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Paper

Eating Disorders and Criticism of Cultural Ideals

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A possible factor in the development of eating disorders is the ability of individuals to adopt a critical stance in relation to cultural ideals concerning body weight and shape. This study assessed this ability in a group of patients drawn from eating disorder treatment programmes and in two control groups, female and male, drawn from the general community. The major source of data was a semi-structured interview. Categorization of responses and chi-squared comparison revealed that males were generally less critical than females of cultural ideals concerning weight and shape. There was some evidence that females with eating disorders are also less likely than normal females to be critical of these ideals. For the clinical group, a significant relationship was found between subjects' 'critical ability' and the duration of their eating disorder. These findings have possible implications for programmes for treatment and prevention of eating disorders. *Copyright © 1999 John Wiley & Sons, Ltd and Eating Disorders Association.*

EATING DISORDERS AND THE ABILITY TO CRITICIZE CULTURAL IDEALS

It has been documented beyond dispute that Western societies have adopted a thin or slender ideal for the female body, and that women and girls are constantly exposed to this ideal in the mass media (Garner *et al.*, 1980; Morris *et al.*, 1989; Silverstein *et al.*, 1986; Wiseman *et al.*, 1992). As numerous researchers have pointed out, this immediately raises the question of why, if pressures to achieve this ideal are so all-pervasive, only some and not all females develop eating disorders. Some clinicians have described their impressions of eating disorder patients as women who are particularly vulnerable to external pressures. They contend that such vulnerability is in

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turn the result of low self-esteem and a poorly developed sense of self (Bruch, 1974, 1981; Crisp, 1980; Garfinkel and Garner, 1982; Gordon, 1990).

Another dimension of this question is the extent to which females are able, or are encouraged, to take a critical stance in relation to prevailing norms regarding weight and shape. The unhealthy nature of the current ideal may be obvious to those of us who observe in our everyday work the grave consequences of the pursuit of this ideal to extremes. However, many women, whose main source of wider cultural messages may be the popular media and who may have experienced or witnessed the denigration of those considered to have deviated too far from the ideal, may not question the ideal deeply and may find its apparent rewards attractive.

Researchers have long recognized the possible contribution of sociocultural factors to the aetiology of eating disorders. However, until recently there has been little attempt to elucidate precisely how these sociocultural influences might operate. How are pressures to attain cultural body shape ideals perceived and internalized? How do these pressures affect everyday cognitions? Do individuals think about these ideals? Several research groups are currently undertaking research on these issues. Recently, for example, Heinberg *et al.* (1995) developed the Sociocultural Attitudes Towards Appearance Questionnaire as a measurement instrument for researchers and clinicians interested in the cultural dimension of eating disorders.

In a pioneering study, Steiner-Adair (1986) examined the extent to which women are critical of current cultural ideals concerning weight and body shape. She surveyed female adolescents with regard to their perceptions of cultural and individual images or ideals for women but did not allude to issues pertaining to food and dieting. On the basis of her data, Steiner-Adair was able to categorize her subjects into two groups, which she labelled as 'Wise Women' and 'Super Women'. 'Wise Women' were those who believed that *society's* ideal woman is, amongst other things, thin and attractive, but whose *own* ideal woman was not defined by appearance. 'Super Women' also described society's ideal woman in terms of appearance, but this group actually *endorsed* this ideal as their own. The 'Super Women' obtained higher scores on the Eating Attitudes Test (EAT) (Garner and Garfinkel, 1979), whereas all the 'Wise Women' scored in the non-eating disordered range on the EAT and all but one of the 'Super Women' scored within the eating disordered range.

The present study sought to investigate directly the relevance of this issue to the development of eating disorders by comparing a group of female patients with eating disorders with a normal community sample of females and males. The purpose of the study was to compare the 'critical ability' of the groups and in so doing explore whether such ability may have any bearing on women's chance of developing an eating disorder. Specifically, the present study sought to answer the questions: are women with eating disorders less critical of

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prevailing norms regarding weight and shape and does a critical attitude to these norms assist women in remaining relatively insulated from pressure to attain the ideal?

