

Investigating the Factors that Contribute to the Stigma Associated with Anorexia of Selected Teenagers in Dubai

Maha Alnemer¹; Zaina Alsayed²; Zaara Ahadi³
Sharjah American International School, Sharjah

Abstract:- There are numerous factors that contribute to the stigma associated with Anorexia Nervosa. These elements have not been investigated in teenagers living in Dubai which resulted in the purpose of this study; to investigate the aspects that lead to this stigma. The researchers conducted this research by sending out a survey to teenagers between the ages of 13 to 19 that consisted of questions relating to the factors that contribute to the stigma around anorexia. The findings were presented in the form of pie charts and written analyses. The results indicated that in Dubai, the most aspect believed to contribute to the stigma around anorexia is culture. In addition, a small number of respondents believed that the other aspects, such as media and societal standards contributed to the stigma around anorexia.

Keywords:- Stigma, Anorexia, Culture, Dubai, Media, Teenagers.

I. INTRODUCTION

Anorexia is a type of eating disorder defined by a distorted view of weight and a severe fear of gaining weight (Mayo Clinic, 2018). This eating disorder is considered one of the most dangerous and lethal among all psychiatric disorders. It is most commonly found in teenage girls who are 15 years of age and older (Morris & Twaddle, 2007). Since the Middle Ages, anorexia has carried a great deal of stigma. Many people think that someone with an eating disorder is to blame for their condition and that if they wanted to recover, they could do so with ease (Dimitropoulos, 2008). This assumption about eating disorders makes it difficult for people who are struggling to improve, which results in them driving farther away from recovery. As is widely recognized, being severely underweight is usually labeled as the main symptom of anorexia. However, according to Eiring et al. (2021), being underweight is a reoccurring misconception since there are a significant number of cases where the diagnosed individual is within or above normal body mass index (BMI). This cycle of presumptions caused countless people to disregard the possibility that they could have an eating disorder because they “do not look sick enough” (Crane, 2023).

There is a common perception that people with anorexia do not actually have an eating disorder and are acting ill to attract attention (Dimitropoulos, 2008). People who are battling with eating disorders become ashamed of their condition as a result of this stigma, which makes them hide it even more. According to researchers, it takes someone 8–10 years to start seeking help for their eating disorder (Morgan, 2014). That is how difficult accusations and perceptions made it for people to come out and request help for their illness. Furthermore, individuals with anorexia tend to join an online community that is centered around the concept of “pro-ana,” which is a group that was formed to act as a barrier against all the stigmas that are attached to this illness (Yeshua-Katz, 2015).

A. Statement of the Problem

Several studies around the world investigated the issues revolving around anorexia nervosa, from its causes to its effects, including the stigma around having such disorder. A variety of studies have been conducted in the United Arab Emirates regarding the presence of anorexia, “In Zayed University in Dubai, female students were asked to choose their ideal body shape from several silhouettes, and 80% chose the ‘severely thin’ option.” (Hayden Wallace, 2022). Regrettably, the chances of finding a detailed examination or study around anorexia’s stigma in Dubai, specifically in teenagers, is low to none.

B. Objectives of the Study

The study aims to examine the stigma around anorexia nervosa in selected teenagers in Dubai. The study sought to dissect the psychological reasoning behind chosen factors in the life of teenagers in Dubai influenced by the media and one’s own thoughts, that could possibly add to the stigma that is not generally recognized in Dubai.

C. Research Questions

- How far can media impact an anorexic teenager in Dubai?
- To what extent do beauty societal standards impact an anorexic person's mindset in Dubai?
- How does Arab culture contribute to the difficulty of an anorexic teenager acknowledging their disorder?

D. Significance of the Study

Anorexia Nervosa has been seizing the attention of most psychiatrists over the world. The disorder affects not only the patients but also the loved ones of the recipients. The results of this study will help patients feel seen and acknowledged. The research should allow family members to have a better understanding of the diagnosis and the stigma around this disorder. Moreover, the analysis could also benefit doctors and psychologists specifically in Dubai as there is little to no research done on this topic in Dubai. This will allow them to be able to take acceptable measures around the people diagnosed and understand the immense stigma that revolves around this disorder like the idea that women only deal with anorexia while men do not. Furthermore, the study could benefit teachers and social workers since it could help them understand what their students could be going through and how to be able to help them feel recognized. This study will also provide statistics that were previously obtained in Dubai of patients dealing with eating disorders. In addition, the psychology behind anorexia plus how genetics could play a role in eating disorders.

E. Structure of the Study

The beginning of the first chapter gives a general overview of the topic. Afterward, it presents the problem statement, study objectives, research questions, and study significance. Chapter two of the research provides the readers with a literature review of the topic. The description of data, methodology, rationale of study, and procedure of analysis are given in the third chapter. The fourth chapter presents a data analysis and discussion of the data that was obtained from the survey of the study.

II. LITERATURE REVIEW

This chapter provides background information on the definitions, histories, and theories of anorexia and stigma. Additionally, this chapter discusses the prevalence of anorexia in Dubai as well as cultural factors that may contribute to the disorder.

A. Anorexia

As stated by Healthdirect (2020), anorexia nervosa is an eating disorder and mental illness in which a person intentionally restricts the amount of food they eat a day by starving, counting calories, or practicing portion control since they have an intense fear of gaining weight. However, many do not consider anorexia a mental health disorder, but according to the National Institute of Mental Health (2021), it is classified as one of the most life-threatening mental illnesses. Over time, the term “anorexia” has taken on many different meanings. Initially, it was defined as the extraordinary ability to starve (Dell’Osso et al., 2016). Numerous health issues brought on by anorexia may last a lifetime for the person diagnosed, like heart disease, which is a leading cause of death for individuals suffering from severe anorexia nervosa (Discovery, 2016).

B. Stigma

Stigma is defined as when someone perceives another person negatively due to a specific quality or trait such as skin tone, ethnicity, disability, or mental disease (Better Health Channel, 2015). In this case, an eating disorder. For instance, the sickness of an individual used to define who they are as a person, rather than their unique identity. The fear of being stigmatized often leads to hesitation in sharing the feelings or troubles of a person, it can even lead to further difficulty of recovery. “Research shows that knowing or having contact with someone with mental illness is one of the best ways to reduce stigma. Individuals speaking out and sharing their stories can have a positive impact. When we know someone with mental illness, it becomes less scary and more real and relatable.” (Jeffrey Borenstein, M.D, August 2020, p. 5).

