An Exploratory Study on how the Socio-Cultural Environment is inter-related to the body-image perception of Anorexic and Bulimic Women

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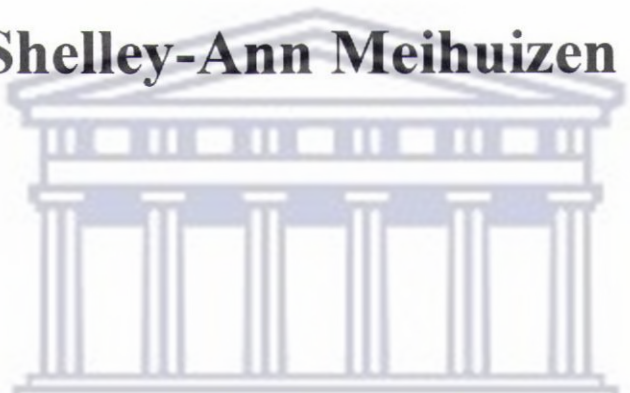

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DECLARATION

The author hereby declares that this whole thesis, unless specifically indicated to the contrary in the text, is her original work.

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Shelley-Ann Meihuizen

BULIMIA NERVOSA

Steel-toed demons draped in red
peruse the chasm of my mind.
They sweat, stutter, kick me;
forcing me to lie helpless, panting,
dangling over the edge.

Without response, without effort,
the vomit comes up, dark and sticky, the
taste in my throat is of burnt oranges
and cigarette-tinged bubble gum.

I long for peace, I cry out for rescue
an end to the burning; the lump in my throat.
The fire has enflamed, scorched,
alighted amidst my teeth.

I drool.

Yawning brings barely enough oxygen
my breathing is shallow, rapid and raspy.
I feel the sting of my flamed inhales
the ache in my chest that refuses to leave.

I purge.

My feelings are swimming in the blue of the toilet
anger, sadness, my despair and my fear
as the water swirls and flushes
they disappear into the sewer.

With a gurgle and a glup,
with a whoosh and a wash,
with a blink and a belch
they are gone.

(Tesserae, 1996)

ANOREXIC AGONY

A dark tormenting tunnel visually unseen;
Trapped in it looking incredibly lean.

A power which gave so much control;
That with it, you could not be defeated by a soul.

You were the master of your own fate;
Even though it filled you with rage and hate.

Feelings you struggled with and could not explain;
Wrapped-up in this twisted, self-destructive game.

Depressed and alone, you recluse into a shell;
And slowly, and surely, create your own "living hell".

You fight to win and get back the control;
So that once again, you can feel totally whole.

Then, all of a sudden, you do see a light;
So you push yourself and try with all your might.

And eventually, you do win the self-destructive game;
One which nearly drove you completely insane.

But, you walk away with your head held high;
Remembering a "brief life" ... You walk forward and sigh.

Shelley Meihuizen

ABSTRACT:

The study is a qualitative exploration on how women who suffer from anorexia nervosa and bulimia nervosa feel their socio-cultural environment has influenced their body-size and body-shape perception. The study is motivated by the urgency to challenge our current understanding of the causes of eating disorders which have for many years, been restricted to the domain of the personal, intra-psychic and familial factors. Given the high incidence of both disorders, it no longer seems appropriate to conceptualise the causes of these disorders as a solely private issue. Feminist and socio-cultural critiques and empirical studies have highlighted the important role that the socio-cultural environment plays in the development and/or maintenance of anorexia and bulimia.

The study is embedded in feminist and socio-cultural paradigms and employs a qualitative methodology. The central aim of the study is to explore how the socio-cultural environment, with a focus on women suffering from anorexia nervosa and bulimia nervosa, is inter-related to their body-image perception. Two different methods will be used: in-depth interviews and focus groups, as well as a demographic questionnaire. The two above-mentioned methods will produce textual data which will be analysed, from which the dominant themes that emerge will be drawn out. It is hoped that this research project will help form the basis for a more comprehensive study in the near future, which could further could further contribute to a better understanding of the particular connotations of the words "fat" and "thin" and what they imply for South African women.

CONTENTS

CHAPTER 1

INTRODUCTION

1 General Introduction

Over the years studies have shown both locally and internationally that eating disorders have developed into one of the most prevalent illnesses affecting women across the social spectrum.

Despite the fact that eating disorders have received greater recognition in recent years, it still seems to be a poorly understood illness. One can attribute its complexity to the numerous aetiological factors that seem to interplay in predisposing and maintaining the illness. Some of the factors that have been identified which seem to make a woman vulnerable to developing an eating disorder are: familial, socio-cultural, poor body image, low self-esteem, depression and personality factors.

The focus of this thesis is on how the socio-cultural environment of women suffering from anorexia and bulimia is inter-related to their body-image perception. While the study merely focuses on how two of the factors which make women vulnerable to developing an eating disorder are inter-related, reference will also be made to the other factors as they are all inter-related and should not be considered in isolation to one another.

For the purpose of this study, certain terms need to be defined as to how they must be understood within the framework of this particular subject.

The 'clinical' terms for the eating disorders discussed in this thesis are 'Anorexia Nervosa' and 'Bulimia Nervosa', and for the sake of readability the terms 'anorexia' and 'bulimia' will be utilised

herein. When it comes to referring to individuals with these problems, the terms 'bulimics' and 'anorexics' as well as women suffering from 'bulimia/anorexia' would be used interchangeably, although some professionals prefer the term 'people suffering from bulimia/anorexia' (APA, 1994).

The use of these terminologies is strictly for convenience and by no means, implies that the women suffering from eating disorders are being labelled, or being deindividuated, or categorised as a group.

The use of the term 'socio-cultural environment' within this specific study, refers to the media, and cultural norms of the society within which anorexic or bulimic sufferers live and, how they express through their illness, the anxieties and common cultural values of this society (Gordon, 1992).

Eating disorders are characterized by excessive concern with the control of body weight and shape and is accompanied by grossly inadequate, irregular or chaotic food intake (HSU, 1990). Anorexia and bulimia are widely regarded as the two most common forms of eating disorders. Other eating disorders include binge-eating disorder, atypical anorexia and atypical bulimia (APA, 1994). Both anorexia and bulimia share several common features. For example, in most women suffering from bulimia, episodes of binge-eating are substituted with periods of extreme dieting, self-induced vomiting and/or use of laxatives, preoccupation with weight, fluctuations in body-weight, which are also common features of anorexia (Strober & Yager, 1989). In essence, the symptomatic features, psychological features, course and natural history of these two syndromes overlap to a significant degree and therefore, I shall focus on both anorexia and bulimia.

Research indicates that more women than men suffer from eating disorders. Orbach (1993), Beattie (1998), Crowther, Wolf and Sherwood (1992), Gordon (1992) and Hepworth (1999) report that at least nine times as many women than men suffer from eating disorders. In clinical and population samples, at least 90% of people suffering from bulimia are women (APA, 1994). Kaplan, Sadock and Grebb (1994) further state that anorexia and bulimia are significantly more common in women than in men. One of the reasons for this is that the emphasis on thinness for males is less demanding than for females. Seid (1994) argues that there is more pressure on women to be physically attractive, desirable and thin. Current fashion and society dictate that women meet unreasonable weight standards. Furthermore, the changing status and expectations of women in society seem to play an important role in the increase of women suffering from eating disorders (Hepworth, 1999). Other researchers argue that familial factors, such as strained mother-daughter relationships, family history of eating disorders, dysfunctional family patterns of interaction and interpersonal relationships may also play a role in women developing anorexia or bulimia (Stierlin & Weber, 1989). In the light of this significantly higher incidence of bulimia and anorexia in women, the focus of this thesis will be on women.

Although many factors may contribute towards the development and/or maintenance of anorexia and bulimia, several feminist researchers (Chamberlain, 1981; Cherin, 1983; Hepworth, 1999; Lawrence, 1987; Lask & Bryant, 1992; Macleod, 1981; Orbach, 1982; Orbach, 1993; Palmer, 1980; Spender, 1982; Wolf, 1992;) suggest that the socio-cultural environment plays an important role in the development and/or maintenance of anorexia and bulimia. Given the high incidence of both these disorders, they feel it is no longer appropriate to conceptualise the causes of these disorders as a solely private issue.

For many years, the aetiology of women's eating difficulties has been restricted to the domain of the personal, intra-psychic and familial factors. Eating disorders have thus been viewed as the result of personal inner conflicts; these have therefore placed great pressure and responsibility on individual women. Today, three decades of feminism have allowed women to honour their experiences, to investigate these for themselves and analyse what they have signified.

Feminist researchers such as *Sheila Macleod*, *Susie Orbach*, *Marilyne Lawrence* and *Julie Hepworth* have legitimated the body as a proper area for political concern. As they have done so, they have begun to understand the complex messages women attempt to express through their body and their eating. They have discovered that women have been trying to come to terms with what society at large represents for them as femininity, and how they wish to represent themselves. They translate life problems into food problems or body problems. They imagine that they can fix what is wrong in the world - the large world or their smaller personal worlds - by eating / not eating / becoming bigger / becoming smaller. They refuse to accept their powerlessness and so they manipulate themselves into believing that they can obtain power through transformation of their body size and shape (Hepworth, 1999; Lawrence, 1987; Macleod, 1981; Orbach, 1982; Orbach, 1993).

This study will be a qualitative exploration of how the socio-cultural environment of women suffering from anorexia or bulimia is inter-related to their body-image perception. This study will specifically focus on the cultural norms and media's influence, and how this inter-relates with the body-size and body-shape perception of women suffering from anorexia or bulimia.

1.1 Rationale for the study

There is an alarming increase of women suffering from anorexia and bulimia today. A possible reason for this could be that we live in a society that continues to be obsessed with women's body-size and body-shape (Hepworth, 1999; Lawrence, 1987; Orbach, 1993). Studies seem to suggest that anorexia and bulimia are complex psychological disorders with multi-factorial aetiologies (Crowther et al., 1992). In an attempt to gain an understanding on the aetiologies of anorexia and bulimia in women, this analysis will focus on how the socio-cultural environment of women suffering from anorexia or bulimia is inter-related to their body-image perception. In this regard, it is hoped that this research project will help form the basis for a more comprehensive critique in the near future, which could assist South Africa's cognisance of the particular connotation of the words "fat" and "thin" and what they imply for South African women. Furthermore, it is trusted that these findings could result in the creation of new ideas to move beyond the methods of ineffective practices; at the same time also, producing innovations in the notion of anorexia and bulimia thereby informing prevention treatment strategies to enable women to confront and overcome their eating disorders with the confidence to live comfortably within themselves.

