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

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SENIOR THESIS APPROVAL

This Honors thesis entitled

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

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the requirements for completion of
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meets the criteria for acceptance
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Abstract

Introduction: Eating Disorders (ED) are a current pandemic affecting boys, girls, men, and women of all ages, races, sizes, and backgrounds. Just in the United States alone, nine percent of the population, or 28.8 million Americans, will have an eating disorder in their lifetime.[1] This statistic only takes into account the people who sought help, but there are still millions that go untreated or undiagnosed throughout their lifetime. According to the American Psychiatric Association, ED is defined as behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions.[3] Some of the common ED include anorexia nervosa, bulimia nervosa and binge-eating.

Methods: A cohort study was conducted between October 24th, 2022 to October 30th, 2022 at Ouachita Baptist University (OBU). An online survey was conducted, and a QR code was used for easy access. The survey was given to male and female students from all the different schools across campus, including Natural Sciences, Social Sciences, Education, Business, Christian Studies, Fine Arts, and Humanities. There were a total of 130 participants in this research. All the responses remained anonymous.

Results: The greater percentage of participants were 18 years old, in the freshman classification, and female. Most of the participants have an overall knowledge on what ED are and what it entails. Overall, Southern beauty standards for women were based on their thinness and for men on their muscle mass.

Conclusion: Due to society's impossible beauty standards, many people are prone to develop an ED. It is important to provide proper education to prevent this disease but also to provide proper treatment.

Purpose of Statement

The purpose of this study was to research the education and knowledge people have on eating disorders. Also, to determine how the culture and community can affect people's thoughts on beauty standards and body image, and to provide easy and helpful guides to stop the eating disorder epidemic and encourage body positivity.

Significance of the Study

In today's society, the value a person has is based on their physical appearance. Society has set such high standards for males and females of what beauty is and this causes people to do the impossible to fit in. Being underweight is synonymous with being beautiful, successful, and powerful, and being overweight is viewed as ugly, lazy, and not worthy of love. People have assigned worth to body shape, and this has caused widespread diseases and eating disorders.

No one is exempt from developing an eating disorder. Adolescents are the most prone to develop a disorder due to social media interaction, elevated hormones, and body comments by family and friends. Society has deemed it correct to give compliments based on body shape and appearance, and although it might be innocent, it might lead to self-consciousness and body dysmorphia, obsessive focus on the negative parts of one's body.

Culture plays a big factor in the development of eating disorders. In some cultures it is normal to give nicknames based on a person's weight. In other cultures being overweight is the standard goal. Beauty standards vary across the world, so it is important to evaluate beauty with an international view in mind. Education is an important factor when it comes to the prevention and awareness of this disorder. Giving people proper knowledge of how eating disorders develop and treatment options can help prevent the damage and save so many lives.

That is why this study is important to educate the population on detection, prevention, and treatment of eating disorders. Change can start with the words people use to talk about food and body, and many lives can be changed by developing a healthy view of food and beauty.

Review of Literature

Eating disorders (ED) are a current pandemic affecting boys, girls, men and women of all ages, races, sizes, and backgrounds. Just in the United States alone, 28.8 million of Americans will have an eating disorder in their lifetime.[1] This statistic only takes into account the people who sought help, but there are still millions that go untreated or undiagnosed throughout their lifetime. Worldwide, ED affects at least nine percent of the population.[2] It might seem a small percentage, but not all the countries have an accurate ED representation and statistics, so most of them go unnoticed. According to the American Psychiatric Association, ED is defined as behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions.[3] Some of the common ED include anorexia nervosa, bulimia nervosa and binge-eating. There are also less common ED such as, Disordered Eating, Avoidant Restrictive Food Intake Disorder, and Pica. Since ED are not talked about enough, it might seem that it is not as big of a problem. There are about 10,200 deaths each year that are a direct result of an eating disorder—that's one death every 52 minutes.[1] There are several comorbidities associated with ED including depressive disorders, anxiety, and mood disorders. With the comorbidities associated, especially major depressive disorder, 26% of people attempt suicide.[2] ED affects all areas of someone's life, such as physically, mentally, spiritually, and socially.[1,2] Prevention and education are intrinsic in order to stop this cycle.