C. History

Anorexia nervosa originates from the Greek language which means “without appetite” Before getting its formal name it used to be recognized as anorexia hysteria but was deemed unfit to be used for the disease because it was separate from medical hysteria (Berg,2023). The term has been shortened to anorexia which has been used for over 140 years. However, the idea of self-starvation has been dated back hundreds of years making anorexia recognized for centuries without having an official name (Berg,2023).

Most believe that anorexia is something that has become popular in the last century. However, historians have found evidence that the disorder has been widespread throughout centuries among women (Eating Disorders,2017). In historical cases, religion plays a much bigger role than in present cases (Eating Disorders,2017).

➤ Timeline

In the 12th and 13th Centuries Historians found that many women in the church would suffer from eating disorders that were perceived as religious devotion and purification, exhibiting a way of devoting one's life to God (The Recovery Village,2022).

- **1689.** Many centuries later medicine began to evolve and eating disorders were more shone in the light changing how it was viewed causing the condition to start receiving recognition as an illness (The Recovery Village,2022). Richard Morton a British physician was credited with the first descriptive name for this specific eating disorder “anorexia nervosa” (Muhlheim,2019)
- **1900s/20th century.** At the start of the 1900s professionals began discovering that eating disorders stemmed from problems within the endocrine system which became the main focus of the illness (The Recovery Village,2022). Due to physicians thinking that was the root of the illness they would prescribe pituitary hormones to these disorders to cure it. Another treatment that the physicians deemed helpful was a parentectomy which essentially was removing the child from their parent's custody (The Recovery Village,2022).

- **1903.** Dr. Pierre Janet observed different eating disorders in patients and differentiated them he discovered there is a whole spectrum of eating disorders (Pope et al.,1985).
- **1930s and 1940s.** There was a shift from a medical model to a physiological focus leading to eating disorders becoming more prominently recognized in the mental health community (The Recovery Village,2022).
- **1959-1973.** The majority of eating disorders were thought to be associated with bulimia and anorexia. Considering that eating disorders were starting to get recognized, the treatment's primary focus moved to a behavioral and psychological foundation (The Recovery Village,2022). Awareness for eating disorders reached authors which resulted in Hilde Burch discussing the difficulties that those suffering from eating disorders must overcome in her book. "The Golden Cage" (Anorexia Nervosa, n.d.).
- **1980-1987.** Eating disorders gained official recognition as mental health illnesses in 1980 when they were included in the DSM (Diagnostic and Statistical Manual of Mental Disorders) (Dell'Osso et al.,2016).
- **2000s.** The DSM-5 recognized binge eating disorder as distinct, emphasizing its prevalence, and differentiating it from other eating disorders (The Recovery Village,2022). The number of people struggling with anorexia continues to increase every day (Linardon,2023).

D. Theories

Regarding theories revolving around anorexia nervosa, there is a claim that the primary characteristic is an extreme need to regulate eating. First and foremost, there is a general need for self-control, which is probably a result of an anorexic person's prominent and peculiar feelings of ineptitude and perfectionism, which can combine with a history of low self-esteem (Bruch, 1973; Vitousek and Manke, 1994; Fairburn et al., 1998). The intense urge that anorexic individuals have to modulate their food intake offers a frank organizing principle that gives a rationale of many aspects of the condition, such as fear or aversion to changes in their lives and during their recovery (Embracing Change in Eating Disorder Recovery, October 3, 2023).

E. Anorexia in Dubai

Contrary to previous assumptions, eating disorders are not as rare in the Arab world as once believed. There is a growing recognition that the societal ideal of a thinner body is influencing people's perceptions of themselves, leading to a higher prevalence of eating disorders. (Melisse et al., 2020).

➤ Studies and Findings

A 2010 study at Zayed University in Dubai indicated that a considerable percentage (24%) of the students exhibited eating disorders or displayed behaviors indicative of disordered eating (Thomes et al., 2010). External factors like family comments, significant life changes, and the influence of social media were identified as key contributors to the rise in eating disorders (Thomes et al., 2010).

➤ Initiatives by Dubai Hospitals

Recognizing the severity of the issue, hospitals in Dubai have taken proactive measures. They have introduced support groups aimed at assisting young individuals, as well as their families and friends, in addressing and overcoming body image issues and eating disorders (German Neuroscience Center, 2018).

➤ Most Affected Age Group

Research indicates that women aged between 14 to 19 years are the most vulnerable group in terms of developing eating disorders in the UAE (Kazim & Almarzooqi, 2017).

F. Cultural Factors

Culture has repeatedly been a significant factor when it comes to eating disorders. When eating disorders were first introduced in the West, they were labeled "culture-bound syndromes" since Western culture consisted of skinny being considered pretty (Pike et al., 2014). The idea of eating disorders is not very well recognized in Arab culture, which makes it difficult for people who are suffering to ask for help or even know that they have an eating disorder. A study was conducted in Lebanon, where a group of people were asked about seeking help for their ED. The results showed that patients would often wait until their disorder had worsened before requesting help, which made the process of recovering harder and longer (Zeeni et al., 2015). Moreover, due to the common belief in Emirati culture that mental illnesses could be caused by evil spirits, a lack of faith in God, or black magic, many people in the UAE seek the services of healers instead of real medical help (Chowdhury, 2011). In addition, Arab culture tends to neglect formal mental health services, have negative attitudes toward them, and rely solely on religious leaders and deities to help them deal with mental health issues, which causes the stigma around eating disorders to expand and worsen (Al-Krenawi, 2005).

III. METHODOLOGY

This study examines the stigma associated with anorexia. Research on anorexia nervosa is scarce in Dubai especially when it comes to the stigma that revolves around it. Due to Dubai's diversity and increase in modernization, the researchers decided to conduct the study in it. This can be due to the lack of knowledge about eating disorders and a preference for physical health over mental health concerns, among other cultural, societal, and systemic reasons. By addressing this situation, the researchers aim to alter the stigma associated with the illness as well as people's views towards it.