Secondly, it is expected that this analysis will further contribute to a greater awareness and better understanding of the women who suffer from anorexia or bulimia; not only regarding the mental health workers who work with anorexic and bulimic women, but also, for the individual women suffering from anorexia or bulimia, as well as their families.

1.2 Aim of the study

The aim of this study is to explore how the socio-cultural environment of women suffering from anorexia and bulimia is inter-related to their body-image perception. This study more specifically focuses on the cultural norms and media's influence, and how this in turn, affects the body-size

and shape perception of women suffering from anorexia and bulimia. The study will be located within a feminist and socio-cultural theoretical framework. According to the feminist perspective, femininity is a central feature underlying eating disorders. They suggest that the increase in eating disorders are related to the changing and conflicting roles of women in contemporary society. Women's roles have changed and expanded over the past years. Women today occupy managerial and leadership positions, which require of them to be powerful, independent and strong. They constantly need to prove themselves in a working environment dominated by men. They are often caught in the conflict between the wish to be self-determining, powerful and autonomous, and the need to remain feminine which is interpreted as conciliatory, weak and dependent. This conflict is manifested in the eating behaviour patterns associated with anorexia and bulimia (Dana & Lawrence, 1988). Therefore, one of the goals of this study will be to explore to what extent women use anorexia and bulimia as defences that enable them to escape from, and achieve some sense of control over the demands and stress caused by the almost impossible expectations that society places on them, thereby, looking at the complex of social forces that creates body insecurity within women and prohibits its adequate resolve.

Furthermore, according to the socio-cultural perspective they argue that it is almost impossible to be a woman in society today without having engaged in the war against food. They state that our culture only reinforces this craziness for food with its double messages. For every diet commercial, there is a fast food commercial and for every image of a slim body, there is an alluring image of a gourmet dish. For every weight-loss article, there is a mouth-watering recipe, perpetuating the conflict with food. Women are in constant conflict with themselves and with thoughts of forbidden foods and forcing themselves not to act on their natural desire to eat. They fear that by eating these so-called forbidden foods, they are going to get out of control. They will become fat, ugly and undesirable and thus, ruin their chances for love and a career. Being thin in

contemporary society is equated with being attractive, successful, competent, desirable and lovable (Meadow & Weis, 1992). Therefore, this study will be a qualitative exploration of how the socio-cultural environment of women suffering from anorexia and bulimia is inter-related to their body-image perception, with a specific focus on the cultural norms and media's influence. It is hoped that a clearer understanding will be obtained by looking at it from within feminist and socio-cultural paradigms.

Furthermore, as the socio-cultural perspective looks at current societal norms and values as well as how this pressurises women to conform to societal ideals, and the feminist perspective also looks at the pressure placed on women but the main focus is on how women have been socialised into accepting a "feminine" role in a male-dominated society. Another goal of this study will be to explore from a Feminist perspective, our culture's preoccupation with women's body image by challenging the idea that women should be a particular size and shape and that happiness or contentment is contingent on attaining it. Furthermore, I hope the study will show how we need to resist the huge advertising campaigns - profitable to the companies concerned but harmful to women - that exhort how women should dress, eat and feed others as well as themselves in specific ways.

1.3 Overview of the thesis

The literature that will be discussed in chapter two will attempt to provide a clearer picture of what anorexia and bulimia are. Different theoretical perspectives on anorexia and bulimia will be provided, which will attempt to offer an understanding of the different aetiological factors that may contribute towards the development and/or maintenance of the disorders. This chapter concludes with a review of studies undertaken both internationally and in South Africa on anorexia and bulimia.

In chapter three, the role of the socio-cultural environment of women suffering from anorexia and bulimia will be discussed. This chapter will specifically focus on research regarding how the media and cultural norms of a society influences body dissatisfaction and eating disorders in women.

In chapter four the research methodology, including research design, sampling, procedures, different measuring instruments, analysis of data and the various ethical considerations will be discussed.

In chapter five the results obtained from the study will be discussed, focussing on the various themes which emerged out of the six interviews and two focus groups conducted.

Finally, in chapter six the results obtained from this research study will be discussed in detail. In this regard, the current research findings will be compared with previous research findings on anorexia and bulimia. In conclusion, the limitations and shortcomings of this research, as well as intervention strategies and recommendations will be discussed.

CHAPTER 2

LITERATURE REVIEW: ANOREXIA AND BULIMIA

2. Introduction

In this section, a brief historical overview of eating disorders will be discussed, followed by an overview of the different types of eating disorders, as well as the diagnostic criteria for anorexia and bulimia. This will be followed by a brief explanation of the main theoretical perspectives on anorexia and bulimia which will attempt to provide an understanding of the different etiological factors that may contribute towards the development and / or maintenance of anorexia and bulimia; included in this, I will briefly indicate why for the purpose of my study, which explores how the socio-cultural environment of women suffering from anorexia and bulimia is inter-related to their body-image perception, it is appropriate that I look at it from within two of the main theoretical perspectives, namely: feminist theory and socio-cultural theory.

Lastly, in order to see the prevalence for a study of this nature, a review of selected research undertaken both internationally and in South Africa will be presented.

2.1 Brief overview of eating disorders

The literature indicates that reference to eating disorders could be traced back at least three centuries. One of the first scientific references to eating disorders was made in 1689 by Thomas Morton an English physician who reported two cases of anorexia which he described as "wasting disease", "want of appetite" and "weight loss". In the early 1870s Sir William Gull and Charles Lasegue in France published cases of anorexia which they referred to as "self-starvation" disease (Palazolli, 1978). Their work marked the starting point for the modern study of anorexia (Moorey, 1991). However, it was only during the early 1970s that anorexia became more widely

known to the public and by the 1980s popular magazines, medical journals and psychiatric publications described anorexia as "the psychiatric disorder of the 1980s" (Gordon, 1992).

It was during this period that professionals became aware of another eating disorder which they initially thought was part of anorexia but was later seen as a separate syndrome, namely bulimia. However, although bulimia has only recently been formally recognised as a separate and distinct disorder, it is not a new phenomenon. Reference, for example, made in the nineteenth-century psychiatric textbooks, describe bulimic behaviour in patients. Binge-eating as a symptom in other eating disorders was also recognised more than a quarter of a century ago (Lambley & Scott, 1988). Bulimia, like anorexia, was known by several names: "Bulimiarexia", "binge-purge syndrome", "dietary chaos syndrome", "Bulimia nervosa", "binge-vomitting" and "gorge-purging" (Crowther *et al.*, 1992; Fichter, 1990; Gordon, 1992).

The many names used to describe eating disorders can perhaps give an indication of the difficulty and confusion experienced by both professionals and people suffering from the disorder, to arrive at a clear and concise definition of what constitutes an eating disorder. There are many reasons for this: firstly, that women can suffer from symptoms of both anorexia and bulimia (therefore sub-typing of disorders in the Diagnostic and Statistical Manual of Mental Disorders) and secondly, several studies indicate that the majority of women experience a symptom or symptoms of eating disorders in their daily lives, which they regard as a normal part of their lives, and therefore are not classified clinically as suffering from an eating disorder. Women who are then classified as suffering from an eating disorder are those who tend to fall on the extremes of the continuum of eating habits or patterns.

According to Lambley and Scott (1988) there has been a widespread increase in the number of bulimic cases that has been referred for treatment in the United States, Great Britain and other countries. Gordon (1992) states that bulimic behaviour is becoming fairly common on campuses in the United States. This is perhaps manifested by the many articles dealing with the increasing number of women suffering from bulimia that appear in popular women's magazines in South Africa (Maber, 1999; Morris, 1998). This ties in with studies done by Le Grange, Telch and Tibbs (1998) and Shefer (1987) which indicate that bulimia and bulimic symptoms are quite common among South African campus students.

Initially eating disorders were thought to be a middle class illness affecting white women from affluent Western backgrounds. However, recent research and literature, although very limited, indicate that eating disorders are rapidly spreading into black communities, ethnic minorities and lower socio-economic groups and thus, is not confined to a specific social class (Le Grange, Telch & Tibbs, 1998; Szabo, Blerk, Thlou & Allwood, 1995; Waugh & Lask, 1995). Morris (1998) reports that although anorexia and to a larger extent bulimia, are illnesses which women in South Africa have been suffering from for decades, it has only been detected among black women in the past five years. In this regard, clinicians at specialised eating disorder units in Johannesburg, Cape Town and Pietermaritzburg reported that they have been seeing more black women who suffer from bulimia as well as to a small extent, anorexia (Morris, 1998).

Whilst there seems to be limited research undertaken in the area of black women suffering from anorexia and bulimia, it appears to be an area that is gaining more recognition and is challenging the belief that anorexia and bulimia are white women's illnesses. Since South Africa is becoming a culturally fused society which could perhaps indicate that the more black women adopt a more Western lifestyle, they become more prone to anorexia and bulimia. Young black women often

tend to experience ambivalence between the pressure to conform to the Western cultural pursuit of thinness and the contrasting African traditional value attached to a fuller body shape. This phenomena is alluded to by Nash and Colborn (1994) who believe that as people of other ethnic groups adopt Western socio-cultural values and lifestyles, similar profiles of eating pathology will emerge.

More women than men suffer from eating disorders. Crowther *et al.*, (1992) and Gordon (1992) reports that at least nine times as many women than men suffer from eating disorders. One of the reasons for this is that the emphasis on thinness for males is less demanding than for females. If one considers that individuals with bulimia, stated that vomiting after eating, began as an attempt to lose weight or prevent weight gain, men would then be less prone to this. Furthermore, the changing status and expectations of women in society seems to play an important role in the increase of women suffering from eating disorders (Gordon, 1992). There is pressure on women to be independent, successful, powerful and to be competitive which is in conflict with the traditional female role.

If one takes into account that biologically, there is a higher ratio of fat to lean tissue in females in relation to males and especially, during puberty, females tend to pick up weight in comparison to males (Gordon, 1992), then this weight gain, coupled with the stress and challenges of adolescence, could also leave a female vulnerable to developing an eating disorder (Attie & Brooks-Gunn, 1992). The aetiological factors will be dealt with in more detail in this section.

2.2 Types of eating disorders

Eating disorders are broadly classified into two categories, namely anorexia and bulimia. Anorexia is an illness whereby the person restricts their intake of food and refuses to maintain normal body

weight with an intense fear of becoming fat, as well as having a distorted perception of the shape and size of their body (APA, 1994). This results in major weight loss, malnutrition and serious physical problems such as problems with breast development, infertility, growth and amenorrhoea. Medical problems such as Bradycardia, Peripheral Oedema and Osteoporosis may also develop in anorexics (Le Grange, 1993).

