledge
on eating disorders but
generally YOUNG people that
were fat are told to just eat less.
It's normal for older people to
be fat"

-Iraq

"They do not put a lot of
emphasis on them."

-Brazil

"My culture has taught me it is
so **easy to obtain** an eating
disorder only by body shaming."

-Bolivia

2.4

Open Response:

What's your cultures/community ideal body shape?



Arkansas

“Skinny”

“slim body for women and muscular for men”

“ slender, thin with large hips and breast”

“for men, muscular and lean, fit”

“ no fat rolls”

“Mrs. Incredible”

“thin and tall”

Texas

“Skinny”

“for men to be athletic and very aesthetically built and for women to be skinny but have a great curvy physique”

“for men toned muscles”

“women to be more slim-thick, toned, curvy with confidence, and small waist with skinny legs”

“Strong build with more weight”

“Small waist, abs, a more full bottom and chest area (for females.) Abs, muscular, tall (for men.)”

“Thin/skinny but with just the right curves”

“Hourglass figure and long legs”

Countries

- **Brazil**

- “medium height, skinny with curves, skinny with thick legs, hips, and butt.”
- “Not extremely tall neither short, around the 5ft- 6ft, tan, and skinny with curves.”

- **Colombia**

- “be curvy but skinny and have big breasts, waist and butt.”

- **Bolivia**

- “for men to be “athletic type with marked abdomen and muscles” and for women to be “skinny and have small waist.”
-

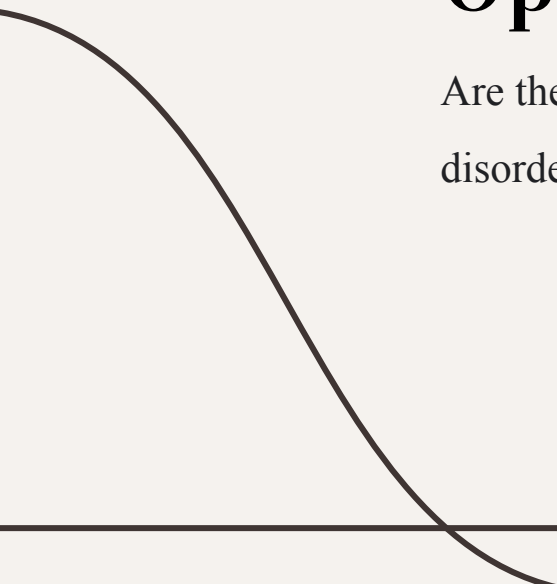
Countries

- **Kenya**
 - “Stronger built with more weight”
 - **Iraq**
 - “It affects what I would consider “healthy”. For example, I don’t work out like crazy to loose weight because having a small belly is considered feminine in my culture. When I work out it’s more geared toward having a more healthy life rather than losing weight. When I eat I don’t cut fat and carbs but I limit them.
 - **Australia**
 - “Athletic”
-

2.5

Open Response:

Are there resources in your community/ culture to help people recover from an eating disorder? If so, explain



Overall Knowledge on Resource Availability

53 (43%) of the participants knew that there were resources and
treatment options in their communities

31(25%) said there were no resources available

40 (32%) said they did not know

03

Prevention and Treatment

- **Prevention**

- Education is KEY
 - Realistic beauty standards
 - Social Media
 - Body comments
 - And many more!
-

-
- Full recovery from an eating disorder is possible. Early detection and intervention are important.
 - **Treatment:**
 - Very individualized
 - Seek help!
 - Important to have a multidisciplinary team: Dietitian, Doctor, Psychologist
 - Main goal: Stabilize weight and work to develop a healthy relationship with food.
 - Resource groups
-

Thank You!

Resources

1. Harvard. Report: Economic cost of eating disorders. Available at: <https://www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/> . Accessed March 12, 2023.
 2. Arcelus J, Mitchell AJ, Wales J, Nielsen S. Mortality rates in patients with anorexia nervosa and other eating disorders: a meta-analysis of 36 studies. *Arch Gen Psychiatry*. 2011;68(7):724–731. doi:10.1001/archgenpsychiatry.2011.74
 3. American Psychiatric Association. What are eating disorders? Available at: <https://www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders>. Accessed March 12, 2023.
<https://www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders>
 4. National Eating Disorders Association. Anorexia nervosa. Available at: <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/anorexia>. Accessed March 12, 2023. <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/anorexia>
 5. Flatt RE, Thornton LM, Fitzsimmons-Craft EE, et al. Comparing eating disorder characteristics and treatment in self-identified competitive athletes and non-athletes from the National Eating Disorders Association online screening tool. *Int J Eat Disord*. 2021; 54: 365–375. <https://doi.org/10.1002/eat.23415>
 6. Patel RS, Olten B, Patel P, Shah K, Mansuri Z. Hospitalization outcomes and comorbidities of bulimia nervosa: a nationwide inpatient study. *Cureus*. 2018;10(5):e2583.doi:10.7759/cureus.2583
-