A. Description of Data

The data that is used in this research was mainly collected through the use of Google Forms. The data gathered was quantitative and qualitative allowing this research to have mixed methods. The research involving both methods helps the researchers validate the data collected and be able to evaluate it accurately. The total number of respondents was 40 ranging from the ages 15 to 19. The majority of participants were females at 28 responses while the male responses were at 12 responses. Furthermore, the survey

contained a total of 13 questions of which 9 were in the form of yes or no questions and the other 4 were free-response questions that the participants could answer to further explain their opinions on the stigma around anorexia.

B. Methodology

To ensure the validity of this research paper, Google Forms was used as the main method of obtaining information. Google Forms is recognized as an easy-to-use website that provides various ways to make a survey and by the end of the survey it provides the creators with a spreadsheet that contains the respondents' answers (Vasanth Raju & N.S., 2016). To be able to gain as many responses as possible, the survey which was aimed towards teenagers from the age 13 to 19 was spread around using WhatsApp, Instagram, and Snapchat as those are the most used social media platforms among teenagers. The results of the survey were divided into groups based on the gender and age of the respondents so the data could be evaluated correctly and accurately. The struggle that was faced during the survey was that people nowadays have an extremely short attention span of 8.25 seconds (Elias, 2023). This leads to the assumption that many participants had lost patience as they were doing the survey, so they opted to write improper responses or entirely skip the written questions.

C. Rationale of the Study

Teenagers ranging from 13 to 19 years old were chosen for this research to truly grasp the ever-changing or reoccurring thoughts adolescents have during these years, to achieve different results and perspectives. The researchers remained committed to this age group due to teenage years compelling several changes, not only physically, but also mentally and socially. During these years, adolescents increase their ability to think abstractly and eventually make plans and set long-term goals. Each child may progress at a different rate and may have a different view of the world (Dr. Gregory Kennedy, 2021). Therefore, as they grew and made their place in the world, they might have garnered thoughts that contrasted each other in regards to anorexia and how it may be viewed from their eyes with the knowledge they have gradually gained of the world. Interchangeable questions were asked to the teenagers to get the desired, yet more accurate results. The only difference are the maturity levels and knowledge acquired to have the ability to answer articulately. Most researchers concluded that young adulthood is the most common stage in life where teenagers develop anorexia. Eating disorders frequently appear during the teen years or young adulthood but may also develop during childhood or later in life. Researchers are finding that eating disorders are caused by a complex interaction of genetic, biological, behavioral, psychological, and social factors (Joshua A. Gordon, n.d.).

D. Procedure of Analysis

When analyzing the data, the researchers looked mainly at the difference in responses between men and women as well as between those who had and had not suffered from anorexia in view of the fact that some of the participants' responses contradicted one another while some were similar. Looking at whether the answers to specific questions were

influenced by the media, beauty societal standards, or culture was also an important factor during the analysis process. In order to have a better understanding of the respondents' responses, the researchers used the spreadsheet provided by Google Forms since it showed the responses individually.

E. Conclusion

This chapter handled the description of data, methodology, the rationale of the study, and procedure of the analysis. This study investigated the psychological and cultural reasonings behind the stigma around anorexia. Data and findings from the research were analyzed in accordance with the designated objectives.

IV. DATA ANALYSIS AND DISCUSSION

A. Introduction

This chapter ventures into and explores the primary data that was collected both quantitatively and qualitatively through the use of one survey. The target audience of the questionnaire was teenagers in the range of 13 to 19 years old from Dubai, United Arab Emirates. The data was collected through Google Forms, a survey administration software, and analyzed using a spreadsheet provided by Google Forms, presented through Microsoft Excel, version 16.16.27. The outcomes of the research are portrayed in the form of pie charts, percentages, and written answers.

B. Data Presentation and Discussion

The data is collected and shown in the form of percentages, pie charts, and written evaluations.

➤ Demographic Characteristics of Participants

The participant's gender, age, experience with anorexia, and knowledge of the illness are all shown in this section. The findings will indicate whether social media, culture, and other factors influence the stigma associated with anorexia.

• Age of Respondents.

The survey form addressed people aged 13 to 19. Of a total of 40 participants, 17 (50%) of the participants were 17 years old, the highest demographic. The second highest was 18-year-olds, with 9 participants (22.5%). There were eight participants (20%) who were 19 years old. The lowest-aged participants were 16-year-olds at 2 (5%), followed by 15-year-olds at 1 (2.5%),

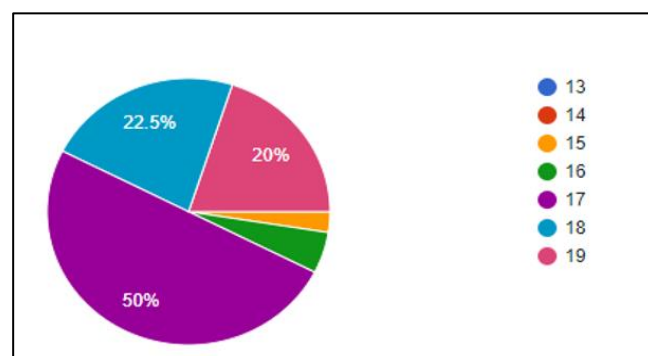


Fig 1: Age of Participants

• *Gender of Respondents:*

The participants of this research consist of 28 (70 %) females and 12 (30%) males.

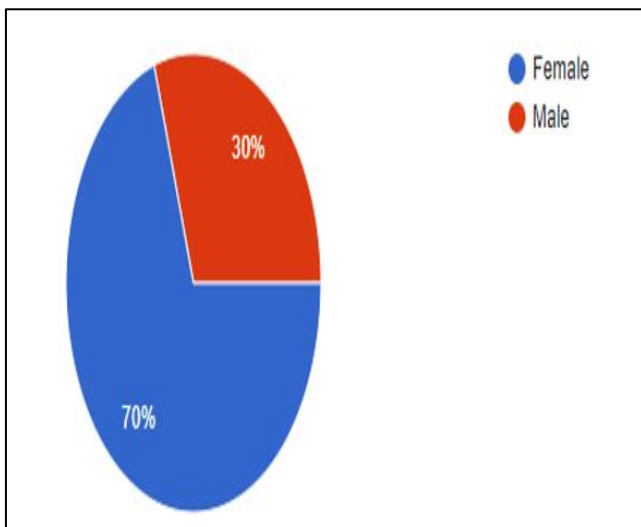


Fig 2: Gender of Participants

• *Participants that have Heard of Anorexia.*

Figure 3 infers that the majority, 34 (85%) of the participants, 25 females and 9 males, have heard of eating disorders before their completion of the survey, specifically anorexia. Contrastingly, 4 (10%) participants, 2 females, and 2 males, were aware of eating disorders, but not of anorexia. More intriguingly, scarcely any respondents, 2 (5%) participants, 1 female and 1 male, were not conscious of eating disorders at all.