Bulimia, on the other hand, is known as the secret disorder. Women suffering from bulimia often carry out their bingeing and purging in secret. Bulimia is an eating disorder which is characterised by episodic bingeing and purging, which means that women overeat and then use self-induced vomiting, diuretics, laxatives, fasting or excessive exercising to prevent weight gain (APA, 1994). They also maintain an average or above average body weight, so they can often hide their problem for years. Furthermore, it has been found that as with bulimia, the use of diuretics, laxative abuse and fasting or excessive exercising to prevent weight gain, are also common features to be found in anorexia (APA, 1994). The key component of bulimia which separates it from other eating disorders, is the bingeing and vomiting/purging cycle and the role it serves in the maintenance of body weight for the sufferer.

Binge-eating can be described as the consumption of large amounts of food in a relatively short period of time. What is regarded as a binge, varies from person to person. Some people consider eating an extra biscuit to be a binge, while others would consider eating the equivalent of two or three main meals, a binge. Another crucial feature of both anorexia and bulimia is a feeling of one's eating behaviour being out of control (Moorey, 1991). The average daily intake for an adult in a Western society is 1,500 to 2,000 calories per day while in an extreme case, in a single binge a bulimic may consume 50,000 calories (Moorey, 1991; Tobias, 1988). Furthermore, in an extreme case of anorexia, the anorexic may eat nothing other than drink water for days, even

weeks on end (Le Grange, 1993).

The severity and frequency of the symptoms of anorexia and bulimia vary a great deal. At the one end of the bulimic continuum, there are women who regularly, but very infrequently vomit, use laxatives or diuretics if they feel uncomfortable after a very large meal. At the other end of the continuum, there are women who spend most of the day and every day, almost continuously overeating and vomiting, abusing laxatives and diuretics as well as exercising until they fall asleep exhausted. Whereas at the one end of the anorexic continuum there are women who regularly starve themselves but eat just enough to barely survive at an extremely low body weight. At the other end of the continuum, there are women who spend each and every day taking in absolutely no food, other than drinking the occasional glass of water; this 'fast' sometimes lasts for weeks on end to an extreme which often ends in death for them. Most women suffering from anorexia or bulimia fall somewhere on the continuum between these two extremes. Here again, it is important to note that there are, as with bulimics, some anorexics when after they have eaten what they feel can be regarded as a large meal, will abuse laxatives and diuretics and/or exercise until they fall asleep exhausted. The symptoms can cause serious physical problems; such as with bulimia for example, it is found that damage to the teeth is done by the action of gastric juices on the enamel, loss of hair, throat haemorrhages and damage to vocal chords, damage to the lining of the stomach, strain to the heart, breaking of blood vessels in the eyes and face as well as causing the lowering of potassium levels to a dangerous point; these are all common physical problems to be found in bulimics (Dana & Lawrence, 1988). Whereas in anorexics, common medical problems to be found are Bradycardia, Infertility, Peripheral Oedema and Osteoporosis (Le Grange, 1993).

Other eating disorders include binge-eating disorder and obesity. With binge-eating disorder and

obesity, people have no control over their intake of food and eat excessive amounts of food resulting in them being overweight. Unlike in bulimia, they do not vomit, take laxatives or exercise excessively. Some researchers argue that obesity is primarily a physiological disorder and not closely associated with psychopathology. Obesity is listed in the International Classification of Diseases (ICD) as a general medical condition but is not classified as an eating disorder in the DSM-IV because it is not associated with psychological or behavioural syndromes. Binge-eating on the other hand, is more of a psychological problem and was listed for further research only as recently as 1994 (APA, 1994).

2.2.1 Diagnostic criteria for bulimia

Currently the DSM-IV criteria (APA, 1994) for bulimia are as follows:

A. Recurrent episodes of binge eating. An episode is characterised by both of the following:

(1) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances;

(2) a sense of lack of control over eating during the episode (e.g., feeling that one cannot stop eating or control what or how much one is eating);

B. Recurrent inappropriate compensatory behaviour in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas or other medications; fasting or excessive exercise;

C. The binge eating and inappropriate compensatory behaviours both occur, on average, at least twice a week for 3 months;

D. Self-evaluation is unduly influenced by body shape and weight;

E. The disturbance does not occur exclusively during episodes of anorexia.

Specify type:

Purging type: during the current episode of bulimia, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics or enemas.

Non-purging type: during the current episode of bulimia, the person has used other inappropriate compensatory behaviours, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics or enemas.

2.2.2 Diagnostic criteria for anorexia

A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g. weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).

B. Intense fear of gaining weight or becoming fat, even though underweight;

C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight;

D. In post-menarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen administration).

Specify type:

Restricting Type: during the current episode of anorexia nervosa, the person has not regularly engaged in binge-eating or purging behaviour (ie. Self-induced vomiting or the misuse of laxatives, diuretics or enemas).

Binge-eating/Purging Type: during the current episode of anorexia nervosa, the person has regularly engaged in binge-eating or purging behaviour (i.e. self-induced vomiting or the misuse

of laxatives, diuretics or enemas).

To fully understand anorexia and bulimia, one needs to understand the different aetiological factors and how they are interconnected and influence each other in the maintenance of the disorder. A review of some of the different theoretical perspectives of anorexia and bulimia in the next section, will attempt to give a clearer understanding of these complex disorders and also, why for the purpose of this study I have chosen to analyse them from within feminist as well as socio-cultural paradigms.

2.3 Theoretical Perspectives

A few of the theoretical perspectives that have been linked to the development and maintenance of anorexia and bulimia are:

Systems, Developmental, Psychoanalytic, Socio-cultural and Feminist theories.

2.3.1 Systems Theory

A systems perspective takes into consideration the importance of the family and the role it plays in the development and the maintenance of eating disorders. According to this model, anorexia and bulimia results from and is maintained by family relationship patterns that are dysfunctional (Schwartz, Barret & Saba, 1985). This dysfunctional way of interacting may have been the family's pattern of interaction for generations (Giat-Roberto, 1986). Family systems theorists argue that anorexia and bulimia are ways of coping with the difficulties and problems within the family.

To date, there has been more theoretical research done on families with anorexia sufferers than on families with bulimia sufferers. (Minuchin, Rosman, & Baker, 1978) identified the following

five characteristics among anorexic families, which according to Schwartz *et al.* (1985) are also common among the bulimic families.

(i) Enmeshment: Family members are extremely close to each other and are over-involved in each other's lives. There are no clear boundaries, and subsystems are not clearly defined. There is no privacy within the family. They intrude on each other's spaces, thoughts and feelings.

(ii) Over-protectiveness: Family members are overly concerned about each other's well-being. They are highly protective of each other and are easily distressed by tension or conflict within the family. The parents' over-protectiveness results in the children lacking autonomy and feeling incompetent outside the home.

(iii) Rigidity: Family members are afraid of change and growth in each other and try to maintain the status quo for as long as possible. They find it extremely difficult to cope with any changes and deny that there is any need for changes.

(iv) Lack of conflict resolution: They deny that there is any conflict in the family. Family members go to extreme measures to ensure that peace and harmony will be maintained at all times.

(v) Involvement of the sufferer in parental conflict: The anorexics' and bulimics' symptoms become the focus which shift the attention away from the parents' problems. Thus, parents who are unable to deal with their own problems unite in their concern for their sick child who then, becomes the focus of attention.

In addition to the above characteristics, Schwartz *et al.* (1985) have observed three more characteristics in the bulimic families, namely: isolation, consciousness of appearances and a special meaning attached to food and eating. These characteristics were related to the type of

family (within the American context) that the bulimic comes from i.e. a family that has a strong ethnic identity or an 'Americanised' family (striving to achieve dominant American culture) or an in-between family (having some ethnic and some American values). The 'Americanised' family places a great deal of pressure on their children to be successful, achieve good grades, look attractive and stylish (thin) at any cost. In this family, members interact politely with each other but beneath this, there is a need to compete with family, friends and neighbours. This results in these families being isolated because they do not have supportive or affectionate extra-familial involvement. Parents become rather intrusive in their children's lives to ensure that they live up to the American ideal, which results in enmeshed family relations.

In the 'ethnic' families there is also pressure around appearance, but the pressure is more about maintaining traditional roles and not being thin. Family members had to follow traditional roles such as marrying appropriate and acceptable partners and continuing with the chosen family career. Personal ambition had to be sacrificed for family interests. These families kept rigid boundaries and family members were not allowed to overstep these boundaries and outsiders were not allowed in. Food also played a significant role within this family. A mother's competence was judged by how well she cooked. Food became an expression of love and anger in these families.

The 'in-between' families were torn between their ethnic and American identities. Each parent had a different set of values and ideals, and their children were caught between this conflict. The behaviour of the family member suffering from an eating disorder became a reflection of their allegiance to one or the other parent. Kuntz, Groze and Yates (1992) report that although it is important to pay attention to familial patterns of interaction, it is just as important when studying eating disorder aetiology to look at incidences of psychiatric illness, substance abuse, and divorce

which all indicate dysfunctional family systems. In these families, conflict and strife are typically much more out in the open than in the families of restricting (do not engage in binge eating or purging behaviour) anorexics. It is often in this explosive atmosphere of conflict and strife that problems with alcohol and drug abuse or compulsive eating and obesity become part of the family dynamics. Despite the presence of overt conflict, the open communication of feelings is often difficult (Gordon, 1992).

Therefore bulimia often performs a significant stabilizing function within the family and that if this were to be removed, the result might be less stable family functioning. The bulimic women want to keep the family system intact no matter how dysfunctional it may be. They therefore take the focus away from their parents' problems (e.g. marital difficulties) and instead, make their illness the main problem.

In these families, separation is just as difficult as being together. Bulimics tend to internalise this conflict and ambivalence which psychoanalytic theorists would call separation-individuation. This ambivalence is often played out in other relationships as well. For bulimics, a critical or sometimes overtly abusive father typically plays a particularly important role in their development. Bulimics often perceive their mothers as weak and passive and unable to cope with the father. Bulimic symptoms are often described as a means of striking back or an expression of anger and rage that the women feel towards abusive and/or intrusive parents. As in anorexia, the bulimic's quest for power is ultimately self-destructive. Gordon (1992) states that women with eating disorders are already struggling with societies' negative biases about female intellectual competence, and this is reinforced by familial attitudes and particularly, by the negative judgements of the father.