One of the most common ED is anorexia nervosa. Anorexia is characterized by extreme weight loss and distorted body image. People with anorexia generally follow a very strict calorie deficient diet and monitor closely the types of food they eat.[3,4] Some comorbidities found with anorexia is that people tend to exercise compulsively, purge via vomiting and laxatives, and sometimes even binge eat.[4] Anorexia can affect anybody, but athletes and teenage girls are more prone to develop this disorder. Studies show that athletes are more likely to screen for an eating disorder than non-athletes, but there are no exact percentages across all probable eating disorder diagnoses due to its similarities.[5] It is important to conduct proper education and monitor symptoms to prevent the body from shutting down due to low energy intake.

Another common ED is bulimia nervosa. Bulimia is characterized by a cycle of binging and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating.[5] 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. 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.[5,6] Bulimia can cause constipation, inflamed esophagus, and discoloration of the teeth due to the acidity of the vomit. A study showed that 92% of hospital admissions for this disorder are for women.[6] This disorder is more prone to affect women, specifically teenage girls, but men can also be affected. Some common comorbidities include diabetes, drug use, depression, anxiety, hypertension, and sometimes it can lead to developing anorexia. Schlegel et al. did a study during the COVID-19 pandemic and discovered that 40% of the people that already had bulimia developed new symptoms during lockdown and that the purging increased.[7] This study showed the importance of treating this

disorder with a multidisciplinary team made up of a psychologist, dietitian, and doctor to prevent people from developing new symptoms.

Binge eating is known as having binging episodes where a person feels a loss of control or power over food consumption. Unlike bulimia, binge eating episodes are not followed by the purging or excessive exercise that bulimia does. That is why some of the comorbidities for this disorder are obesity or overweight, depression, diabetes, hypertension, and chronic pain.[8] After anorexia, binge eating is the second most common eating disorder in the United States, affecting all genders and races.[1] Nearly two-thirds of people who meet the criteria for this disorder experience binge eating episodes over the span of one year or longer.[8] Like the other disorders, it does not only affect the person socially, but it also interferes with normal day activities.

The first case for anorexia was reported in 1689 by a physician named Morton. Then by 1873 both anorexia and bulimia were officially recognized as symptoms of an eating disorder syndrome.[9] In the early days these disorders were both characterized by the intense desire for thinness based on social influences. Four centuries later, this remains one of the biggest factors that leads to the development of an ED.[10] There are also other factors that influence an ED such as genetics. Some people have a genetic predisposition for ED and puts them at a higher risk for developing one.[9] Another factor can be emotional trauma, and they turn to ED as a coping mechanism to escape or numb their feelings. Henderson et al. showed that individuals with ED tend to find it difficult to describe and identify the current emotions they feel. This causes them to become overwhelmed with anger, sadness, worry, loneliness, frustration, and guilt. All these emotions build up and causes them to keep the cycle of ED because they are too ashamed or consumed by guilt.[10]

ED prevention can be done by anyone. Just a small change in the way people talk can impact someone's life. Research has shown that there has been an overall improvement in the past three decades for treatment options for ED.[11] Despite the improvement, there are still many areas in which the health systems fail the population. Àgh et al. reported that in 2016 the yearly health care cost for ED treatment was $2,227 to $41,121 for anorexia, $661 to $14,004 for bulimia, and $1,311 to $2,159 for binge eating.[12] Not many people can afford this type of medical care so they go untreated. By providing proper prevention education to the population, people would be more aware of the word choices and comments said. Culture also plays a big role in the development of ED. A study showed that there was a 22% increase in the prevalence of ED from 1990 to 2019 in Middle Eastern countries.[13] Each culture has different beauty standards and that impacts the development of ED.

ED is a very complex and difficult topic. This study will focus on the beauty standards set in the Southern United States and some other countries and see how culture shapes those standards, encourages eating disorders, and treatment availability in the community.

Methods

A cohort study was conducted between October 24th, 2022, to October 30th, 2022, at Ouachita Baptist University (OBU). A 10- minute online survey was developed to determine the overall knowledge and education the OBU community had on ED. The OBU Institutional Review Board approved the research proposal and the final draft of the survey, and informed consent was obtained from all participants. All the subjects had to be current OBU students and 18 years or older to participate. A pretest of this survey was conducted in the Spring of 2022 to 10 participants, five females and five males, to check for the accuracy of word choice, test the duration of the survey, and to see the effectiveness of the survey.

An online survey was conducted, and a QR code was provided for easy access. The survey was given to male and female students from all the different schools, including Natural Sciences, Social Sciences, Education, Business, Christian Studies, Fine Arts, and Humanities. Some professors allowed students to take the survey during class time. The rest of the subjects were found by getting participants through social clubs, friends, and recruited through word of mouth. An important factor being studied was the effects of culture, so the International Club was asked to participate and provide their perspective on what the beauty standards were based on in the different cultures. There were a total of 130 participants in this research. Some professors gave extra credit opportunities for participating in this survey, but otherwise no compensation was given to the participants who completed the survey. All the responses remained anonymous.