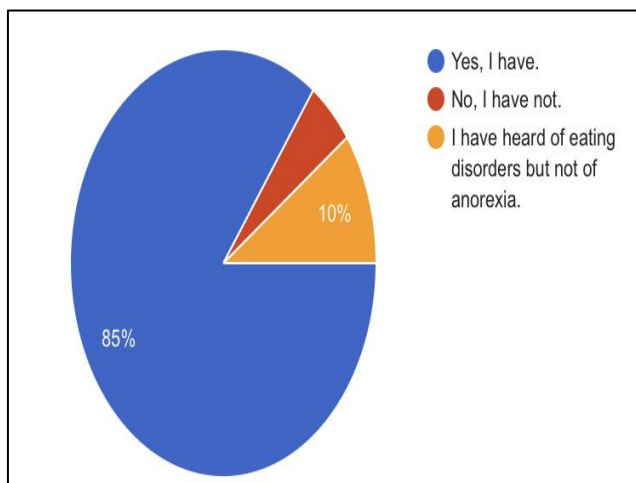


Fig 3: Participants who have or have not Heard of Anorexia

• *Participants that have Experienced Anorexia.*

The ninth question of the survey queried participants on whether they have had an eating disorder or not, in the past. The majority, 17 (42.5%) participants, 13 females and 4 males, were unsure whether they have or have not experienced anorexia. This may seem implausible, but having an eating disorder, or anorexia in this case, without realizing it is possible. It is perhaps difficult to notice the symptoms or signs that may lead to having anorexia, as each person has their own perception of a low body weight. They might not

appear thin or could possibly disguise their physical problems (Mayo clinic, Rochester, Minn. January 31, 2018). 15 (37.5%) of the participants, 10 females and 5 males, did not formerly experience anorexia, or an eating disorder. Contrarily, 8 (20%) respondents, 7 females and 1 male, have experienced an eating disorder, possibly anorexia (Figure 4).

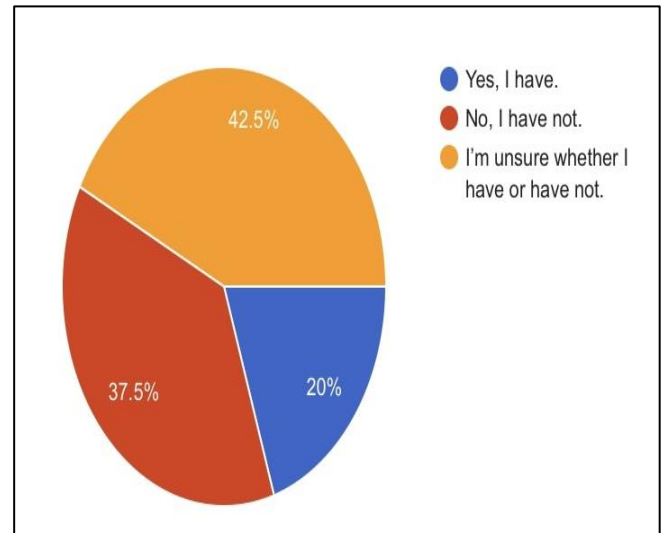


Fig 4: Participants who have Experienced Anorexia

• *Summary of Demographic Data*

In general, the demographic data collected from the survey that is confined to teenagers in Dubai largely consists of females between the ages of 15 and 19. The data demonstrates that the percentage of participants who have heard about anorexia is the highest at 85%. The percentage of respondents who have experienced anorexia or another type of eating disorder is the lowest (20%).

C. The Perspective of Respondents on the Aspects that Lead to the Stigma Associated with Anorexia

In this section, the researchers provide information that presents the participants' point of view regarding the stigma around anorexia nervosa that results from social media, culture, and beliefs. In addition, the participants' perspective on whether gender bias applies to the stigma or not.

• *Cultural Factors*

The seventh question that the researchers asked the respondents was “Do you believe that culture plays a role in a person having an eating disorder?”. The majority which is 27 (67.5%) with 21 females and 6 males answered “Yes, I do” while 7 females and 6 males coming to a total of 13 (32.5%) answered, “No, I do not”. The participants were given the option to further explain their beliefs in the question that followed the previous question.

