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Fides et ratio: Implicit theories of eating disorders

Fides et ratio: O ukrytych teoriach dotyczących zaburzeń odżywiania się

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Abstract: Eating disorders are of great interest not only to researchers and clinicians, but also to the general public. The question arises as to the accuracy of the beliefs of lay people or their implicit theories concerning these disorders, especially that they seem to obtain most of their information on the subject from the mass media. This paper contains a review of studies on lay theories of eating disorders from the past 30 years. It would be difficult to draw one overarching conclusion from that extensive body of research, given that individual authors addressed different questions and used disparate methodologies and tools. However, it may be safely stated that while in many areas the respondents' knowledge is quite high and in line with the diagnostic manuals and clinical data, it is often insufficient. Indeed, it has been reported that some implicit theories appear to be inconsistent with the truth or even stigmatize the patients, blaming them for their illness. Such reports merit careful analysis with a view to developing measures that would raise public awareness of eating disorders, with a potentially prominent role to be played by psycho-education.

Key words: eating disorders, implicit theories, psycho-education

Abstrakt: Temat zaburzeń odżywiania wywołuje ogromne zainteresowanie nie tylko wśród naukowców i klinicystów, ale także wśród osób, które nie posiadają specjalistycznej wiedzy w tym zakresie. Warto dokonać oceny przekonań osób z populacji ogólnej (nie specjalistów) na temat chorób związanych z odżywianiem się. Celem jest opisanie adekwatności tych przekonań do stanu wiedzy naukowej i tym samym próba odpowiedzi jako funkcjonują tzw. ukryte teorie, których głównym źródłem zdają się być media. Niniejszy artykuł zawiera przegląd badań dotyczących ukrytych teorii na temat zaburzeń odżywiania, przeprowadzonych na przestrzeni ostatnich 30 lat. Można wysunąć wniosek, że chociaż w wielu obszarach wiedza badanych na temat zaburzeń odżywiania jest dość duża i zazwyczaj zgodna z informacjami zamieszczonymi w podręcznikach diagnostycznych oraz z danymi klinicznymi, to jednak czasami jest ona niewystarczająca. Niektóre wyniki mogą napawać niepokojem, gdyż wskazują na nieadekwatność obiegowych opinii na temat zaburzeń odżywiania, a nawet na stygmatyzowanie chorych, w tym obciążanie ich odpowiedzialnością za chorobę, na którą cierpią. Warto poddać takie wyniki szczegółowej analizie celem zaproponowania takich oddziaływań, które zwiększą świadomość społeczną w kontekście chorób związanych z odżywianiem się.

Słowa kluczowe: zaburzenia odżywiania, ukryte teorie, psycho-edukacja

Introduction

Eating disorders form a group of psychological conditions characterized by behaviors greatly diverging from typical eating patterns. The latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V, 2013) defines feeding and eating disorders as persistent disturbances of eating or eating-related behavior that result in the altered

consumption or absorption of food and that significantly impair physical health or psychosocial functioning. Although this category consists of a wide range of nosological entities, the literature tends to be predominantly focused on anorexia nervosa, bulimia nervosa, and, to a slightly lesser extent, binge eating.

Eating disorders are of great interest not only to researchers and clinicians, but also to non-specialists who seek answers to a variety of difficult issues concerning them. The main source of information about eating disorders for the general public seems to be the mass media (Furnham, Hume-Wright, 1992). Thus, the question arises as to the accuracy of beliefs on those disorders held by so-called “common people” (Grzegorek, 2011), some of whom may know very little, or nothing at all, about the subject. In the literature, the views of non-specialists are known as “implicit theories” and are analyzed (along with attributions) as part of lay psychology, which is used by people to describe and explain human behaviors in everyday life. While attributions concern the description and explanation of individual behaviors, implicit theories may be defined as lay people’s systems of beliefs about certain phenomena. The latter notion was introduced to psychology in 1954 by Bruner and Tagiuri (1954) with reference to relatively coherent sets of lay beliefs concerning the covariance among traits and behaviors (Grzegorek, 2011). In addition to personality, researchers have also looked into the implicit theories of creativity (Sternberg, 1985), political opinions (Cuc, Hirst, 2001), child development (Furnham, Weir, 1996), intelligence (Sternberg, Conway, Ketron, Bernstein, 1981), extraversion (Semin, Rosch, Chassein, 1981), neuroticism (Furnham, 1981), alcoholism (Furnham, Lowick, 1984), delinquency (Furnham, Henderson, 1983), depression (Furnham, Kuyken 1991) and schizophrenia (Furnham, Rees, 1988).