2.3.2 Developmental Theory

The developmental perspective views eating disorders as being precipitated at specific stages of one's development. Eating disorders and eating problems occur at two developmental phases: firstly, during the transition into adolescence and secondly, during the movement out of adolescence into young adulthood. Anorexia seems to occur more in adolescence precipitated by pubertal changes. The changes experienced in early adolescence can be seen as changes taking place in all aspects of their lives. Physical growth during this period is more rapid than at any other point except the prenatal period and early infancy (Attie & Brooks-Gunn, 1992). Accompanied with this physical growth, there are significant weight and fat gains associated with puberty.

During puberty, body shape is increasingly important in determining self-esteem. Since the adolescents' weight seems to increase and her self-esteem appears to be very fragile at this stage, positive comments about looks and weight gives an adolescent power and pride (Gordon, 1992). Issues concerning identity also appear. According to Erikson, developing a sense of identity is the main task during adolescence, ie. finding out who you are and where you are going and your role in society. Failure to determine one's identity, leaves one feeling confused about one's place in the world and having no sense of self. Eating disorders result from an inability to cope with developmental demands of this period, particularly the need to develop a clearly defined personal identity and sense of personal competence (Attie & Brooks-Gun, 1992).

According to Crisp (1980), the anorexic adolescent stops the normal developmental process of psychobiological maturation. In other words, she does not want to become an adult both physically and psychologically. This happens in response to adolescent pressures or challenges mentioned previously. Maturation is viewed as painfully disruptive and intrusive for the anorexic

and becoming anorexic is an attempt to resolve the crisis of adolescent identity (Crisp, 1980).

Bulimia on the other hand, is typically later than anorexia and usually occurs between 16 to 20 years. The central developmental issue at this stage is separation from family and entry into adulthood. The challenges that these pose to the sense of personal identity leaves women vulnerable to develop bulimia. The independence, conflicting roles that women face today at work and home, developing intimacy of sexual relationships and marriage, are some of the challenges that women have to deal with. These can sometimes be very stressful and problematic especially if the transition from adolescence to adulthood was not adequately resolved.

Orbach (in Garner & Garfinkel, 1988), whose view on bulimia is based on a psychoanalytic perspective, states that as girls enter adolescence, the issues of separation-individuation from an earlier developmental phase re-emerge in a new and dramatic form. The need for an identity separate from the family, is a struggle and is still very difficult. Detaching from the family and identifying with peers involves a great deal of tension and distress. Just as earlier, separation which is desired at one level and feared at another, the wish to stay close and protected within the family, is in conflict with the need to separate from the family and move towards the development of a pre-adult identity. The insecurity felt by the adolescent, the fear and need for acceptance in the peer environment, places pressure on girls to conform.

Adolescents are therefore easy targets for adolescent magazines which preach that the solution to the crisis of adolescence is dieting and weight control. Young women read that dieting is both the passport to the normal teenage life and the answer to a whole host of named and unnamed problems.

In a recent newspaper article titled: "Report shows eating disorders booming as teens cut back on food", Hall (1999) reported that teenage girls who put themselves on strict diets are 18 times more likely to develop eating disorders than those who do not try to lose weight by dieting. Even girls who go on moderate diets are found to be more at risk. Their chance of developing anorexia or bulimia are five times higher than non-dieters.

During this period, adolescents experience a number of physical and psychological challenges to which the vulnerable adolescent may respond with eating problems; Changing body image, the need to gain independence and break childhood ties with parents, development of sexual relationships and the need to define their role and identity, are some of the many challenges that an adolescent faces which can be quite stressful and could leave one vulnerable to developing an eating disorder.

2.3.3 Psychoanalytic Theory

Most theories would regard food and feeding as a symbol of mothering, nurturance and soothing throughout the child's development and that food forms an integral part of mother-child bonding. Psychoanalytic theories have incorporated these relational and interpersonal aspects of eating into their psychogenic formulation (Humphrey, 1986). Bulimia is seen as the end result of an inadequate mother-child bonding, and as an external substitute for the necessary maternal functions that were not met. Whereas anorexia can be seen as an anorexic's way of attempting to meet her desire for autonomy, to gain control and separate from a highly over-involved mother (Orbach, 1993).

Guntrip (in Dana & Lawrence, 1988) states that the bulimics' dilemma can be understood in terms of the earliest relationships which the infant forms with its mother, which evolves around the infant's needs not being adequately met. If the infant feels that her needs have been adequately met then she feels accepted and loved, but if her needs were not adequately met then the infant feels rejected and unloved. These feelings of rejection and not being loved are carried through into adulthood, and food becomes the means of working through life's problems. The person is hungry but rejects both food and people. The bulimic constantly wants people but is afraid of rejection as well as of her own neediness. Food which is symbolic of love and nurturance is then eaten in huge amounts to satisfy this neediness. The bulimic then vomits what was eaten. Symbolically, it is as though the bulimic wants to own, consume and control the person who they desire (mother). Not being able to do so, the bulimic consumes food instead. She then becomes so terrified of having admitted to her needs that she has to deny them immediately and throw up what she has just eaten. It is important to note that this entire process of bingeing and vomitting food and what it symbolises, is played out primarily on an unconscious level.

Kaplan and Sadock (1997) state that psychoanalytic clinicians who treat girls with anorexia nervosa, generally agree that these young anorexics have been unable to separate psychologically from their mothers. The body may be perceived as though it were inhabited by an introject of an intrusive and unempathic mother. Starvation may unconsciously mean arresting the growth of this intrusive internal object and thereby destroying it. Often, a projective identification process is involved in the interactions between the anorexics and the anorexic's family. Many anorexics feel that oral desires are greedy and unacceptable; therefore, these desires are projectively disavowed. Parents respond to the refusal to eat by becoming frantic about whether their daughter is actually eating. The anorexic can then view the parents as the ones who have unacceptable desires and can projectively disavow them.

Johnson and Connors (1992) view the dynamics of anorexia and bulimia in terms of the degree of maternal involvement with the affected child. The anorexic is attempting to gain control and separate from a highly over-involved mother, whereas the bulimics' bingeing represents an attempt to avoid the emptiness and unhappiness associated with maternal availability.

Object relations theorists state that bulimics have difficulty around separation and individuation between their mothers and themselves, which is manifested by the absence of transitional objects during early childhood years. Some clinicians have observed that bulimics use their own bodies as transitional objects (Kaplan *et al.*, 1994). These women struggle for separation from the maternal figure and this is played out in their ambivalence toward food. Eating may represent a wish to fuse with the caretaker and vomiting, may unconsciously, express a wish for separation (Cooper, 1987; Kaplan *et al.*, 1994).

From a Kleinian perspective (Dana & Lawrence, 1989) the women who develop anorexia and bulimia, are unable to integrate the good and the bad parts of themselves and others. Sometimes they can have a sense of themselves and other people as a complex mixture of love and hate, while at other moments they feel quite overwhelmed by their own vice. Anorexics and bulimics project on to the symptom of anorexia or bulimia everything that they perceive is bad within themselves, in their lives and their relationships with others. Anorexia and bulimia function both as a means of stifling these bad and disturbing emotions as well as a way of giving them some expression. It is also a way of attempting to feel the intense feelings which anorexics and bulimics split off and repress (Dana & Lawrence, 1989).

In summary, the psychoanalytic perspective emphasizes that the bulimics use food as a substitute for the love, nurturance and for needs of which they were deprived of in their early childhood.

The bulimia is an expression of the stifled feelings and emotions which as a child, they had to suppress because of the fear of losing their parents' affection and love. So the only way they learnt to communicate their feelings was through an unconscious enactment of becoming bulimic. Whereas, anorexia is seen as a reaction to the very first relationship that a girl experiences, that with her mother, in which the wish to stay close and 'protected' within the well-known psychic ambience, is in conflict with the desire for separation and autonomy.

2.3.4 Socio-cultural Theory

Society today places great emphasis on thinness, dieting and physical attractiveness that stigmatizes fatness (Crowther *et al.*, 1992). The mass media plays a crucial role in women's perceptions of their bodies in that it exposes them to a beauty ideal which is nearly impossible to attain. It also overwhelms them with articles on how to diet and exercise to achieve the ideal.

Furthermore, artists throughout history have portrayed women in various ways, and Bruch (1974), developing a psycho-analytic explanation of femininity, strongly argued that these changing representations contributed to the onset of eating disorders. Historical depictions of women included a symbolic preference for pregnant abdomens, large breasts, heavy hips and thighs that continued until the late nineteenth century (Bruch, 1974). Thinness and fragility became feminine attributes of the middle classes of the late nineteenth century. During the late 1960s and early 1970s the rise in mass media created a representation of the ideal feminine body as one that was characterised by thinness. For example, high profile clothing models, such as 'Twiggy', became part of popular culture, and women were positioned to reproduce these cultural icons of femininity. These cultural developments were fundamental to the socio-cultural explanation of the onset of anorexia nervosa (Wooley & Wooley, 1982).

Women suffering from anorexia and bulimia tend to be high achievers and tend to respond to societal pressures to be thin (Kaplan *et al.*, 1994), Gordon (1992) is of the opinion that anorexics and bulimics are expressing, through their illness, the anxieties and common cultural values of the society they live in. He states that women are pursuing the mania about dieting, thinness and food control that has taken over due to the influence of advanced industrial societies. Orbach (1993) states that in the last thirty years, people have become more consumer-orientated and there is a buying culture that has a great influence on society. She states that for every advertisement from cars to chemicals, a woman's body becomes a commodity as well besides the product being advertised, but a specific type of body, ie. a thin and attractive body. A woman's body image is further capitalised by the power of the diet, fashion, cosmetic and beauty industry. These industries' profitability and continued existence are maintained by the insecurities and poor body image of women, especially in the fashion industry where fashion has been displayed on extremely thin bodies which appear to be more androgynous (Orbach, 1993). Gordon (1992) argues that the women use these cultural preoccupations as defences that enable them to escape from and achieve some sense of control over the demands and stress caused by the almost impossible expectations that society places on women.

In addition, Bruch's (1978) argument strongly associated cultural representations of femininity with anorexia nervosa in that she found eating disorders themselves, became part of popular culture.