The first part of the survey consisted of demographic questions. The demographic questions were based on gender, age, ethnicity, school of education, college classification, and hometown. The second part included questions about diet behaviors and beauty standards. These questions were asked in a Strongly Disagree to Strongly Agree scale. Then, the survey directed the participants to indicate overall the general knowledge acquired for ED in multiple choice format. The third part of the survey asked questions about the participants' lifestyle and eating behaviors in the format of Always to Never. The fourth part of the survey consisted of an open response format about culture and community, and how that affected the prevalence of ED. The final part of the survey was a food frequency questionnaire, and participants had to answer from Always to Never.

Results

Demographics

The first question of demographics asked was about age. Out of the 130 responses, 36 (27%) of the participants were 18 years old, 25 (20%) were 19 years old, 24 (19%) were 20 years old, 27 (21%) were 21 years old, 10 (7%) were 22 years old, 7 (5%) were 23 years old, and only 1 (1%) was 28 years old.The second question was regarding classification. See Figure 1. The third question was regarding gender, and 96 (74%) of the participants were female and 33 (26%) were males.

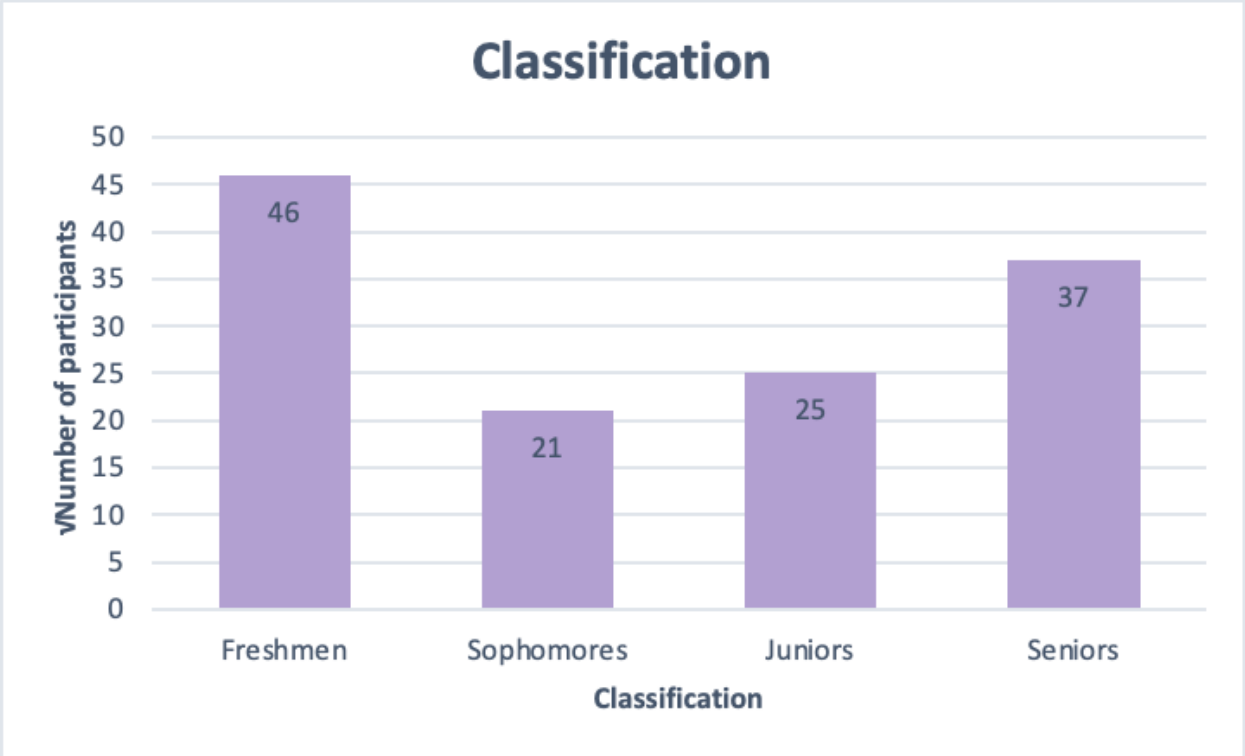

Figure 1. Participants current year classification

The next question was about the participants' home state. A total of 121 (93%) were from the United States, and 9 (7%) of the participants were from another country. There were also other countries represented, 2 (%) of the participants were from Brazil, 1 (1%) form Nigeria,

1(1%) from Kuwait, 1 (1%) from Kenya, 1 (1%) from Australia, 1(1%) from Bolivia, 1(1%) from Colombia, and 1(1%) from Iraq. There was a total of eight countries represented apart from the United States.