This paper presents a review of studies on implicit theories of eating disorders published over the past 30 years.

A review of international studies on implicit theories of eating disorders

Huon, Brown and Morris (1988) conducted two studies exploring lay beliefs about anorexia nervosa (AN) and bulimia nervosa (BN) among healthy individuals, as well as their opinions concerning the diagnostic criteria for those conditions. One study encompassed 188 females (58 schoolgirls, 69 university students, and 61 women visiting the university with a mean age of 16.3, 22, and 22.7 years, respectively), and the other one involved a group of 150 females (mean age of 30.8 years) and males (mean age of 29.1 years). The first questionnaire, “Knowledge, Attitudes and Practices” (KAP), based on Berelson’s 1966 model (Huon, Brown and Morris, 1988), contained open-ended questions about the respondent’s understanding of the terms “anorexia nervosa” and “bulimia nervosa,” and their knowledge about the symptoms and causes of those disorders. Other items included in the questionnaire concerned attitudes to being overweight and to vomiting and purging as

methods of weight control, how often the respondents dieted to control their weight, and how important slimness was to them. The second study used a 36-item questionnaire concerning the diagnostic criteria and symptoms of AN and BN. The results showed that although the respondents knew more about AN as compared to BN, few of them recognized behaviors characteristic of the former illness (e.g., body image disturbances) listed in the DSM-III (1980) as uncommon and abnormal. Interestingly, the participants more accurately evaluated behaviors indicative of BN, such as self-induced vomiting (DSM-III, 1980). It was concluded that a strong desire to be slim may be perceived as normal unless it is accompanied by excessive preoccupation with weight and body shape resulting in refusal to eat. This points to difficulties with understanding AN and the full extent of its consequences. On the other hand, BN is more readily diagnosed due to abnormal (excessive) consumption of food, even though that disorder is generally less familiar to the average person.

Furnham and Hume-Wright (1992) examined 117 females and 51 males aged 16–65 using an original questionnaire “beliefs about anorexia” consisting of three 35-item parts (description of anorexics, causes of AN, and cures for AN). The items were formulated based on in-depth interviews with the sufferers.

The study showed that the respondents’ beliefs about AN descriptions, causes and cures were elaborate, consensual, and moderately consistent with the clinical theories. The consensuality of opinions indicates that the identified implicit theories may have been mediated by cultural transmission. The accuracy of people’s beliefs was evaluated using factor analysis. As regards the characteristics of anorexics, the respondents correctly recognized an overemphasis on self-image and obsessive control of eating and weight; they were also aware of the social pressure to be thin and attractive, which is especially widespread in Western culture. In terms of the causes of AN, analysis revealed factors such as family, the stress of change, conflict in contradictory social roles, goals, and demands, rebellion, and security. In particular, the family factor was similar to the family systems theory explanation (Climo, 1982), contradiction closely resembled the feminist view of AN (Orbach, 1984), rebellion seemed to be rooted both in the family systems theory and (to a lesser extent) in the feminist approach, while security was associated with the psychophysiological approach. As far as cures were concerned, the respondents were aware of a wide range of treatment options for AN and favored interventions oriented at promoting self-worth given that contemporary societies seem to “attack” the self-esteem of young women. In addition, the participants emphasized the importance of enhancing the anorexic’s ability to cope with everyday situations and problems. In turn, in contrast to clinicians’ opinions, hospitalization was not widely endorsed as effective. The current approach to the hospitalization of anorexics is characterized by authoritarianism (the doctor takes control of the patient by, e.g., prescribing forced eating or refusing privileges when the patient stops eating) and a physiological approach (e.g., nutritional rehabilitation). A major