2.3.5 Feminist Theory

According to the feminist perspective, femininity is a central feature underlying eating disorders. Boskind-Lodahl (1976) states that the major cause of women's obsession with dieting, weight control and their body, is the pressure for women to maintain a particular female image which is

Qbebafazi befilisha in control xa behleli pantsi sitya bcoz they take care of all the family & have to worry that everyone has everything they need. When the sit down & eat, they take that as their "own time" & maybe they don't know when they will get a chance to each again, hence they overeat. They use eating as a coping mechanism, a way of coping with the pressure of family life.

eg (house wives)

defined by men. As women are constantly made to believe that their acceptance depends largely on their appearance, they are brought up to believe that if they transform their bodies and change their shape, they may just be more highly valued and more acceptable to man.

Orbach (1978) on the other hand, argues that both anorexic and bulimic women represent a rejection of prescribed femininity by society. The anorexics' refusal of food, makes them so thin that it takes away the natural curves of their bodies, while some bulimics put on weight which may hide the curves of the female body. In essence, both the anorexics and bulimics are rejecting their socially determined femininity by avoiding the curviness of the female body. By not conforming to the natural body image of a woman, they are challenging the demand of a woman to be attractive to man.

So while Boskind-Lodahl (1976) suggests that anorexics and bulimics may be ascribing to the feminine roles, Orbach (1978) argues that they may not be conforming to their socially prescribed roles, but may be rejecting them at the same time.

Other feminist theorists (Bloom, 1987; Dana & Lawrence, 1989; Orbach, 1993) are of the opinion that as little girls, women are taught to have an inferiorised psychological make-up. This sense of inferiority gets reproduced in the mother-daughter relationship within the patriarchal nuclear family. Women are moulded and brought up to live a life of self-denial in relation to others. Other peoples' needs become more important than their own needs. The bulimic women's identity and sense of self are derived from pleasing and caring for others. Women have not been accustomed to feel entitled to their own needs and desires. When these needs and desires do arise, they make them feel needy, shamed and greedy. Feelings of guilt make women feel and believe that these feelings, needs and desires are wrong. Their wish to be independent is met with much resistance

and anxiety from those around them, which leads to the self-perpetuating cycle of their needs and feelings being repressed. Bloom (1987) states that women's gender requirements and their particular life experiences, are fertile ground for stunting their own growth as autonomous and effective individuals.

Furthermore, Mara Selvini Palazolli (1974) suggests that the change from an agrarian to an industrial society in Europe has had a profound effect on the stability of the patriarchal family and that the anorectic or bulimic young woman is a challenge to its continuing conservatism. Hilde Bruch (1974) addresses current social attitudes toward body size and considers the extent to which the concept of beauty in our society, and our preoccupation with appearance enter into the picture. She states that the obsession of the Western world with slimness and the condemnation of any degree of overweight as undesirable and ugly, may well be considered a distorting of the body concept, but it dominates present day living.

It has also been suggested that the increase in eating disorders is related to the changing and conflicting roles of women in contemporary society. Over the past few years the roles of women have changed and today they occupy many top positions that require them to be powerful, independent and strong. At the same time, they are living in a working community dominated by men and as a result, they are often caught in the conflict between the wish to be self-determining, powerful and autonomous, and the need to remain feminine which is interpreted as conciliatory, weak and dependent. This conflict is manifested in the eating behaviour. In bulimia, the overeating symbolizes the women's wish to be strong, powerful and independent; the vomiting symbolizes their pull-back towards emptiness, frailness and thinness (Dana & Lawrence, 1988). Whereas in anorexia, the self-starvation is a means of culminating as the perfect woman in a male-dominated society, where women can only feel good about themselves in a state of permanent

semi-starvation. In other words, the anorexic refuses to let the official cycle master her; by starving, she is in control (Wolf, 1992).

In addition, Chernin (1983) commented that it was particularly sad that throughout childhood and adolescence, girls are encouraged to define themselves in terms of their appearance and this is then carried through to later life. She argued that socialisation processes were significant aetiological factors and that it was only by moving away from these processes that the incidence of conditions such as anorexia nervosa and bulimia nervosa would be decreased. Therefore, feminist theorists argue that this bird-like or binge-purge eating pattern is a reflection of a culture that praises thinness and fragility in women (Orbach, 1993; Chernin, 1983; Lawrence, 1987; Parker & Mauger, 1976; Bruch, 1974).

The action of bingeing, purging and of self-starvation, is the anorexic's and bulimic's way of taking power and they feel in control because they can make their body forcibly do something that will put things back in order, stabilise them and bring relief. Women with anorexia and bulimia have created this self-containing, self-perpetuating, rigid system that gives an illusion of control (Lawrence, 1987). Instead of a life which can feel out of control, everything is transferred to a body that can be controlled.

Furthermore, as Rosie Parker and Sarah Mauger (1976, 151) write, "For a great many women manipulation of their own bodies is too often their only means of gaining a sense of accomplishment. The link between social status and slimness is both real and imagined. It is real because fat people are discriminated against; it is imaginary because the thin, delicate ideal image of femininity only increases a person's sense of ineffectualness."

Summary

In summary, it can be stated that the system's perspective takes into consideration the role of the family and specifically, the dysfunctional patterns of relationships or interaction within the family, which possibly contributes to the development and / or the maintenance of eating disorders. While the developmental perspective looks at the various physical and psychological changes that an adolescent faces and how these contribute towards leaving an adolescent vulnerable towards developing an eating disorder, the psychoanalytic perspective takes a closer look at the relationship between the infant, the caretaker and the symbolic representation food plays in this relationship. Food is seen as a substitute for needs that were not adequately met as a child. The socio-cultural perspective looks at current societal norms and values as well as how this pressurises women to conform to societal ideals. The feminist perspective also looks at the pressure placed on women but the main focus is on how women have been socialised into accepting a "feminine" role in a male-dominated society. Therefore, since the focus of my study is on how the socio-cultural environment of women suffering from anorexia and bulimia is inter-related to their body-image perception, I will look at it from within both the socio-cultural and feminist paradigms.

2.4 International Research

Socio-cultural theories of eating disorder development in women, point to female role expectations as a significant aetiological variable. The present study conducted by Lanter (1999) was based upon the femininity and discrepancy theories. The first, suggests that women with eating disorders are ascribing to the traditional feminine ideal of thinness and the second, that women with eating disorders are conflicted between their ideal of masculine achievement and their inability to meet their self-expectations. This study was designed to examine the relationship between the traditional sex role traits of masculine instrumentality and feminine communion as well as body

image concerns in European American women. Body image concerns are central to the development of eating-disordered behaviours. One hundred and eighty female college students volunteered for this study. Instruments used were the Extended Personal Attributes Questionnaire (EPAQ) and the Structured Interview for Anorexia and Bulimia (SIAB). Descriptive and correlational statistics, as well as a stepwise multiple regression analysis, were performed on the data.

Hypotheses were confirmed for the relationship between body image / slimness concerns and possessing negative feminine traits ($r=.28$, $p<.001$) and idealising positive masculine traits ($r=.23$, $p<.002$). A post hoc analysis revealed a significant negative relationship to body image / slimness ideal of discrepancies between actual and ideal positive masculine traits ($r=.20$, $p<.006$). Therefore, body image and slimness concerns were greatest for women whose self-perceptions included lack of a firm sense of self as measured by the negative femininity variable of unmitigated communion. Also of significance was a high self-ideal for achievement and independence, reflected in the positive masculine variable of instrumentality and the discrepancy between actual and ideal levels of instrumentality. Unmitigated communion and ideal instrumentality together accounted for 12% of the variance in body image / slimness ideal. This study lends support for socio-cultural theories of eating disorder development that point to the importance of gender-related concerns in women. Based on the results of this study, prevention and treatment should include educating girls and women about coping with societal demands to attain an unrealistic standard of thinness and feminine beauty as well as increasing pressure to achieve traditionally masculine conceptions of independence and achievement. Furthermore, he argues that future studies should include detailed holistic accounts of how the socio-cultural environment is inter-related to the body size and body shape perception of eating disorder sufferers, studies that might reveal the complexity, the richness and the diversity of their body shape and size perceptions in

relation to the socio-cultural environment.

Marz *et al.,* (1995) examined the relationship of feminine gender role (FGR) stress as measured by Feminine Gender Role Stress (FGRS) (Gillespie & Eisler, 1992) scale, to body image and eating disorders, in two studies. In Study one, in-patients with eating disorders or other disorders and controls (n=355) were administered FGRS repeatedly over a period of five months. In Study 2, 310 students from Study one, scoring high vs low on the FGRS scale, were assigned to a situation involving either a feminine or a gender-neutral control stressor, to assess heart rate and systolic BP. Students completed the Physical Appearance State and Trait Anxiety Scale. FGRS scale could distinguish eating disorders from other psychiatric disorders, suggesting that women who have eating disorders report higher levels of stress as a result of rigid adherence to the traditional FGR. It is concluded that FGR stress may be the link between cultural values of femininity and vulnerability for eating disorders.

To investigate the relationship between feminist consciousness and eating disordered symptomatology, Affleck (2000) used a combination of a large-scale quantitative study and a qualitative life history approach. This study demonstrated that the link between feminist consciousness and disordered eating is complex, and may be best understood by listening to the voices of young feminist women. The quantitative section examined the relationship between feminist consciousness, self-silencing and disordered eating. Four hundred and forty-seven (447) female university students, aged 18 and 25 years, completed a demographic and behavioural questionnaire, the Silencing the Self Scale (STSS), the Feminist Identity Development Scale (FIDS), the Eating Disorder Inventory-2 (EDI-2), and the Eating Attitude Test (EAT-26). The main hypothesis in the quantitative section of the study that predicted an inverse correlation between feminist consciousness and disordered eating symptomatology was not confirmed. Self-

silencing was, however, positively correlated to, and a significant predictor of disturbed eating symptomatology. The qualitative section of the study used 18 in-depth interviews with six young women, aged 19 - 24 years, self-identified as feminists, and of diverse ethno-cultural backgrounds to examine the processes the women used to facilitate a transformation in their relationship with their bodies. Findings indicated these women used a wide variety of highly personalised methods to cope with external social pressures relating to body size and shape. The participants found their feminist knowledge useful in understanding and coping with mounting societal pressure placed on women's bodies. Thus, an important relationship was found between feminist consciousness and women's experience of their bodies; however, this connection was part of a complex process that could not be ascertained simply by measuring the presence or absence of feminist consciousness. The results of this research hold important implications for clinical practice and prevention work in the area of eating disorders. Providing young women with feminist information and a space in which to dialogue with others about their experiences of living in their bodies may help women to make significant changes in their lives.