As to ethnicity, 97 (75%) of the participants classified themselves as Caucasians, 10 (7%) African Americans, 6 (4%) Mixed Ethnicities, 5 (4%) Hispanic, 4 (3%) Asian, 2 (2%) American Indian or Alaska Natives, 2 (1.5%) Latin American, 2(1.5%) Africans, 1 (1%) Asian Mixed Pacific Islanders, and 1 (1%) Middle Eastern.

The final question in the demographic section was about the majors represented amongst the participants. See Figure 2.

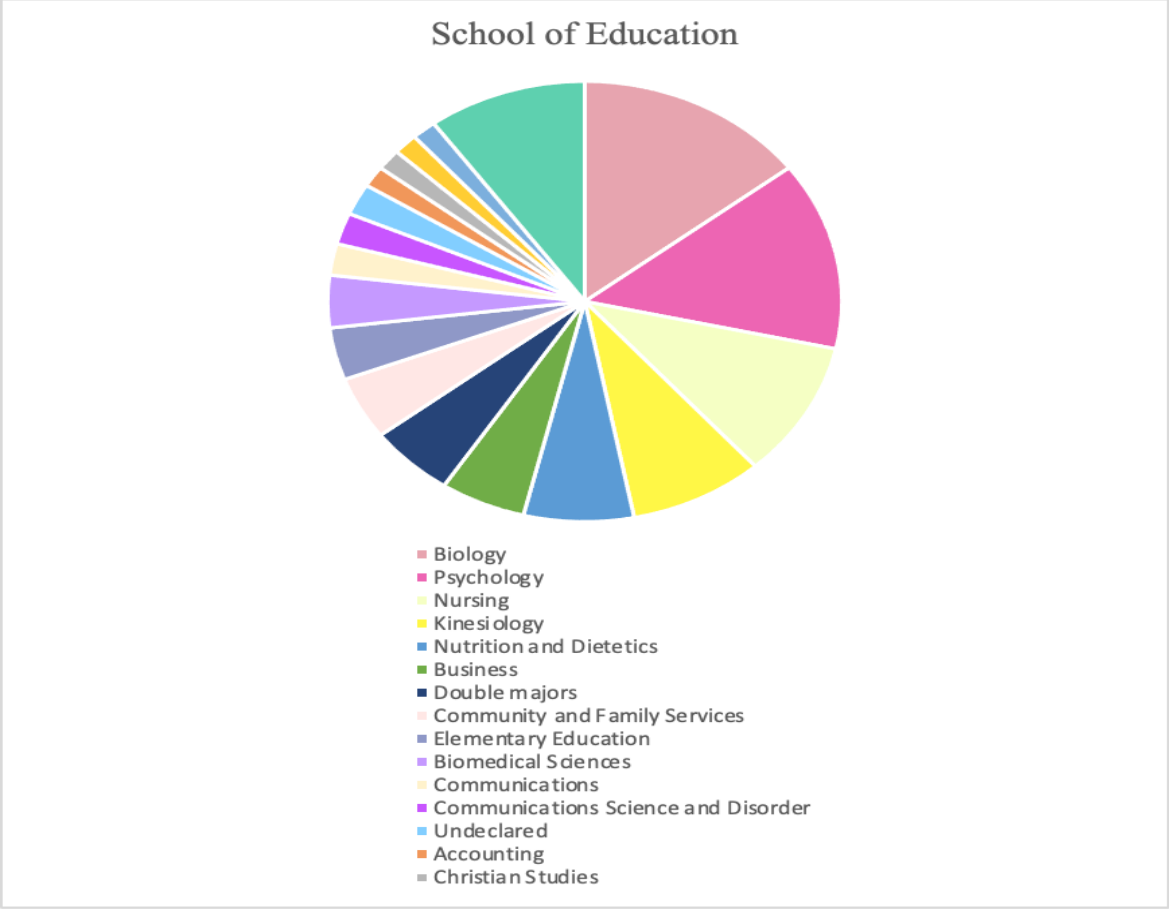

Figure 2. Schools of education according to each participant

Culture and Diet Questions

The first statement was "I worry about my weight and body shape more than other people." A total of 18(14%) participants said Strongly Agree, 47(36%) Agreed, 31(24%) Disagreed, 8(6%) Strongly Disagreed, and 25(20%) were Indifferent. The next statement was "I am a frequent dieter", 44 (34%) said Strongly Disagree, 37(29%) Disagreed, 27(21%) were Indifferent, 17 (13%) Agreed, and 4(3%) said Strongly Agree. The third statement was "My weight is the most important thing in my life." Forty-eight (37%) said Strongly Disagree, 56 (43%) Disagreed, 17(13%) were Indifferent, 7(5%) Agreed, and 2(2%) said Strongly Agree. The next statement was "I often find myself comparing my physique to that of professional athletes." Twenty-one (16%) participants said Strongly Disagree, 27(21%) Disagreed, 26 (20%) were Indifferent, 35 (27%) Agreed, and 21(16%) said Strongly Agree. The following statement was "I often find myself comparing my physique to others." A total of 7(5%) said Strongly Disagree, 12(9%) Disagreed, 21(16%) were Indifferent, 49(38%) Agreed, and 41(32%) said Strongly Agree. The second to last statement was "In my culture, someone with a well- built body (thin, slender) has a greater chance of being successful in their careers" 13(10%) said Strongly Disagree, 25(19%) Disagreed, 31(23%) were Indifferent, 39(30%) Agreed, and 22(18%) said Strongly Agree. The final statement said "Where I'm from there are resources to help recover from an eating disorder." Nine (7%) participants said Strongly Disagree, 28(22%) Disagreed, 39(30%) were Indifferent, 37(28%) Agreed, and 17(13%) said Strongly Agree.

General Knowledge on Eating Disorders

The first question was "What is an eating disorder?" To this question 126 (97%) of the participants selected the correct answer and only 4(3%) selected the option of "a lifestyle people deliberately partake…" The second question was a true or false statement that said, "About the

same number of males and females get anorexia nervosa". A total of 113(87%) of the population said false and only 17(13%) said true. The next question was also in true or false format and the statement was "People with eating disorders often don't know they are ill, or they hide their condition". There was a total of 128(99%) of the participants that said true and 2(1%) said false. The final question for this category was "Which of the following is a type of eating disorder?" A total of 129(99%) of the participants selected all of the above options; meanwhile, only one (1%) participant selected just anorexia.