finding from the study was that the respondents attached great importance to conflict reconciliation (interestingly, it is also considered a crucial element of modern therapeutic approaches to AN treatment). A significant demographic correlate of the respondents' beliefs about AN was the sex of the participants, with females holding stronger opinions about descriptions of AN and cures for it. This can be explained by the fact that due to the greater prevalence of that disorder among women, they are more aware of it and tend to empathize with the sufferers. However, given that men's and women's views about the causes of AN did not differ significantly, one should seek alternative explanations. Perhaps the aforementioned differences in beliefs arise from socialization and social expectations pertaining to ideal appearance, as it is obvious that healthy women will consider the illness from their perspective, which is underpinned by a fear of obesity. The third explanation is related to the increasing media coverage of dieting, and also AN. Surprisingly, in the study under discussion individuals with a history of AN did not exhibit greater knowledge about the causes and cures of AN as compared to healthy persons.

According to Benveniste, Lecouteur and Hepworth (1999), previous research into implicit theories of anorexia nervosa had examined the accuracy of the lay knowledge of the sufferers' family members and friends as persons who could encourage treatment. In contrast to those approaches, the above study involved semi-structured interviews with five women and five men aged 15–25 years with medium or higher socioeconomic status, as that group is most vulnerable to AN. The authors used discourse analysis to identify and establish the linguistic structure of the transcribed interviews as well as the specific functions of the language used. It was found that the respondents predominantly treated AN as an individual dysfunction and psychopathology. In terms of etiology, they considered the disorder to be the result of the individual's reactions to external pressures, especially from the mass media promoting slimness and other ideals of achievement for women. On the other hand, according to the participants it is the individual who has to make choices about his or her life. As far as therapy is concerned, while little can be done about the media, individuals can change, and in particular they can modify their self-esteem and body image, which again shows that in the respondents' opinion individuals with AN bear final responsibility for their illness. Moreover, AN was associated with femininity and men with this disorder were deemed more feminized than healthy males. The authors concluded that in helping people with AN one should go beyond the dysfunction within individuals and address the broader aspects of the sufferers' lives, as well as to move beyond an understanding of femininity as an unproblematic "given." Anorexics should not be perceived in isolation from society since the way in which a phenomenon (eating disorder) is conceptualized has implications for how it is addressed (treated). The authors observed that an approach to an eating disorder that focuses on the individual's responsibility may decrease the likelihood of intensive, and thus effective, therapy for anorexics.

Holliday, Wall, Treasure and Weinman (2005) compared perceptions of illness in individuals with AN (n=80) and healthy men (n=36) and women (n=44), who completed the Illness Perception Questionnaire-Revised (IPQ-R). The IPQ-R consists of three sections. The first one lists 14 symptoms and asks the patients if they have experienced them since the onset of their illness and if they think that those symptoms are related to AN. The second section (38 items rated on a 5-point Likert scale) evaluates beliefs regarding linear and cyclical timelines of the disorder (chronicity and getting better/worse), personal and treatment control, consequences, coherence (a clear picture or understanding of the illness), and emotional representations (e.g., "when I think about my illness I get depressed"). The third section elicits causal beliefs by presenting 18 biological, environmental, and psychological causes for evaluation to what extent they apply to AN. The last item is an open-ended question asking about the key perceived causes of AN.

The study showed that patients with AN identified a large number of symptoms and perceived their illness as chronic and having serious adverse consequences. On the other hand, the low coherence scores indicate that they struggled to make sense of their disorder. The patients were pessimistic about the likelihood of recovery, as they believed that AN is difficult to control or impossible to cure.