METHODS

Subjects

The patient sample consisted of 50 females diagnosed as having anorexia nervosa and 30 diagnosed as having bulimia nervosa. All were either inpatients or outpatients at a centre specializing in the treatment of eating disorders. Male patients were not included because of their rarity; during the sampling interval only two males were diagnosed as having an eating disorder.

Data were collected during four sampling intervals, each of about 3 months, over a total period of 24 months. During sampling intervals all consecutive eligible female patients were included in the study; all agreed to participate. In order to be eligible for inclusion, patients had to have been diagnosed by either a senior psychiatrist or clinical psychologist experienced in this area of practice.

Control subjects were drawn from two large banking corporations. Much eating disorder research has been criticized for using samples which are not representative of the wider community, often consisting exclusively of college or university students (Shaw and Garfinkel, 1990). Banking staff were considered suitable for several reasons: they cover a wide range of educational levels, occupations and social backgrounds, and there is no evidence that they have a higher incidence of eating pathology than the general working population. The total banking sample comprised 65 females and 64 males.

An age limit of 30 years was set for control subjects, in order to age-match the majority of eating disorder subjects. In order to improve age-matching a small sample of school-aged subjects was included; this comprised 17 females and five males.

Table 1 compares the subject groups with respect to mean age, weight, height and Body Mass Index. An attempt was also made to match the groups on a number of other variables, including level of education attained, type of accommodation and relationship status. The anorexics differed from the other groups on a number of variables, tending to be younger, single and, obviously, of lower weight. Apart from these differences, the control groups fairly closely resembled the combined patient group.

All subjects participated voluntarily, with a participation rate in the bank group of over 95 per cent and in the school group of 100 per cent.

Procedures

This study was part of a larger study on the role of sociocultural factors in eating disorders, some results of which are reported elsewhere (Murray *et al.*,

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Table 1. Mean age, weight, height and Body Mass Index for all subject groups

	Anorexics $n = 50$	Bulimics $n = 30$	Female controls $n = 82$	Male controls $n = 69$	Approx LSD*	SD	F	df
Age	19.9	23.6	19.3	22.6	2.42	4.51	11.0	3227
Weight (kg)	43.1	58.5	58.0	71.7	4.94	9.20	89.4	3220
Height (m)	1.61	1.66	1.64	1.76	0.043	0.08	46.2	3221
BMI	16.4	21.3	21.5	23.0	1.45	2.7	58.4	3220

*Approximate least significant different (LSD) is an approximation of the smallest difference required between means for statistical significance (Kirk, 1982).

1995, 1996). The major source of data for the study as a whole was a wide-ranging interview which covered a variety of issues relating to eating attitudes and behaviours, fitness and health. It consisted of a mixture of fixed-choice and open-ended questions.

The interviews were recorded on audio tape and subsequently independently coded by one of the researchers and a colleague. Inter-rater reliability for the interview coding was 0.98.

The interview contained several questions designed to assess aspects of subjects' attitudes and critical ability regarding current cultural ideals concerning body weight and shape. They covered essentially four issues:

- whether subjects personally had any ideal body shape for women/men, and if so what this ideal was
- whether they believed that women/men should try to look like society's ideal body shape
- subjects' attitude towards pressure on women to conform to a certain shape
- what subjects may like to see changed in society in relation to body shape ideals, dieting and related issues

After completion of several interviews it became apparent that subjects made comments relevant to the issue of criticism of cultural ideals throughout the interview, and not only in response to specific questions designed for this purpose. For this reason a global 'criticism' rating was made, based both on responses to the specific questions and other relevant responses made in the course of the interview. The rating scale contained three levels, which can be summarized as follows. The accompanying quotations, selected from the interviews, exemplify the spirit of the classifications.

Uncritical of cultural ideals

Subject endorses current ideals concerning body shape, slimness and so on and expresses the view that such ideals are reasonable or desirable.

> 'Women should make an effort to be well toned. A lot of it [flabbiness] is just laziness' (anorexic, aged 22 years).