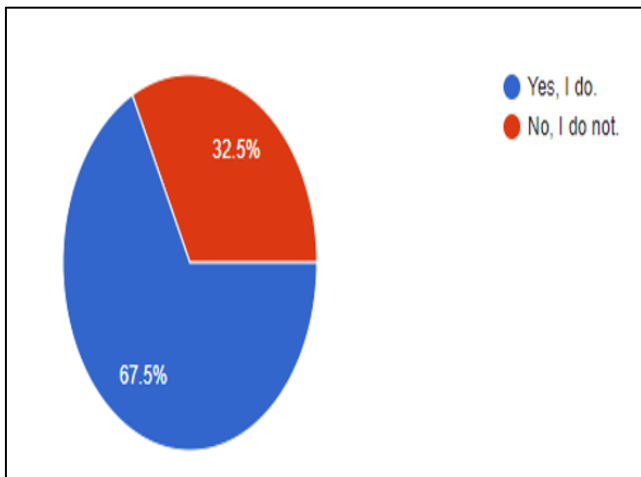


Fig 5: Participants who Believe that Culture Plays a Role in Eating Disorders

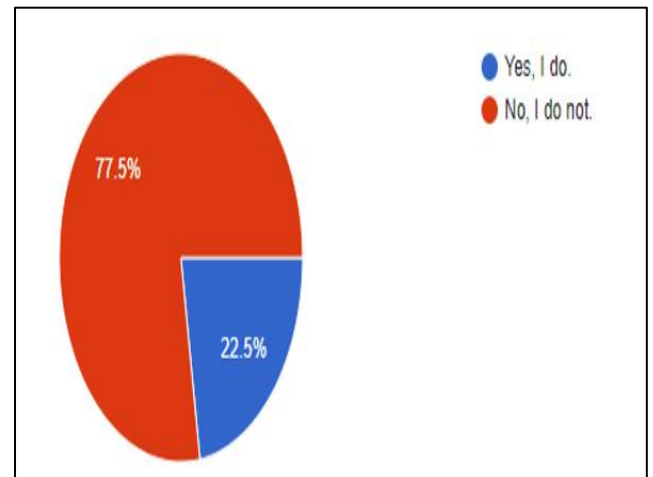


Fig 6: Participants who believe only underweight people suffer from anorexia

The results from question seven prove that culture does contribute to the development of eating disorders in teenagers in Dubai since the number of respondents who believe anorexia is influenced by culture outweighs the repliers who do not believe it is. Moreover, the written responses serve as evidence that the stigma around anorexia is influenced by culture to an extent. A written response from a participant who has experienced anorexia said “Many places have a variety of cultural norms and beauty standards. In my experience, I have had many relatives comment negatively on my weight. This can influence one’s self-perception and sometimes lead to eating disorders.”. This response shows that in some Arab cultures, the stigma or lack of respect toward people who have experienced anorexia makes it seem acceptable to comment negatively on their appearance.

• *The Impact of Social Media*

The fourth and fifth questions of the survey were two questions asked where the researchers were indirectly aiming to see if social media has a hand in the stigma associated with anorexia. The fourth question was “Do you believe that only people who are underweight suffer from anorexia and other eating disorders?”. 31 (77.5%) participants consisting of 25 females and 6 males said “No, I do not”. Oppositely, 6 males and 3 females which gives a total of 9 (22.5%) responded with “Yes, I do”. The fifth question asked, “Do you believe that a person with anorexia is faking their illness for attention?”. The answer “No, I do not” had a larger number of responses with a total of 38 (95%) responses made up of 26 females and 12 males. Contrastingly, the answer “Yes, I do” had 2 (5%) responses.

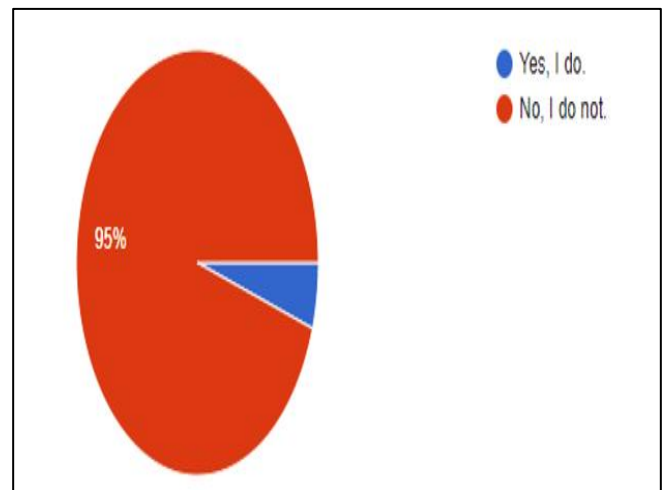


Fig 7: Participants who believe that an anorexic person is faking their illness for attention

According to the results of the survey, teenagers in Dubai hardly believe that those who suffer from anorexia should be underweight or that they are acting ill to attract attention. The researchers' purpose in including these questions in the survey was to see if social media plays a part in teenagers in Dubai believing in these assumptions seeing that on social media many individuals face discrimination due to these beliefs. For instance, a plus-size model was facing hate on social media with people accusing her of faking her anorexia for attention and saying that she did not fit within the anorexic weight which led to her delayed recovery (O’Neill, 2023). However, the responses from the survey indicate that the opinions of teenagers in Dubai are not influenced by social media when it comes to this topic.

• *Gender Bias.*

The gender-related question in the survey was “Do you believe that only women can have eating disorders?”. 38 (95%) participants composed of 26 females and 12 males replied with “No, I do not” while 2 (5%) females responded with “Yes, I do” including one female who has experienced anorexia.

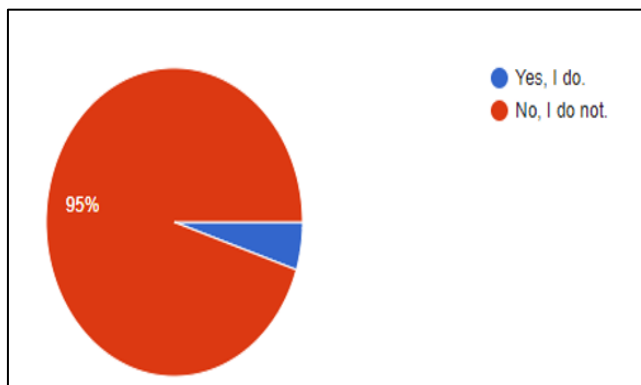


Fig 8: Participants who Believe only Women can have Eating Disorders

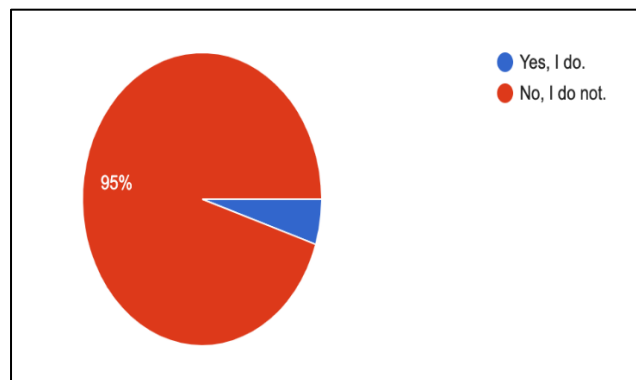


Fig 10: Participants who believe that an Anorexic Person is Faking their Illness for Attention

The survey results reveal that it is unlikely for gender bias to be present in anorexia in teenagers in Dubai. Dr. Shweta Misra has stated that awareness of men's mental health has increased in the UAE and though less common than in women, eating disorders such as binge eating disorder, bulimia nervosa, and anorexia nervosa can nonetheless affect men which could support this research's survey findings (Al Arabiya, 2023).