In turn, healthy individuals were more optimistic about the illness, perceiving it as a controllable and curable disorder associated with dieting, which does not necessarily have to be chronic. It should be noted that in the lay group women did not significantly differ from men in terms of their understanding of the term "anorexia nervosa", defining it as an eating disorder characterized by excessive dieting and a disturbed body image. While members of the clinical group had a stronger emotional representation of AN as compared to the healthy participants, the latter believed they had a more comprehensive understanding of the disorder. The authors concluded that the identified differences between individuals with and without AN may contribute to the stigmatization of the former.

Observing that knowledge about eating disorders affects one's ability to recognize sufferers and encourage them to seek professional treatment, Hunt and Rothman (2007) evaluated mental models (stored knowledge) concerning AN and BN in 106 psychology students (57 females and 49 males). They administered a questionnaire containing 7 open-ended questions (e.g., "How would you describe AN/BN to a fellow student who had never heard of the problem?") and three yes-no questions: "Do biological or genetic factors contribute to the development of AN/BN?", "Do social factors contribute to the development of AN/BN?", and "Is AN/BN curable?" Participants who gave an affirmative answer to the first two questions were asked to specify the contributing factors.

In addition, the respondents were asked to list short- and long-term consequences of AN and BN and to describe the kind of people that are particularly vulnerable to develop them. Subsequently, the respondents rated the likelihood (on a 9-point scale from 1 - not at

all likely to 9 - extremely likely) that a person with AN or BN would engage in certain behaviors (e.g., excessive exercise) or have certain characteristics (e.g., dissatisfaction with one's body). Next, the participants completed two matrices estimating the percentage of individuals in different social groups that were likely to develop AN or BN. The columns of the matrices corresponded to gender (women, men), while their rows specified racial background (African-American, Asian-American, Hispanic, Native American, White), resulting in a total of 10 gender/race categories. Finally, the participants answered several socio-demographic questions, including whether they had any personal experiences related to eating disorders.

The responses were organized according to the following questions concerning mental models of eating disorders: "What are people with eating disorders like?" (identity), "Who develops eating disorders?" (group associations), "What happens to people with eating disorders?" (consequences, duration, cure), and "What causes eating disorders?" (cause). Furthermore, the authors checked to what degree lay people's beliefs about eating disorders corresponded to their descriptions in the DSM-IV-TR (2000) in order to identify differences between lay theories and clinical diagnoses.

It was found that for most participants the defining features of AN and BN were restricted food intake and repeated bingeing, respectively. Furthermore, the respondents tended to think that these eating disorders were primarily caused by psychological and social factors, and to a lesser extent by biological ones. The majority of respondents listed some physical consequences of AN and BM, and approx. 1/3 of them mentioned psychological and social consequences. Moreover, most respondents believed that the disorders were curable through counseling and psychotherapy, with the female group expressing greater confidence that BN lasted shorter than AN. Thus, lay knowledge about the studied conditions was found to be generally consistent with clinical data (especially in terms of symptoms and consequences). However, greater emphasis was placed on physical and behavioral aspects, with the respondents' descriptions being somewhat divergent from the DSM-IV-TR diagnostic criteria (2000).

While the discussed paper by Hunt and Rothman supported some previous research, it challenged some other findings. In line with previous studies, it was found that lay people have general rather than specific information (main behavioral patterns vs. physiological consequences). On the other hand, the paper did not endorse the view that women have greater knowledge about eating disorders than men (Lee, 1997) or that lay people know more about AN than BN (Murray, Touyz, Beumont, 1990). Similarly to other studies, the participants considered counseling to be the initial step in the management of eating disorders (Mond, Hay, Rodgers, Owen, Beumont, 2004). However, the role of social support and nutrition was recognized to a lesser extent, while hospitalization was mentioned more often than in previous research. In addition, the paper revealed some new aspects of lay