Harrison and Cantor (1997) examined the relationship between college women's media-use and two sets of variables (disordered-eating symptomatology and a set of related variables, including body dissatisfaction and drive for thinness) and assessed the relationship between college men's media-use and their endorsement of thinness for themselves and for women. 232 females and 190 males undergraduates were surveyed. It was expected that consumption of thinness-depicting and thinness-promoting (TDP) media would be related to disordered eating and thinness endorsement, with the social learning process of modelling accounting for the relationships. For women, media-use predicted disordered-eating symptomatology, drive for thinness, body dissatisfaction and ineffectiveness. For men, media-use predicted endorsement of personal thinness and dieting and select attitudes in favour of thinness and dieting for women. Magazine reading was a more

consistent predictor than TV viewing. Several relationships remained significant when interest in fitness and dieting as media topics was partialled out of the analyses. Exposure for TDP media appears to be associated with a subsequent increase in eating disorder symptomatology.

In a study by Harrison (2000) correlations between adolescents' exposure to thin-ideal media messages and eating disorders were examined . Three Hundred and Sixty-Six 6th, 9th and 12th grade students (average ages 11.5, 14.6 and 17.8 years) reported television viewing and interest in selective media types. They also completed the Children's Eating Attitudes Test (CEAT). Thin-ideal television exposure, thin-ideal magazine exposure, and fat-character television exposure were based on ratings of various media by college undergraduates. Results show that exposure to fat-character television, thin-ideal magazines and sports magazines predicted eating disorder symptomatology for females, especially older female adolescents. Exposure to fat-character television also predicted body dissatisfaction for younger males. Relationships remained significant when selective exposure based on interest in body-improvement content was controlled.

Haworth-Hoeppner (1997) conducted a study which addressed the role of body image in the production of eating disorders for white women in American society, examining the contributions of culture, family and the individual. In-depth interviews were conducted with thirty-two white women (with and without eating disorders) between the ages of 21 and 44. Twenty-one of the women in the sample were identified as having eating disorders. Of this group, half had been clinically diagnosed as anorexic by psychiatrists, therapists or medical doctors. The remaining half labelled themselves anorexic, but had never been clinically diagnosed. A third group of women without eating disorders completed the sample. These divisions resulted in three comparison groups - clinical, self-defined and normal - which represent a continuum of response concerning experiences with and feelings about body image. The results indicate that women in general share

a dissatisfaction with the body, one not delimited to women with eating disorders.

Standards of attractiveness that stress slenderness are implicated. However, the data also indicate that women from the clinical group represent the extremes of bodily dissatisfaction. Certain family dynamics are linked to distorted body image and eating disorders: family preoccupation with issues of weight and appearance; a lack of parental support in the context of the parent-child relationship; evidence of extreme measures of parental control; patterns of substance abuse within the family; and levels of family integration. Individual response to stressors (ie. 'non-normative' and 'normative'), weight loss functions as a coping response; its most severe consequences are associated with non-normative stressors, such as sexual abuse. This study argues that culture provides the context in which thinness is given value. Families can serve as the conductor of idealised cultural norms, the intensity of which are influenced by factors like substance abuse, parental control, and a critical discourse about weight and appearance.

2.5 Cross-cultural Studies

In a study conducted by Robinson *et al.*,(1996), the prevalence and correlates of body dissatisfaction among 939 White, Hispanic and Black sixth and seventh-grade girls in Northern California were compared through data from physical and self-administered written assessments regarding desired body shape and body dissatisfaction; 401 subjects were reassessed 18 weeks later. Findings indicate that Hispanic girls reported significantly greater body dissatisfaction than white girls, with Black girls in-between. After adjustment for body mass index, normal and overweight White, Hispanic and Black girls reported similar levels of body dissatisfaction, while parent education level (a measure of socio-economic status) was not significantly associated with body dissatisfaction. Shorter height among White girls and taller height among Black girls also made significant independent contributions. Findings suggest that Hispanic and Black girls may

be at greater risk for adopting eating disorder behaviours than previously recognised.

In a study conducted by Tsai (1999) on the socio-cultural and developmental influences on body dissatisfaction and disordered eating attitudes as well as behaviours, the primary goal of the research was to investigate the socio-cultural and developmental influences associated with the development of an eating disorder. A secondary goal was to review the evidence, primarily in non-Western populations, that culture influences the development of eating disorders. This cross-sectional survey study utilised qualitative and quantitative methods. In the developmental phase of the TEIS, four qualitative methods were implemented: in-depth interviews, free listing, card-sorting technique and cognitive interviews. Tests of the conceptual model included quantitative techniques such as simple and multiple linear regression and linear hierarchical regression. Univariate and bivariate statistical methods were used to assess tests of significance and tests of associations among demographic, control and study variables. Results from the first manuscript identified a 26-item TEIS, with a six-factor solution. The Cronbach's alpha for the TEIS was .82; alpha levels for the six factors ranged from .42 to .85. The TEIS was shown to have good content and construct validity. Results from the second manuscript confirmed the indirect pathway of association for eating disorders, but for Tas only. Body dissatisfaction and ethnic identity were associated with disordered eating attitudes and behaviours for both sample populations. The direct pathway of eating disorder development was rejected. The implications from the study done on ethnic identity suggest that there are components of identity that may be more stable over time. The results from the cross-sectional study substantiated the belief that culture influences the development of an eating disorder. Evidence also indicated that the aetiological hypothesis of a socio-cultural influence in the development of an eating disorder, needed additional investigation. The implications from these findings suggest that eating disorders are not Western-specific disorders, and future research should address the role that modernisation

and Westernisation play as precipitating factors, associated with the development of eating disorders.

In a cross-cultural study conducted by Dolan *et al.*, (1991), attitudes towards eating, weight and shape were examined in 479 Caucasian, Afro-Caribbean and Asian British women. The Asian women were found to have significantly more disordered eating attitudes than the Caucasian women, but no difference was found between the three groups in their concern with their body weight and shape. However, while in the Caucasian group disordered eating attitudes were significantly positively correlated with feelings of anxiety and depression, this was not true in the other two groups. Although the concerns of British Afro-Caribbean and Asian women are similar to those of the Caucasian women, from the findings, it is indicated that there may be ethnic differences in the relationship between feelings about eating, weight and shape and mood.

Holden and Robinson (1988) studied 13 black patients with eating disorders over a five year period. There were two anorexic and 11 bulimic patients. This group of patients were compared to a matched white group of patients with eating disorders. Their findings indicated that significantly more black patients suffered from bulimia than white patients. Both groups were very similar in their clinical features. However, several differences were noted. More black patients were self-referrals who initially sought help via emergency services than in the control group or the overall eating disorders clinic population. According to Holden and Robinson (1988) the fact that black patients first go to emergency services instead of the usual channels of referrals could also lead to under-diagnosis of eating disorders among blacks and contribute to the rarity with which black patients suffering from eating disorders are seen in clinics.

Past obesity also seemed to be more common in the black patients. Parental divorce and

separation was more common in black patients. Furthermore, their educational levels and social statuses were higher than in the general black population but lower than the white group of patients. Holden and Robinson (1988) conclude that there is an increasing prevalence of eating disorders in blacks and a tendency for blacks with eating disorders to use emergency services than to use non-urgent out-patient referral systems as utilised by white patients of equivalent education and class.

In summary, international research seems to indicate that women who suffer from eating disorders perceive their socio-cultural environment negatively and tend to come from families that have certain common characteristics and dysfunctional patterns of interaction which in turn, all influence their body image perception negatively. Cross-cultural studies suggest that eating disorders are becoming more common among black women, although hospital records and specialised eating disorder units seem to indicate otherwise.

2.6 Research in South Africa

In general, research in South Africa on anorexia and bulimia is very limited. Research initiated by Eli Lilly (an American pharmaceutical company, based in South Africa) to determine the prevalence of eating disorders in South Africa, indicated that both anorexia and bulimia appear to be confined to mainly females while in a community sample, it was estimated that 1.9% were affected. The research findings also indicate that 4% of university students and 15% of medical students were affected (Lee, 1993).

Szabo *et al.*, (1995) in their study of young black South African women, suggest that black African patients with eating disorders do not seem to differ in terms of presentation from their white counterparts. They state that the notion of eating disorders being an illness that affects white, middle socio-economic women from Western-backgrounds is questionable. Eating

disorders have emerged in so-called "traditional" societies both in the Western world and sporadically world-wide.

Nash and Colborn (1994) carried out a study on the outcome of hospitalised anorexics and bulimics in a hospital in Cape Town from 1979 - 1989 of 73 white girls and women, from middle class backgrounds. A few "coloured" people were referred but they did not complete the programme although they were encouraged to do so. No blacks had been referred, either for in-patient care or out-patient consultation. Nash and Colborn (1994) conclude that eating disorders appear to be a reflection of the prevailing Western socio-cultural norms of femininity, which entail slender bodies regulated by the nature and amount of food and exercise. The researchers state that as people of other ethnic groups adopt Western socio-cultural values and lifestyles, similar profiles of eating pathology will emerge.

A prevalence study done by Shefer (1987) on female undergraduate students at University of Cape Town on their eating attitudes and behaviours and its association with anorexia and bulimia, indicated that there was no difference between results of surveys done overseas and this group of undergraduate students in South Africa. The majority of the subjects (87.7%) were single white women. More than 11.8% reported to be anorexic, 21.9% reported binge eating and 6.3% reported using self-induced vomiting as a means of weight-control. Shefer (1987) states that preoccupation with weight control and being thin due to the pressure placed on women to conform to a slim body size and shape is the major contributing factor to this high prevalence. Furthermore, she states that it appears as though eating disorders is becoming an ideal in its own right, as indicated by the positive attitudes towards anorexics found among the students friends and relatives. Many of the students interviewed in this study reported feeling envious of anorexics and bulimics.

A study by Le Grange *et al.*, (1988) was carried out to examine the presence and severity of eating disorder pathology in students representing South Africa's ethnically and culturally diverse population. A questionnaire survey measuring eating attitudes and bulimia was administered to 1.435 South African college students (739 whites and 696 blacks). According to the researchers their findings unexpectedly revealed that black subjects demonstrated significantly greater eating disorder psychopathology than whites and mixed race and Asian subjects. In terms of severity of eating pathology, the majority of high scorers on these measures were black and white females. Hence the potential cases of eating disorders were as likely among black as among white students. In addition, the percentage of female subjects who reported irregular menstrual cycles and who were underweight was meaningful in all racial groups. Their findings suggest that significant eating disorder pathology may be prevalent in developing black societies and that black and white women experience similar weight concerns.

Findings on gender revealed that females scored higher than males. One unexpected finding was that black males scored much higher on these tests than the other males and their scores were almost as high as the female groups. Le Grange *et al.*, (1998) state that one hypothesis is that black subjects in general and males in particular, face new social pressures and expectations by way of "Western syntonic" activities amidst a rapidly changing South Africa.