• *Beliefs Associated with Anorexia.*

A question solely focused on the belief of whether most people believe anorexia is a real mental illness or not in the survey has been presented to the participants: 37 (92.5%) participants, 27 females and 10 males, believed that anorexia is a serious mental health disorder. Divergently, 3 (7.5%) participants, 1 female and 2 males, believe anorexia is not as serious as it seems (Figure 9). Two questions in the survey could be used as reasoning as to why the 3 participants believe it is not serious. The first one asks whether the respondents think an anorexic person could be faking their illness for attention: 38 (95%) participants, 26 females and 12 males, believe that it is improbable, and disagree. Contrastingly, 2 (5%) participants, 2 females, responded with 'Yes. I do' (Figure 10). The second question aims to uncover whether the participants believe an anorexic person is to blame for their anorexia: 35 (87.5%) participants, 26 females and 9 males, responded with "No, I do not", and 5 (12.5%) participants, 2 females and 3 males, responded with 'Yes, I do' (Figure 11).

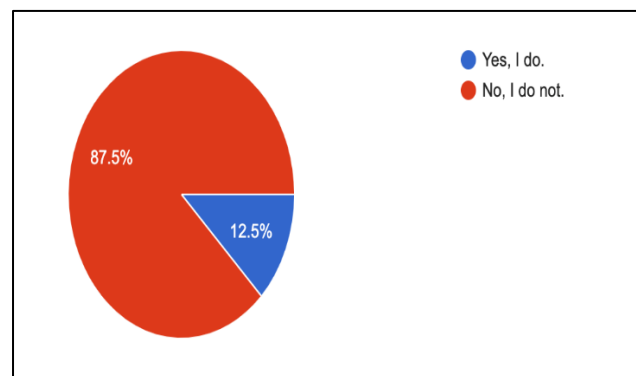


Fig 11: Participants who Believe that an Anorexic Person is to Blame for Being Anorexic

The responses received that believe anorexia nervosa is not as serious as it may be, or anorexic people fake their illness go against the findings of Tom Insel and Judith Banker (2023). Director of the National Institute of Mental Health, Tom Insel, revealed that recent research portrays that eating disorders are severe mental health disorders. Anorexia is a form of mental illness that can lead to dire health problems or even death. President of the Academy for Eating Disorders, Judith Banker, stated that eating disorders are associated with the highest levels of medical problems and death of any psychiatric disorder. She emphasized that society should treat anorexia with the same level of care as with other psychological disorders.

The findings of (The Emily Program, August 9, 2018) prove that anorexic people are not to blame for having anorexia. People who suffer from anorexia often wonder why or what made them develop it, and what is to blame? The Emily Program states that most experiences or thoughts that could lead to anorexia are not the main cause, rather they are contributing factors. Eating disorders are not a choice nor are they a phase caused by one specific reason. Current science suggests that eating disorders are caused by a complex combination of genetic, biochemical, psychological, environmental, and social factors. A written response question in the survey strives to discover whether people feel uncomfortable around a family member or a friend who has anorexia has been asked to further understand certain negative reactions or misconceptions towards the mental health disorder.

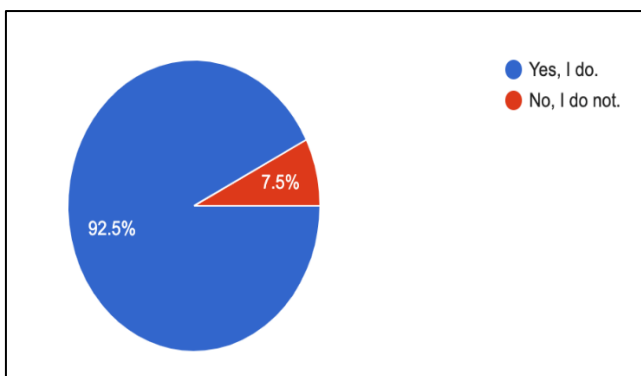


Fig 9: Participants who Believe Anorexia is a Serious Mental Health Disorder

Some responses from respondents who do not feel uncomfortable: “No, I would not feel uncomfortable. It is important to approach individuals with anorexia or any other mental health condition with empathy, understanding, and support. People with anorexia are dealing with a serious illness, and they deserve compassion and assistance in seeking appropriate treatment and support. It is crucial to educate oneself about eating disorders and how to be supportive rather than judgmental or uncomfortable around those who are suffering.”, “No, I would not feel uncomfortable around a person with anorexia because it is not something they can control. I would try to support them and help them however I can.”, “No. Being with someone who is anorexic does not make me or my peer different than anyone else. A human being is a human being, despite their difference from the society, it does not justify making them feel unworthy of belonging to a society.”, and lastly, “No, I believe that everyone is going through a struggle and people with anorexia are no different. Eating disorders are not things that we should be ashamed of or consider taboo in our community. It should be talked about more and we should embrace people who suffer from them.”

Some responses from respondents who would feel uncomfortable or understand why someone may feel this way: “I think it depends on the situation, normally, I would feel comfortable around them. As someone who has tackled eating disorders myself, I understand where these disorders stem from. However, if the person criticizes me for my non-anorexic mindset, I would be uncomfortable.”, “No, I would not feel uncomfortable being around a person with anorexia. However, I understand why some may feel uncomfortable. Some individuals may feel uncomfortable or unsure about how to respond due to the sensitivity of the topic, concerns about saying the wrong thing, or a lack of understanding about eating disorders. Others may approach the situation with compassion and a willingness to provide support.”, and “I would be a bit uncomfortable just because I know I would feel worried for them, and I would be scared that I may adopt their mentality as well because eating is a sensitive topic for me as well.”

D. Conclusion

After the analysis of categorical and statistical data established from the survey, it is possible to conclude that there is a positive linkage between the existence of stigma around anorexia nervosa and the influential tendencies of media and culture.