models of eating disorders. First, the respondents believed AN to be more serious than BN, having a longer course, being less curable, and resulting in a greater fatality rate. Second, the participants believed that psychological and social factors (e.g., the mass media and peer pressure) played a more prominent role in the development of eating disorders than biological factors (although women placed relatively more emphasis on psychological and social factors, while men on biological ones). Third, the respondents grossly overestimated the incidence of the two eating disorders (3–41%, depending on the demographic group) as compared to clinical data (0.5–4%) (Hsu, 1989; Wakeling, 1996). Moreover, it was found that the distinct image of an individual with AN or BN held by the participants was that of an adolescent or adult white woman. This finding is largely consistent with clinical data, which indicate that the vast majority of patients with those disorders are indeed white women. On the other hand, the participants did not seem to be aware of the relatively high incidence of dysfunctional eating among ethnic minorities and males, as reported from epidemiological studies.

When discussing implicit theories of anorexia nervosa, one cannot fail to note negative stereotypes about individuals with AN, and even some degree of stigmatization. To the best knowledge of the present author, such stereotypes were first observed in a 1984 study by Chiodo, Stanley and Harvey (1984). Also recent years have seen a number of reports on the subject (Bannatyne, Stapleton, 2017; Geerling, Saunders, 2015; Zwickert, Rieger, 2013).

To date, few studies in Poland have dealt with implicit theories of eating disorders, but their results have proven to be very interesting. Klimberg, Kacperska and Marcinkowski (2011) examined a group of 50 female freshmen students of cosmetology and 50 female third-year students of public health management at the University of Bydgoszcz using an original 21-item questionnaire concerning the characteristics of AN and the risk of developing that disorder. The results showed the students' knowledge to be insufficient. While they did not consider excessive slimness to be particularly flattering, they did believe that physical attractiveness helps people get on in life. Surprisingly, the participants did not think that the dominant standards of attractiveness are shaped by the mass media. It should be noted that most respondents had a history of dieting despite being generally happy with their appearance, which may be attributed to attempts at improving their low self-esteem.

Łepecka-Klusek and Szyszkowska (2014) set out to evaluate knowledge about eating disorders among women seeking advice from nutritionists, and establish how individuals with AN are perceived by others. Using an original questionnaire, the authors examined 500 women at the Institute of Dietary Therapy and Personal Training "Slim+Fit" in Lublin. The respondents claimed that they obtained most information about eating disorders from the mass media. As many as 50% of them believed eating disorders to be a form of weight loss, and 40.4% said that they knew where the affected individuals could get help. On the other

hand, it is worrying that as many as 47.8% of the respondents believed the sufferers had only themselves to blame. Generally speaking, the examined women exhibited only superficial knowledge about eating disorders.

Finally, Czepczor, Kościcka and Brytek-Matera (2016) administered the 51-item Eating Disorders Awareness Test (EDAT) and the 41-item Eating Disorder Examination Questionnaire (EDE-Q) to 34 female and 32 male students of the University of Silesia aged 19–21 years. It was concluded that although theoretically social awareness of eating disorders should increase in proportion to the rise in their incidence, the actual knowledge of the general public is less than satisfactory. That is particularly worrying in the case of AN, which is a very serious disease with a high mortality rate. It was found that 52.9% of women and 18.75% of men expressed interest in eating disorders, with 72.2% and 50%, respectively, declaring that they obtained knowledge on the subject by reading books and scientific papers. Despite these promising indications, few of the respondents (11%) perceived weight loss as a risk factor for developing AN, and even fewer (9%) realized that persons with AN have a disturbed body image. It should be noted that significant differences between the genders were found in terms of AN perceptions: as compared to males, female students exhibited higher awareness of eating disorders and a greater interest in them; they were also more concerned about their weight and body shape.

Conclusions

While it is reassuring that many of the implicit theories of eating disorders are consistent with the formal diagnostic criteria and clinical data, serious deficits have been identified in several important areas. These deficits may be largely attributed to insufficiently precise information conveyed by the media, potentially leading to underestimation of the gravity of the illness. Thus, of great importance is to disseminate accurate science-based information in a way that is intelligible to the general public. In this context, psycho-education may contribute to a better understanding of the kind of help needed by persons with AN and reduce the risk of stigmatization.

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