The researchers claim that this study is unique insofar as it is the first to examine eating disorder psychopathology in a large and ethnically diverse South African group, and it provides much needed insight into the prevalence of unhealthy eating behaviours in this population.

In summary, South African studies indicate that eating disorders are rapidly spreading into black communities, contrary to the belief that it is a white middle class illness. Researchers seem to attribute this to black women beginning to adopt Western socio-cultural values and lifestyles.

CHAPTER 3

LITERATURE REVIEW:

How the media and cultural norms influence body dissatisfaction and eating disorders in women.

3. Introduction

The purpose of this study is to explore how the socio-cultural environment is inter-related to the body image perception of anorexic and bulimic women by focussing on two important components of the socio-cultural set of risk factors, namely: the mass media and cultural norms. This chapter will specifically look at literature regarding the influence of the mass media and cultural norms, such as traditional gender roles in the development of eating disorders and overall body dissatisfaction. Furthermore within each component, I will discuss the relevant theoretical frameworks that underlie them.

As stated in the previous chapter, anorexia nervosa and bulimia nervosa threaten the physical and mental health of an alarming number of women today. Anorexia nervosa is a potentially life-threatening disorder characterised by the refusal to eat enough to maintain body weight over a minimal norm for age and height, as well as an intense fear of gaining weight, body image disturbances and eventual amenorrhoea (temporary cessation of menstruation), and bulimia nervosa is a related disorder characterised by a pattern of bingeing (eating large quantities of food in discrete intervals of time) followed by attempts to compensate for the excessive caloric intake by vomiting, using laxatives, severe restrictive dieting or fasting, or over-exercising. The American Psychiatric Association (1994) estimates that among eating-disordered individuals, women outnumber men 10 to 1, and the prevalence of disordered eating is anywhere from 0.5% to 3% of the general population. Anywhere from 4% to 22% of college-age females report engaging in anorexic or bulimic behaviour (Collins, Kreisberg, Pertschuk & Fager, 1982; Pyle,

Neumann, Halvorson & Mitchell, 1990; Thompson & Schwartz, 1982).

Despite increased medical attention, media coverage and public recognition, the cluster of factors contributing to the development of anorexia and bulimia remains inadequately specified. The four major categories of risk factors that have been theoretically associated with disordered eating - biological, psychological, familial and socio-cultural - are conceptually disparate. White (1992) suggested that these risk factors collectively set the stage for the development of disordered eating, but researchers disagree about which set carries the most weight, and for whom. Despite this disagreement, there is consensus that the reported prevalence of disordered eating has risen steadily over the past 30 years, and disordered eating has begun to filter down to groups other than its initial victims: young, white, upper middle-class females (American Psychiatric Association, 1994; Dolan, 1989; Schwartz, Thompson & Johnson, 1982; Stoutjesdyk & Jevne, 1993). Changes in socio-cultural norms throughout the past 30 years suggest that the socio-cultural set of risk factors may have been especially important in affecting this reported rise in prevalence. Therefore, in this study I will explore two important components of the socio-cultural set of risk factors - namely: the mass media and cultural norms and how they influence the body-image perception of anorexic and bulimic women.

3.1 The influence of the Mass Media

The mass media may operate as important influences on disordered eating through their impact on the values, norms and aesthetic standards embraced by modern society. Researchers in the fields of communication and eating disorders have long suspected that the media play a significant role in transmitting thinness-oriented norms and values. Garfinkel and Garner (1982), two pioneers in the study of disordered eating, described this role by saying that the media have capitalised upon and promoted this image (of thinness) and through popular programming, have portrayed the successful and beautiful protagonists as thin. Thinness has thus become associated

with self-control and success. Furthermore, historical trends, content analyses, and effects studies all suggest that media trends may indeed be linked to the idealization of thinness and, thus, to the development of eating disorders in media consumers.

Historical trends. The highest reported prevalence of disordered eating occurred during the 1920s and 1980s, the two periods during which the 'ideal woman' was thinnest in history (Boskind-White & White, 1983). According to Mazur (1986), who tracked U.S. trends in feminine beauty through the 20th century and matched these trends to female disorders prevailing during the same periods, a sizeable minority of women have over-adapted to each beauty trend, thus accounting for the prevalence of disorders such as anorexia and bulimia when the slim female form has been in fashion.

Changes in eating disorder epidemiology over the past 30 years appear to mirror changes in mass media representations of women throughout the same time span. The figure of the female sex symbol trimmed down dramatically during this time (Chemin, 1981), and popular publishing, found a profitable niche in marketing the thinness ideal. One of the best-selling books of the early 1980s was *The Beverley Hills Diet* (Mazel, 1981), a popular guide to weight loss. In a critique of this book, Wooley and Wooley (1982) claimed that *The Beverley Hills Diet* is filled with erroneous dietary information and dangerous diet tips, such as using large quantities of alcohol or fruit as purgative agents.

Gagnard (1986) reported a significant increase in thin models in popular magazine advertisements from 1950 to 1984, which reached a high of 46% in the 1980s. A frequently cited study by Garner, Garfinkel, Schwartz and Thompson (1980) reported a significant decrease in the body measurements and weights of *Playboy* centrefolds and Miss America Pageant contestants from

1959 to 1978. These authors calculated correlations between year and percentage of expected weight, based on height to assess the strength of the downward trend in weight over time. These analyses revealed that pageant contestants' weight, decreased sharply and significantly each year, and for most of the years, pageant winners weighed significantly less than other contestants. By 1978, however, the average normal weight of U.S. women under age 30 had actually increased by 5 to 6 pounds. The same study also reported a concurrent and substantial increase in the number of diet articles in popular women's magazines, from a yearly mean of 17.1 for the 1960s to a yearly mean of 29.6 for the 1970s.

An update of the Garner *et al.*, (1980) study by Wiseman, Gray, Mosimann and Ahrens (1990) reported that this slimming trend continued from 1979 to 1988. These authors reported that 69% of the *Playboy* centrefolds and 60% of the pageant contestants studied, weighed at least 15% less than expected (as suggested by actuarial tables). This is noteworthy because being at least 15% below one's expected body-weight is considered symptomatic of anorexia nervosa (American Psychiatric Association, 1994). At the same time, the number of dieting and exercise articles in popular women's magazines increased year by year during the period of study, whereas the normal weight range of American women and the reported prevalence of eating disorders in the United States both continued to rise.

Content analyses. In addition to historical trends, several content analyses have revealed television's increasing preoccupation with beauty, thinness and food (Garner *et al.*, 1980; Silverstein, Perdue, Peterson & Kelly, 1986; Toro, Cervera & Pérez, 1988; Wiseman *et al.*, 1990). A multimedia content analysis by Silverstein *et al.*, (1986) reported that the body shape standard in television is significantly slimmer for women than for men. In this study, two independent coders rated 69% of female characters and only 17% of male characters in a sample as thin.

Women's magazines featured significantly more messages to stay slim than men's magazines, and the bust-to-waist ratio of popular movie actresses decreased significantly during the 20 years preceding the study, representing a move towards a slimmer, less curvaceous figure.

Klassen, Wauer and Cassel (1990), who studied food advertisements aimed at women, found an increasing trend for food advertisers to incorporate weight-loss claims in magazine ads for their products from 1960 to 1987. In addition, Andersen and DiDomenico (1992) found that a sample of popular women's magazines contained approximately 10 times as many dieting advertisements and articles as a similar sample of men's magazines; this ratio matches that proposed by Stropp (1984) and Bernis (1978) as representative of the difference in the prevalence of eating disorders between females and males. Andersen and DiDomenico (1992) suggest that there is a "dose-response" relationship between media content that emphasizes the ideal slim figure and the incidence of eating disorders in the dominant female target audience, such that greater exposure to such media content is associated with greater levels of disordered eating.

Effect studies. Very little empirical evidence has been produced to show that exposure to media images of thinness, leads directly to disordered eating. To date, only Stice, Schupak-Neuberg, Shaw and Stein (1994) have attempted to explore this link. These authors tested a structural equation model involving media exposure as an exogenous variable, gender-role endorsement, ideal-body stereotype internalisation and body dissatisfaction, as mediating variables and eating disorder symptomatology, as the final criterion variable in a sample of female college undergraduates. The path coefficient for the direct link from media exposure to eating disorder symptomatology, was significant. In addition, media exposure was found to be indirectly related to eating disorder symptomatology through gender-role endorsement, ideal-body stereotype internalisation and body dissatisfaction. In a related study, Stice and Shaw (1994) found

significant links between exposure to thin female magazine models and bulimic symptomatology, in a sample of female college undergraduates.

Although there is presently no other research examining the impact of the mass media on eating disorders per se, there is evidence that adolescent girls' images of their own bodies are influenced by the mass media's portrayal on ideal body-types (Freedman, 1984). Experimental research of immediate, short-term effects produced by television beauty advertisements (Tan, 1977) suggests that exposure of adolescent females to such ads cultivates significantly greater estimates of the importance of sex appeal and beauty than exposure to neutral advertisements Meyers and Biocca (1992) found that exposure to advertising depicting thin and non-thin bodies, had immediate effects on college women's estimations of their own bodies. Moreover, Irving (1990) found that exposure of bulimic patients to thin models resulted in decreased self-esteem and increased dissatisfaction with weight. Body image, estimations of the importance of physical appearance and self-esteem all have been proposed to play important roles in the development of eating disorders (Garner & Garfinkel, 1985).

3.1.1 Social Learning Theory

One interpretation of the preceding collection of studies and observations, is that the mass media operate as transmitters of cultural ideals, including that of a slim female physique. It is difficult to accept as completely spurious, the simultaneous trends of the increasingly thin body standard portrayed in the mass media and the increasing reported prevalence of eating disorders. Garner and Garfinkel (1980) found that although it may appear superficial to ascribe to cultural ideals a role in the development of anorexia nervosa, the potential impact of the media in establishing identificatory role models cannot be over-emphasized.