V. CONCLUSION

This chapter exhibits the results gathered and the conclusions made regarding the existence of stigma around anorexia nervosa and the influential tendencies of media and culture. Firstly, the section presents a concise summary of the research findings in connection to the research questions and objectives. Next, it explores the implications of the study and supplies the basis for further research in regards to the limitations that exist.

A. Summary of Findings

The gender breakdown of the participants shows that there are more female than male teenagers, suggesting a correlation between body image, self-perception, and the young generation. A relatively high proportion of participants, i.e., 42.5 %, declared that they were not quite sure that they had any history of eating disorders before. Much of the confusion could be due to the lack of awareness or ignorance of the symptoms and signs associated with anorexia. A percentage of 37.5% of respondents said they haven't had an eating disorder before, suggesting that some people have a clear self-understanding of their eating behavior and body image. Nevertheless, 20% of the sample admitted that they have had an association with anorexia, which indicates that these matters are present among the participants.

The ramifications of this study for the discovery of the real background of eating disorders are crucial. The research provides evidence of a somewhat possible lack of knowledge and education in some of the factors that have been investigated. This gap implies that some of the respondents associate stigma with anorexia when it comes to certain factors.

B. Implications of the Study

Researchers who garner an interest in investigating the stigma around anorexia in teenagers will find the research findings significant, since they venture into the existent gap of research regarding this precise topic, in this precise region. The desired result would be the absence of stigma around anorexia and for the findings of this research to be a guidance and helping hand for other researchers, journalists, and anorexic individuals in Dubai in several fields, such as the medical or academia field, who aim to uncover the answers that have been found throughout this research. The data provided could be used to infer the importance in clearing all the stigma around eating disorders, or anorexia nervosa in this case, to further provide the help, support, and safe space that anorexic individuals deserve, to heal. Furthermore, this could be achieved if the results found through this research, added onto existing evidence, is taken into consideration to better portray discussions and perceptions of anorexia in the media, and in culture. All things considered, vital new data has been discovered within this research, that serves as a crucial role for the better of anorexic teenagers in Dubai, United Arab Emirates.

C. Delimitations of the Study

The accuracy of the findings that have been collected in this research is greatly dependent on the honesty of the participants as response bias is considerably present when it comes to surveys because individuals tend to respond in the way they think is positive in fear of getting preserved negatively (Qualtrics, 2022). The researchers made the survey anonymous to try to avoid encountering the issue of response bias. The results of the survey are limited to teenagers within the age group of 13 to 19-year-olds. Furthermore, given the sensitive nature of eating disorders, respondents might have felt that certain questions were personal and chose to either answer them dishonestly or

disregard them entirely. Moreover, there is an insufficient number of resources on anorexia and eating disorders in Dubai which led the researchers to depend primarily on the findings of this study rather than information obtained from other studies.

D. Further Research

Additional investigation is needed in the stigma associated with anorexia in Dubai by psychologists and doctors as they are experts and would apply more precise ways to examine this topic. Since this study does not represent the opinions of all teenagers in Dubai, which may vary depending on a variety of factors like culture, environment, and many more, future research with a larger sample size may gain more accurate results.

E. Conclusion

The purpose of this chapter is to present the conclusions that resulted from the research that concerns the stigma surrounding anorexia nervosa. The research points to the significance of continuing to examine and tackle the problems associated with the stigma that comes with anorexia to provide better support to anorexic teenagers in Dubai, which also can cause a chain effect to other places across the globe, re-emphasizing the impact of accurate portrayal of media and cultural discussion on the formation of public perception and treatment approaches.

In order to better support anorexic teenagers in Dubai, the research highlights the importance of keeping an eye on and addressing the issues related to the stigma associated with anorexia. It also emphasizes the importance of media and culture in shaping public opinion. The findings showed that culture is largely seen to be responsible for the stigma associated with anorexia in Dubai. Furthermore, a minority of participants thought that additional factors, like the media and societal norms, had a role in the stigma associated with anorexia.

ACKNOWLEDGMENTS

We would like to express our most special thanks towards our beloved teacher, Ms. Shatha Melies, for her guidance, impeccable critique, and much appreciated academic encouragement throughout our research. Her contribution to this project is deeply cherished and admired.

We would like to also thank our peers for helping us spread the survey we have created for this research, enabling us to gather the results we needed to come to our conclusion.

At last, we would like to express our sincere gratitude towards our families for their unwavering support of providing us with the needed resources to complete our research and for their encouraging words throughout our research work.

REFERENCES

- [1]. Al Arabiya. "Men suffer from postpartum depression, eating disorders too, say UAE experts." Al Arabiya, 9 June 2023 <https://english.alarabiya.net/News/gulf/2023/06/09/Men-suffer-from-postpartum-depression-eating-disorders-too-say-UAE-experts>
- [2]. Al-Krenawi, A. (2005b). Mental health practice in Arab countries. *Current Opinion in Psychiatry*, 18(5), 560–564. <https://pubmed.ncbi.nlm.nih.gov/16639119/>
- [3]. Anorexia nervosa - Symptoms and causes - Mayo Clinic. (2018, February 20). Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/anorexia-nervosa/symptoms-causes/syc-20353591>
- [4]. Healthdirect Australia. (2024, January 18). *Anorexia nervosa*. Types, Causes, Treatment and Symptoms | Healthdirect. <https://www.healthdirect.gov.au/anorexia-nervosa>
- [5]. Anorexia timeline. (n.d.). <https://anorexianervosa-emilygp3.weebly.com/anorexia-timeline.html>
- [6]. Ceds, L. M. P. (2020b, March 23). *History of eating disorders*. Verywell Mind. <https://www.verywellmind.com/history-of-eating-disorders-4768486>
- [7]. Crane, M. (2023). "You're not sick enough": Eating disorder misconceptions <https://withinhealth.com/learn/articles/not-sick-enough-eating-disorder-misconceptions>
- [8]. Dell'Osso, L., Abelli, M., Carpita, B., Pini, S., Castellini, G., Carmassi, C., & Ricca, V. (2016b). Historical evolution of the concept of anorexia nervosa and relationships with orthorexia nervosa, autism, and obsessive-compulsive spectrum. *Neuropsychiatric Disease and Treatment, Volume 12*, 1651–1660. <https://doi.org/10.2147/ndt.s108912>
- [9]. Digital, A. (2023b, May 8). *History of eating disorders*. The Recovery Village Drug and Alcohol Rehab. <https://www.therecoveryvillage.com/mental-health/eating-disorders/history-of-eating-disorders/>
- [10]. Dimitropoulos, Gina. (2008) Stigmatization of eating disorders file:///C:/Users/USER/Downloads/uploaded_Stigmatization_of_Eating_Disorders.pdf
- [11]. *Eating Disorder Support Group in Dubai*. (2018, April 22). German Neuroscience Center Dubai. <https://www.gncdubai.com/eating-disorder-support-group-in-dubai/>
- [12]. EatingDisorders (2017, June 1). Evidence of anorexia in the Middle Ages. <https://eatingdisorders.com/news/eating-disorders-news/evidence-of-anorexia-in-the-middle-ages>
- [13]. Eiring, K., Hage, T. W., & Reas, D. L. (2021b). Exploring the experience of being viewed as "not sick enough": a qualitative study of women recovered from anorexia nervosa or atypical anorexia nervosa. *Journal of Eating Disorders*, 9(1) <https://doi.org/10.1186/s40337-021-00495-5>