Eating Behavior and Lifestyle Questions

The first question asked was, "Do you find yourself paying more attention to what you eat when you're eating with others?" There was a total of 21(16%) said Never, 28(22%) Rarely, 46(35%) Sometimes, 26(20%) Often, and 9(7%) said Always. The second question was "Do you give too much time and thought to food?" A total of 13(10%) said Never, 37(28%) Rarely, 44(34%) Sometimes, 29(22%) Often, and 7(6%) said Always. Next question was "How likely are you to shop for low calorie foods? There were 25(19%) participants that said Never, 39 (30%) Rarely, 38(29%) Sometimes, 14(12%) Often, and 13(10%) said Always. The next question was "How often do you weigh yourself?" The results were 19(15%) of the participants said Never, 45(35%) Rarely, 36(28%) Sometimes, 23(18%) Often, and 7(4%) said Always.The following question was "Do you work out at least 3 times a week?" A total of 26 (20%) said Never, 19(15%) Rarely, 16(12%) Sometimes, 23(18%) Often, and 46(35%) said Always.The final statement was "I wear clothes that will divert attention from my weight." There were 28(22%) said Never, 33(25%) Rarely, 29(23%) Sometimes, 24(18%) Often, and 16(12%) said Always.

Open Response

There were several responses for the open response questions, so a summary of the overall answers will be provided. The first question was “How has your community/culture affected your view on eating disorders?” The following answers are from participants from Arkansas residents: “It's been shamed and seen as silly”, “it’s not talked about so I am unsure about something besides basic facts”, “it’s often something that is paid more attention to in women than men, there is not much support for any people with eating disorder and it’s very suppressed societally”, “it’s not talked about like it’s secretive, it’s very hidden”, “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”, “I’m a runner, so everyone has one or has struggled with one”, “my culture makes me feel like having an eating disorder is normal and sometimes even encouraged”, “I’ve never paid attention to it until I came to college because my family always told me eating disorders are not real”, and “it’s better to look good than to feel good”.

The following statements are from the responses gathered from Texas residents: “that they don’t really exist and do not happen around us”, “I’ve been skinny my whole life so I feel like I have to stay that way”, “I view them as very negative and as an entrapment as much as an obsession”, “my community has taught me that people with eating disorders lacks self-confidence”, “I really don't hear a lot about eating disorders in my community, but as an athlete I hear a lot”, and “my community sees thinner people as more successful.”