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Partially critical of cultural ideals

Subject expresses the view that current body shape ideals are overemphasized or too difficult to obtain, but does not take issue with the notion of a body shape ideal *per se*.

> 'There's nothing the matter with an interest in dieting, as long as it is taken sensibly. The trouble is the media have distorted it to being a rage and that's why you have anorexia in some people, because they've taken it to an illogical extreme' (male, aged 22 years).

Critical of cultural ideals

Subject expresses the view that the notion of a body shape ideal is wrong or unfair, that people should not be judged according to any type of body shape criteria at all.

> 'I'd change the ideal body shape, the ideal body weight. I'd eradicate all of that and just say "Eat what you want, within moderation, and be healthy", and get rid of any ideals whatsoever, and let people concentrate on what's up here [head]' (anorexic, aged 21 years).

Inter-rater reliability for allocation of the criticism rating was again very satisfactory at 0.87.

RESULTS

Table 2 shows that there were significant differences between the groups in their ratings on the three level criticism scale. The patients were more likely than the female controls to be rated as either 'critical' (particularly the bulimics) or 'uncritical' (particularly the anorexics). The males were significantly more likely than the female controls to express 'uncritical' views, while the female controls were more likely than the males to report 'partially critical' opinions.

Analyses were performed to investigate the possible relationship between subjects' critical ability and their age and, in the case of patients, the chronicity of their illness. Age might have been an influence on the type of sociocultural attitudes in question and, in the case of patients, attitudes might have changed as their illness lengthened.

A log linear analysis for contingency tables was used (Bishop *et al.*, 1975). There was no significant relationship found between age and critical ability for either the patients or female controls. However a significant relationship was found between chronicity and critical ability. Table 3 shows this relationship. Patients who had had their eating disorder for more than 24 months were more likely than patients with a disorder of shorter duration to be critical of current cultural ideals. Conversely, less chronic patients were more likely to be classified as uncritical.

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Table 2. Number (and percentages) of subjects in each group classified as 'critical', 'partially critical' or 'uncritical' of society's ideals concerning weight and body shape

	Anorexics $n= 50$	Bulimics $n= 30$	Female controls $n= 82$	Male controls $n= 69$	χ^{2}*† Fem	χ^{2}† FC v MC
Critical	12 (24%)	10 (33%)	12 (15%)	14 (20%)	20.8	12.2
Partially critical	14 (28%)	9 (30%)	48 (59%)	21 (30%)		
Uncritical	24 (48%)	11 (37%)	22 (27%)	34 (49%)		

*The first χ^2 (Fem) is for the comparison between the three female groups. The second χ^2 (FC v MC) is for the comparison between the female and male controls.
†$p < 0.005$.

Table 3. Percentage of female controls and patients classified as 'critical', 'partially critical' or 'uncritical', with patients further classified according to the chronicity of their eating disorder

	Critical	Partially critical	Uncritical	χ^{2}* (4df)
Patients				28.2
Chronicity of ED				
$\leqslant$ 24 months ($n = 41$)	15	21	64	
$>$ 24 months ($n = 39$)	49	31	20	
Controls ($n = 82$)	15	59	25	

*$p < 0.001$.

DISCUSSION

As indicated in Table 2, male controls were significantly more likely than the female controls to be rated as uncritical of current cultural ideals. Data obtained in response to specific interview questions (see Murray *et al.*, 1995, 1996) indicated that the majority of both male and female control groups believed that there is greater pressure on women than on men to conform to societal body ideals. In addition, males were significantly less likely than female controls to report that personal relationships and the media had an influence on their body shape and weight-related attitudes and behaviour. It is therefore understandable, perhaps, that males were more likely to be uncritical of cultural ideals concerning body weight and shape, as they did not feel the same degree of pressure to conform to these ideals.

The differences between patients and female controls are less readily explicable. The majority of patients were classified as either critical of current cultural ideals (28 per cent of patients overall) or not at all critical (43 per cent). By contrast, the majority of female controls (59 per cent) were classified

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as partially critical. When these scores were analysed according to subjects' age and, for the patients, the chronicity of their illness, a significant relationship was found between chronicity (but not age) and the level of criticism expressed by patients.