- [14]. Elias, M. (2022, November 28). Average human attention span by age (11 statistics). <https://www.discoveryaaba.com/statistics/average-human-attention-span>
- [15]. Fairburn, C. G., Shafran, R., & Cooper, Z. (1999). A cognitive behavioural theory of anorexia nervosa. *Behaviour Research and Therapy*, 37(1), 1–13. [https://doi.org/10.1016/s0005-7967\(98\)00102-8](https://doi.org/10.1016/s0005-7967(98)00102-8)
- [16]. Farhana Chowdhury. (2015, April 7). Beliefs hinder treatment of mental illness in UAE - News | Khaleej Times. https://www.khaleejtimes.com/article/beliefs-hinder-treatment-of-mental-illness-in-uae?_refresh=true
- [17]. History of Eating Disorders | Eating Recovery Center. (2023, July 13). Eating Recovery Center. <https://www.eatingrecoverycenter.com/blog/eating-disorders-history>
- [18]. Kazim, A. A., Almarzooqi, M. S., & Karavetian, M. (2017b). The Prevalence and Determinants of Eating disorders among Emirati Female Students Aged 14–19 Years in Ajman, UAE. *Journal of Food & Nutritional Disorders*, 06(02). <https://doi.org/10.4172/2324-9323.1000222>
- [19]. Linardon, J. (2023, March 4). 2023 Eating Disorder statistics: 79+ Unthinkable Facts. Break Binge Eating. <https://breakbingeeating.com/eating-disorder-statistics/>
- [20]. Linden, N. (2023, November 30). What Should I Blame for my Eating Disorder? The Emily Program. <https://emilyprogram.com/blog/what-should-i-blame-for-my-eating-disorder/>
- [21]. Melisse, B., De Beurs, E., & Van Furth, E. F. (2020c). Eating disorders in the Arab world: a literature review. *Journal of Eating Disorders*, 8(1). <https://doi.org/10.1186/s40337-020-00336-x>
- [22]. Morris, J., & Twaddle, S. (2007b). Anorexia nervosa. *BMJ. British Medical Journal*, 334(7599), 894–898. <https://doi.org/10.1136/bmj.39171.616840.be>
- [23]. N, V. R. (2016, February 2). Online survey Case study of Google Forms [Slide show]. SlideShare. <https://www.slideshare.net/Vasanthrz/online-survey-tools-ppt-30012016>
- [24]. National Institute of Mental Health (NIMH). Eating Disorders: about more than food. (2021). <https://www.nimh.nih.gov/health/publications/eating-disorders>
- [25]. O’Neill, M. (2023, January 18). Tess Holliday discusses the stigma behind an atypical anorexia diagnosis. SELF. <https://www.self.com/story/tess-holliday-atypical-anorexia-weight-bias#:~:text=%E2%80%9CPeople>
- [26]. Pike, K. M., Hoek, H. W., & Dunne, P. E. (2014b). Cultural trends and eating disorders. *Current Opinion in Psychiatry*, 27(6), 436–442. <https://doi.org/10.1097/ycp.000000000000100>
- [27]. Pope, H. G., Hudson, J. I., & Miale, J. (1985b). Bulimia in the late nineteenth century: the observations of Pierre Janet. *Psychological Medicine*, 15(4), 739–743. <https://doi.org/10.1017/s0033291700004979>
- [28]. Stigma, Prejudice and Discrimination Against People with Mental Illness. (n.d.). <https://www.psychiatry.org/patientsfamilies/stigma-and-discrimination>
- [29]. Stigmas surrounding eating disorders - A devastating reality. (2014, August 21). Mental Health Australia. <https://mhaustralia.org/general/stigmas-surrounding-eating-disorders-devastating-reality>
- [30]. Stewart, M., Keel, P. K., & Schiavo, R. (2006b). Stigmatization of anorexia nervosa. *the International Journal of Eating Disorders/International Journal of Eating Disorders*, 39(4), 320–325. <https://doi.org/10.1002/eat.20262>
- [31]. Survey Bias and how to avoid it | Qualtrics. (2022, March 25). Qualtrics. <https://www.qualtrics.com/uk/experience-management/research/response-bias/?rid=ip&prevsite=en&newsite=uk&geo=AE&geomatch=uk>
- [32]. Thomas, J., Khan, S., & Abdulrahman, A. A. (2010b). Eating attitudes and body image concerns among female university students in the United Arab Emirates. *Appetite*, 54(3), 595–598. <https://doi.org/10.1016/j.appet.2010.02.008>
- [33]. Understanding the impact of stigma on people with mental illness. (2002, February 1). PubMed. <https://pubmed.ncbi.nlm.nih.gov/16946807/>
- [34]. Yeshua-Katz, D. (2015c). Online stigma resistance in the Pro-Ana community. *Qualitative Health Research*, 25(10), 1347–1358. <https://doi.org/10.1177/1049732315570123>
- [35]. Zeeni, N., Safieddine, H., & Doumit, R. (2015b). Eating disorders in Lebanon: Directions for public health action. *Community Mental Health Journal*, 53(1), 117–125. <https://doi.org/10.1007/s10597-015-9917-x>