Other states such as Oklahoma, Mississippi, Louisiana, and Florida residents said the following: “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", "my community emphasized people showing off their bodies online or seeing girls wearing revealing clothing", "my community hasn't affected me very much but I'm a healthy person", and "I've learned a lot in high schools and college about this."

For international cultures, one response from Colombia said " I've done all the research by myself, I haven't learned anything from my culture except to internalize it". One response from Brazil said, "I feel some pressure to fit in the social pattern of body shape, but sometimes society influences me to be better." Another response from Brazil said "They do not put a lot of emphasis on them." Finally, one response from Bolivia said, "My culture has taught me it is so easy to obtain an eating disorder only by body shaming."

The next question was, "What's your culture's/ community's ideal body shape or definition of beauty?" The majority of the answers for Arkansas residents consisted of ,"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." The Texan residents replied with, "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." The Brazilian beauty standards are "medium height, skinny with curves, skinny with thick legs, hips, and butt." According to Colombian beauty standards, women should "be curvy but skinny and have big breasts, waist and butt." Bolivian's beauty standards are for men to be "athletic type with marked abdomen and muscles" and for women to be "skinny and have small waist."

The following question was, “Are there any resources in your community or culture to help people recover from an eating disorder?” For the state of Arkansas, a total of 33 (44%) of the participants said yes to having resources, 15 (20%) said no, and 27 (36%) said they did not know. For Texas, 15 (53%) said yes, 5 (18%) said no, and 8 (29%) said they did not know if there were any resources. For Oklahoma, Nevada, Mississippi, Missouri, Florida, and Louisiana, 4 (40%) said yes, 5 (50%) said there were no resources, and only 1(10%) said they did not know of any resources. For international culture only 1(9%) said they knew of a resource to treat eating disorders, 6 (55%) said there were no resources, and 4 (36%) said they did not know. Overall, a total of 53 (43%) of the participants knew that there were resources and treatment options in their communities, 31(25%) said there were no resources available, and 40 (32%) said they did not know.

The next question was “How common is it for people in your community or culture to seek help if they have an eating disorder?” A total of 110(93%) of all the participants said it was uncommon or rare for people to seek help, and only 8 (7%) from Mississippi, Australia and Florida said that it was common for people to reach out for help. The final question was, “What are some ways your community/culture body shames?” Throughout all the participants the techniques for body shaming were similar to each other. Most of the participants stated that their culture do the following to shame people: ask about weight gain, name calling, commenting on their physical appearance, making hurtful comments on social media, stereotyping obesity with laziness and being inferior to others, getting rude stares at the gym, bullying, not accepting people into friend groups if they don’t match their standards of beauty, mock and make fun of their body, offering lower calorie foods and diet advice frequently, encouraging people to buy “bigger” clothes that “flatter their body better,” giving nicknames based on your body shape,

judging serving sizes on plate and what they eat, gossiping, cyber bullying through anonymous apps, laughing at people who are bigger, society as a whole making it hard and sometimes painful to shop for clothes, and finally by monitoring what people eat and encouraging them to "suck" in their bellies for pictures.

Food Frequency

The first question asked about the frequency of consumption of highly processed foods, such as Fast Food, fried food and junk food. A total of 63(49%) of the participants said Often, 40 (31%) Sometimes, 20(15%) Rarely, 4(3%) Always, and 2(2%) said Never. The second question asked about dessert frequency, such as cake, ice cream and cookies. There was a total of 50(39%) of participants who said Often, 41(32%) said Sometimes, 31(24%) said Rarely, 4(3%) said Always, and 3(2%) said Never. When asked about fruit consumption, 52 (40%) of participants said Often, 38(29%) Sometimes, 31(24%) Always, and 9(7%) said Rarely. The next question asked about vegetable frequency intake. A total of 44(34%) of the participants said Often, 37(28%) always, 36(27%) Sometimes, 12 (9%) Rarely, and only one (2%) participant said Never.

The next set of food frequency questions were based on drinks. When asked about water frequency, a total of 76(59%) participants said Always, 36(28%) Often, 14(11%) Sometimes, and 2(2%) reported Rarely drinking water. The next question was regarding caffeine consumption. A total of 34(26%) participants replied with Always, 33(25%) Often, 30(23%) Sometimes, 23 (18%) Rarely, and 10(8%) Never. Finally, the last question asked about sugar sweetened beverages such as sodas and juices. A total of 35(27%) said Rarely, 35 (27%) Sometimes, 34 (26%) said Often, 14(11%) said Always, and 12(9%) Never.