How should these results be interpreted? First, it would appear that being critical of cultural ideals, or becoming critical of them over the course of an illness, is in many cases not sufficient to enable patients to overcome their problems. This is an important point, to which we will return.

The results also raise the question of whether a partially critical stance is in fact a 'healthy' one, one which patients should perhaps be striving to achieve in treatment. This interpretation is too superficial, however, for a number of reasons. First, it may well be that a partially critical view of ideals concerning body shape constitutes a breeding ground for eating disorders and that normal women may progress from this point of view to an eating disorder. Second, numerous studies have shown that normal women do experience a significant degree of debilitation in their everyday lives as a result of weight and shape concern; it is not the case that all normal women are necessarily 'healthy'. Finally, while a critical stance may not be enough to enable *recovery* from an eating disorder, such a stance in normal, non-eating disordered women may well prevent these women from *developing* an eating disorder. The conclusions of Steiner-Adair (1986) are worth reiterating here: 'The central finding of this research is that girls who are able to identify contemporary cultural values and ideal images of women that are unsupportive of core female adolescent developmental needs and who are able to reject these values in choosing their own female ideal image are not prone to eating disorders. Girls who are unable to identify the societal values that are detrimental to their developmental needs, and who identify with the total image that is projected by those values, are at risk for developing eating disorders' (p. 107).

Further research is required to disentangle the cause and effect issues involved in the role of criticism of cultural ideals in eating disorders. The finding that patients whose illness was of relatively short duration were more likely than their normal peers to be absolutely uncritical of current ideals may suggest that such a stance is a precursor or predisposing factor for the development of an eating disorder. On the other hand their lack of critical ability may reflect the effects of the illness itself. Longitudinal research is required to resolve this issue.

Another potentially fruitful area for research is the process by which women with eating disorders do become more critical of cultural ideals. Is it the case that long-term disenchantment with their illness, and the diminishing 'rewards' from it, allow women to question the value of the whole endeavour?

> 'The older I get, and the more I come to grips with my problem, I think it's not important what you look like. When I was young I always thought it

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would be so good to be nice and slim, but now I believe it doesn't make you any happier. I think society's ideal of what women should look like is completely wrong and I think that women should rebel against it' (bulimic, aged 35 years).

It would also be useful to study women who have fully recovered from an eating disorder: do these women express critical attitudes, and of those who do, do they believe that these attitudes assisted in their recovery?

The observation that women with long-standing eating disorders are able to be critical of cultural ideals and yet are still disordered does not necessarily negate the value of the ability to be critical for recovery. It may well be that the ability to be critical is a necessary, but not sufficient, precondition for recovery. For many of the women in this study, their ability to be critical was expressed as impotent anger or rage; a goal of treatment could be to convert these feelings or attitudes into functional behaviours. Discussion and challenging of cultural ideals has become more common in treatment programmes for eating disorders. However, many programmes include this only as an *ad hoc* or once-only component of therapy; there are relatively few programmes described in the literature that systematically address cultural issues.

In the area of adolescent smoking prevention, programmes based on social influence–resistance models have provided encouraging results (Botvin *et al.*, 1990; Flynn *et al.*, 1994). Programmes adopting similar strategies for the purpose of preventing eating disorders may be becoming more common. In the Australian state of New South Wales, concern among educational authorities about the incidence of eating disorders recently led to the establishment of a wide-ranging review which recommended, amongst other things, that schools adopt preventative strategies that challenge sociocultural influences and messages such as the pressure to be thin and the stigmatization of overweight. Importantly, those responsible for the review emphasized the need to go beyond the traditional health education approach, in which students passively absorb information, and to assist students to 'challenge their social conditioning and develop new beliefs, attitudes and values about their bodies and themselves' (New South Wales Department of School Education, 1993, p. 18). Evaluation of such programmes, if and when they become established, will give important pointers to clinicians who wish to devise programmes to reduce the incidence of eating disorders.

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