Discussion

The goal of this study was to assess the knowledge students in the OBU community had, the diet behavior being followed, beauty standards set by their community, treatment availability, and difference between the Southern culture and international cultures. There was no direct correlation between the results, but there were several trends found from the questionnaire.

The highest response of "Agree" and "Strongly Agree" for diet culture was "I worry about my weight and body shape more than other people." A study done by Morris and Katzman, said that 18- to 20-year-old girls are prone to concerns about their weight, shape, size, and body image, and as a result tend to go on diets to lose weight.[14] Based on the results gathered for this research, this trend continues to be true. Women in the 18–20-year range selected that they usually worried about their weight more than others.

The overall hypothesis of this research was that international cultures would have higher weight beauty standards than the United States, yet they would have lower ED statistics because most of them go undiagnosed. According to Becker et al., Hispanic people are significantly more likely to suffer from bulimia nervosa than their non-Hispanic peers.[15] Another statistic on Asian culture stated that Asian American college students report higher rates of restriction compared with their white peers and higher rates of purging, muscle building, and cognitive restraint than their white or non-Asians.[16] These two statistics proved the hypothesis wrong and showed that ED affects all kinds of culture and that no culture is safe from not developing an ED.

When it came to describing the beauty, standards set by each culture, all the Southern states and Nevada and Florida indicated that the ideal women should be skinny, average height, and overall bigger chest area. Latin American culture seemed to agree with the Southern view, but they wanted females to be skinny but curvy "in the right places." These unrealistic beauty

standards play a huge role for women developing an ED. Regarding male beauty standard, everyone said that as long men were muscular and tall, they were considered handsome. The beauty expectations are higher for women. There is more pressure to fit into society's ideal beauty, so that is why women are twice likely to develop an ED.[1]

To lower diagnosis for ED, it is important that education of these disorders takes place early. In some schools, ED education is not taught, and girls and boys learn from movies and the internet or unconsciously develop one due to lack of education. Secondly, there must be less attention or focus on the body and more about the character. So many of the compliments given are based on physical appearance that it gives so much pressure to continue looking like that. Thirdly, there needs to be less stigmatization of obesity and overweight with negative qualities. So many people assume people who are overweight are lazy, irresponsible or unsuccessful, when in reality, weight has nothing to do with personality characteristics. Lastly, better treatment options must be provided. Many people in the survey said that they did not know or that there were no centers to go for treatment in their communities. This goes along with education, ensuring that everyone knows where to go for resources and treatment options. There are still many more ways to prevent the development of ED, but one change can have a big impact on someone's life choices.

Strengths and Limitations

A strength of this study is that it has not been done before within the OBU community. ED is an important topic that people should be aware of and how to prevent it. This study allowed participants to be more mindful of what values their culture or community are encouraging and to determine if it promotes body positivity. With having many hometowns

represented, this study allowed a wide range of beliefs and was able to detect what most people have grown up thinking what beauty is.

A limitation of this study was that originally the main focus was going to be international cultures, and although there were several countries represented, there was only one or two people representing that country. The minimal representation of these cultures caused a biased view because there were not many people from the same country on campus. The participant's response is biased because their experience is not the same as the whole country. Future recommendations would be to have at least four people from the same culture if possible to eliminate bias. The results of this study were based on the South's beauty standards and treatments in ED, with only a few from other states and countries. For future research, reaching out to people from the rest of the country to get more precise data would be more ideal. A final recommendation for future studies would be to meet with participants and hear their stories. It is hard for participants to write everything for the open response questions, so doing a one-on-one interview would be ideal to hear all of the sides.

Conclusion

Eating disorders diagnoses keep increasing as the years go by. It is important to educate people on the facts about this disease and to give proper and sound information about what ED entails. Providing treatment and resource options are vital in helping the healing process. The beauty standards set by the society are impossible to achieve, and it creates a pressure for both women and males of all cultures to achieve it. By being more aware of the word choices and placing one's worth not in what society says is key to overcoming this pandemic.

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Appendix A -Eating Disorder Questionnaire

I. Demographics

a. Age: ___

b. Classification

i. Freshman

ii. Sophomore

iii. Junior

iv. Senior

c. State: _____

d. Country: _____

e. Gender

i. Male

ii. Female

iii. Prefer not to say

f. Ethnicity: _____

g. Major: _____

II. Eating disorders knowledge questions

a. What is an eating disorder?

i. A lifestyle people deliberately partake to lose weight that encourages the underconsumption of food intake

ii. Behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions

iii. A type of diet designed to help people focus more on their caloric intake and emphasizes rigorous exercise

b. About the same number of males and females get anorexia nervosa.

i. True

ii. False

c. People with eating disorders often don't know they are ill, or they hide their condition.

i. True

ii. False

d. Which of the following is NOT a type of eating disorder

i. Anorexia

ii. Bulimia

iii. Binge Eating Disorder

iv. None of the above

III. Agree- Strongly Disagree questions

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

i. Strongly Disagree

ii. Disagree

iii. Indifferent

iv. Agree

v. Strongly Agree

b. I am a frequent dieter

i. Strongly Disagree

ii. Disagree

iii. Indifferent

iv. Agree

v. Strongly Agree

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

i. Strongly Disagree

ii. Disagree

iii. Indifferent

iv. Agree

v. Strongly Agree

d. I often find myself comparing my physique to that of professional athletes

i. Strongly Disagree

ii. Disagree

iii. Indifferent

iv. Agree

v. Strongly Agree

e. I often find myself comparing my physique to others

i. Strongly Disagree

ii. Disagree

iii. Indifferent

iv. Agree

v. Strongly Agree

f. In my culture, someone with a well-built body (thin, slender) has a greater chance of being successful in their careers

i. Strongly Disagree

ii. Disagree

iii. Indifferent

iv. Agree

v. Strongly Agree

g. Where I'm from there are resources to help people recover from an eating disorder

i. Strongly Disagree

ii. Disagree

iii. Indifferent

iv. Agree

v. Strongly Agree

IV. Eating Behavior and Lifestyle Questions

a. Do you find yourself paying more attention to what you eat when you're eating with others?

i. Never

ii. Rarely

iii. Sometimes

iv. Often

v. Always

b. Do you give too much time and thought to food?

i. Never

ii. Rarely

iii. Sometimes

iv. Often

v. Always

c. How likely are you to shop for low calorie foods?

i. Never

ii. Rarely

iii. Sometimes

iv. Often

v. Always

d. How often do you weigh myself

i. Several times a day

ii. Daily

iii. Weekly

iv. Monthly

v. Rarely

vi. Never

e. Do you work out at least 3x a week

i. Never

ii. Rarely

iii. Sometimes

iv. Often

v. Always

f. I wear clothes that will divert attention from my weight

i. Never

ii. Rarely

iii. Sometimes

iv. Often

v. Always

V. Food frequency questions

a. On a scale 1-5 how often do you consume:

i. Highly processed food (fast food, junk food, fried food, instant meals, chips, etc.):

1. Never

2. Rarely

3. Sometimes

4. Often

5. Always

ii. Desserts (cake, ice cream, chocolate, cookies, candy, etc.):

1. Never

2. Rarely

3. Sometimes

4. Often

5. Always

iii. Whole-grain products (whole-grain: bread, pasta, crackers, brown rice, oats, barley, rye, non-sugary cereal, etc.):

1. Never

2. Rarely

3. Sometimes

4. Often

5. Always

iv. Processed grain products (white: bread, pasta, crackers, rice, cornmeal, sugary cereal, etc.):

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

v. High-fat animal protein (bacon, sausage, hot dogs, salami, bologna, etc.):

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

vi. Lean animal protein (lean beef, lean pork, poultry, eggs, seafood) and/or non-animal protein (tofu, hummus, legumes, etc.):

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

vii. Whole-fat dairy products (milk, yogurt, cheese):

1. Never
2. Rarely

3. Sometimes

4. Often

5. Always

viii. Low-fat dairy products (milk, yogurt, cheese: parmesan, mozzarella, ricotta, cottage):

1. Never

2. Rarely

3. Sometimes

4. Often

5. Always

ix. Fruits and vegetables:

1. Never

2. Rarely

3. Sometimes

4. Often

5. Always

x. Water

1. Never

2. Rarely

3. Sometimes

4. Often

5. Always

xi. Caffeine (coffee, energy drinks, tea):

1. Never

2. Rarely

3. Sometimes

4. Often

5. Always

xii. Sugar sweetened beverages (soft drink, juice, etc.):

1. Never

2. Rarely

3. Sometimes

4. Often

5. Always

VI. Open Response

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

b. What's your cultures/community ideal body shape?

c. How does your culture/community define beauty?

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

e. What are some ways your community/culture body shames people?

f. How common is it for people in your community/culture to seek help if they have an eating disorder**?**