The phrase *identificatory role models*, suggests a potentially important theoretical mediator of the mass media's effects. The process of modelling, as explicated in social learning theory (Bandura, 1977), provides a theoretical means by which young women may acquire the ideal of a thin body, the motivation to engage in extreme dieting behaviour and instructions on how to do so from the mass media. Two components within the social learning model, prevalence and incentives, provide an explanation of how dieting behaviours may be socially learned from the mass media. Prevalence is defined as the relative frequency of an event; other things being equal, the more prevalent an event is (relative to the total pool of events available for observation), the more likely it is to be modelled (Bandura, 1977). Television and magazines contain an abundance of diet-related images, advertisements and thin-bodied models and characters (Silverstein *et al.*, 1986). According to social learning theory, as images of thinness and dieting prevail in the mass media, modelling of dieting behaviours should also prevail. Incentives, in contrast, are defined as enticements to perform modelled behaviours. External incentives motivate modelled behaviour on the basis of anticipated reward and social acceptance; vicarious incentives are based on observations of others' experiences, in real life or through some medium such as television (Bandura, 1977). Both types of incentives help make the modelling of delayed-reward behaviours (such as dieting to lose weight) more feasible. If an actor on television is perceived to be rewarded for and satisfied with her lean physique, the observer may feel that she, too, will achieve reward and satisfaction by losing weight.

Given the proposition that modelling of restrained eating behaviours from media sources should be directly linked to enactment of restrained eating behaviours, the issue of medium arises. Content analyses have shown that characters in television drama, are portrayed eating very little and, when they are shown consuming anything, it is disproportionately alcoholic (Pendleton, Smith & Roberts, 1991: Wallack, Breed & de Foe, 1985). Women, in particular, have been portrayed

eating less frequently than men (Terre, Drabman & Speer, 1991). If the typical television-viewer were exposed only to dramatic presentations during the typical television-viewing situation, restrained eating should be the predominantly modelled eating behaviour. The typical television-viewing situation does not, however, involve exposure only to dramatic presentations; advertisements comprise a substantial fraction of television's offerings. Analyses of advertisements have shown that people are portrayed eating fattening junk foods with alarming regularity. For example, a study by Jeffrey, McLellarn and Fox (1982), revealed that the average American child sees over 11,000 television advertisements for low-nutrition, fattening junk foods each year. Thus, the portrayal of indulgent eating in television advertisements may serve to dampen the modelling effects of restrained eating from dramatic television presentations.

Magazines, in contrast, should not be subject to this dampening effect to the same extent as television. Although women's magazines do contain food advertisements, they also contain an abundance of articles detailing how to attain slimness through restrained eating. In short, women's magazines provide the dieting instructions that may be left out or drowned out by television's competing messages. Thus, if social learning through modelling is one of the ways acquisition of the slim ideal and restrained eating are learned, then overall consumption of women's magazines should be more closely related to disordered-eating symptomatology than overall consumption of television fare.

Although the preceding findings collectively present a compelling argument for the connection between media exposure and eating disorders, there is limited literature available in South Africa which explains how media exposure influences body dissatisfaction. Therefore, one of the overarching goals of this study was to explore how the mass media through social learning, operates as a transmitter of cultural ideals thereby influencing the body-image perception of

anorexic and bulimic women; and to do this, within the theoretical frameworks of feminist and socio-cultural theory.

3.2 The influence of Cultural Norms: The Traditional Feminine Gender Role

Ninety percent of all eating disorders are found in women (American Psychiatric Association, 1994). The cultural pressures towards thinness are obvious in our society. However, cultural influences do not fully explain why certain women develop problems with body image or eating, whereas other women do not. Adherence to the traditional feminine gender role may mediate cultural influences and the adoption of these values into one's life. Perhaps a rigid commitment to fulfilling imperatives of the feminine gender role, such as the focus on one's physical attractiveness and a need for approval by others, creates significant stress and explains why more women than men manifest eating disorders.

Clinicians who treat women with eating disorders describe them as excessively feminine in gender role orientation (Boskind-Lodahl, 1976; Boskind-White & White, 1987; Steiger, Fraenkel & Pierre, 1989). Women with bulimia have been described as unassertive, dependent and low in self-esteem, characteristics congruent with the feminine gender role. Recent interest in how the feminine gender role produces stress and mental health problems has led researchers to assess the influence of the traditional feminine gender role on the development of the body image disturbance and eating disorders in women.

Empirical research has been conducted to determine whether individuals with eating disorders are different from other women in gender role orientation. Rost, Neuhaus and Florin (1982), found that individuals with bulimia, conform to more traditional feminine gender roles and hold less liberated attitudes about women than do controls. Likewise, the family of origin of women with

bulimia is more traditional in gender roles for both women and men (Silverstein, Perdue, Wolf & Pizzolo, 1988).

Gillespie and Eisler (1992) developed the Feminine Gender Role Stress Scale (FGRS scale) to measure empirically the cognitive tendency among women to appraise specific situations as highly stressful because of commitments, beliefs and values that are as a result of rigid adherence to the traditional feminine gender role. Based on Lazarus and Folkman's (1984) model of stress appraisal and coping, and Wethington, MacLeod and Kessler's (1987) assertion that certain events may affect women more than men, the FGRS scale was designed to measure "potential stressors that are particularly salient for women both as a result of personal agendas, consistent with feminine gender role socialisation and environmental contingencies that reinforce these agendas" (Gillespie & Eisler, 1992, p. 435).

It is believed that feminine gender role stress, as a cognitive appraisal style or way of perceiving the world, varies among women. Women who have a lot of feminine gender role stress, probably encounter more daily stress by perceiving more events as threatening to their femininity. Both the accumulation of stress and rigid adherence to the feminine gender role, may produce vulnerability for psychopathology found predominantly in women. Because most eating disorders are diagnosed in women, it is hypothesized that the negative aspects of the feminine gender role are related to the development of these disorders (Gillespie & Eisler, 1992).

3.2.1. Feminist Theory

According to Orbach (1993), the barrage of images from the media telling women to be thin when they have to provide, cook and touch food all day long creates an obsessive and totally unhealthy attitude to it. They realise television and advertising are to blame; they feel resentful of their

husbands and children when they are indifferent to the food prepared with so much dedication. They start to become aware that they really are second-class citizens. And yet, they still wince at the term 'feminist' often stating, 'I can understand everything but not that feminism.' Feminism is still a dirty word (understandably, because women's power is very threatening to this society) and conjures up for many women, the image of the man-eating virago. Therefore, looking at women and food as a social issue, is the feminist approach. Feminists feel that to see women and their obsession with dieting within a social context, reveals the pressure from society on women today.

Feminism simply means looking at women and their position in society in a sensible and honest way. Furthermore, feminists feel that women can come to this kind of realisation in self-help groups where they stop turning the obsession and pain in on themselves and start to realise they really aren't to blame, but society's pressures are. This is a relief and often the trigger for enormous rage at the injustice of it all. For feminists, the issue makes personal politics real for women.

So, within feminism the perspective is always to see the social dimensions that have led women to choose anorexia or bulimia as an adaptation to sexist pressure in contemporary society. Women, as the most important purchasers of foods, are presented with a seemingly vast choice. They must choose wisely for their families' health and welfare. At the same time every woman is continually confronted with images of slimness and trimness as well as advice on how to eat sensibly, lose weight and have a happy life. This general concern with thinness affects both women and men; and people are often driven to reduce their size when they were not previously large. Thus starts a cycle of food deprivation, and/or bingeing and purging. Women are especially susceptible to these demands to lose weight because they are brought up to conform to an image

of womanhood that places importance on body size and shape. We are taught that we must both blend in and stand-out - a contradictory message indeed!

Models today are younger and younger, their bodies resembling not so much those of women as those of the pre-adolescents that they are. The weight of those winning beauty contests has gone down, and despite the fact that it is estimated that 50% of North American women weigh well above the "recommended" numbers on the height/weight tables, slimness has not declined as an aesthetic; rather it has captured the desire of more and more people and come to represent the longings of more and more women. Women are still all too often seen as sexual objects for others. Whether at home or at work, their self-esteem can still depend in large measure on how they feel about their bodies. Along with the escalation of slimness and its reach into ever-younger sections of the population, there is a demand that we should be fitter. The emphasis on health and the exercise club has given women access to sports and their physicality in a new way. At the same time, however, they are now subject to a new pressure: the designer body.

Over the last decade, many individual women have been able to make much-wanted changes in their personal lives. However, in the public sphere, feminine values find little place and, evidence of women's political and social power is still limited. In exchange for our desire to transform our lives, we are given back the body and the correct feeding of others and ourselves as the arena in which we should concentrate. We are in a transitional period, and the link between our old identities and roles and our new ones is something we know only too well about - preoccupation with the body and a concern about the food we eat.

As women attempt to deal with their new (barely allowed) aspirations and cope with their old expectations of self, the categories of fat and thin are offered as solutions to complex problems.

The new career women is always thin. The competent mother is always thin. The middle-aged woman returning to work is always thin. Images of the new women are always presented to us as *thin*, and such ideas about thinness become insinuated into each woman's sense of herself so that she sees thinness as an important part of the way she should be.

Since food and the body has become an arena in which women have been allowed to express themselves, food and the body become a language they communicate with. We may not be able to decipher the code at first glance, but if we look and listen and ask, we develop the capacity to comprehend the messages that are encoded in women's relationship to food. As we decode them, we see how intimately linked they are to the psychological conditions created by our present social climate.

Today, a decade and a half of feminism have allowed women to honour their experiences, to investigate these for themselves and analyse what they have meant. We have legitimated the body as a proper area for political concern. As we have done so, we have begun to understand the complex messages each of us attempts to express through our body and our eating. We discover that we have been trying to come to terms with what the culture at large represents for us as femininity, and how we wish to represent ourselves. We discover how impossible that is, and our own ideas about ourselves are inextricable from everything we have grown up with. We discover how much our eating and non-eating behaviours are attempts to stifle inner conflicts we feel; how our preoccupations with the body are manifestations of our desire to work things out in the arena we have been given. We translate life problems into food problems or body problems. We imagine that we can fix what is wrong in the world - the large world or our own smaller personal worlds - by eating / not eating / getting bigger / getting smaller. We refuse to accept our powerlessness and so we manipulate ourselves fantasising that we can have power

through self-transformation.

We discover how we deal with indigestible facts and feelings by eating them; how we seek soothing and solace for hurt in eating or in not eating; how we gather self-esteem through what we do or do not put in our bodies. There is an intricate interplay between our bodies and what we allow them to have, and our unconscious and conscious beliefs about our entitlements. For women today, their relationship to food is generally so fraught and problematic that each eating episode tells a story - a story of inner pain and anguish, of hope, of self-disgust, of the attempt to care for self. As we patiently decode these messages and their contradictory aspects, we learn much about women's desires and the restraints they have internalised. We also learn much about our need for soothing and the brutality with which we try to squash our needs.

Food is an extremely powerful cultural shaper in all societies. Cross-culturally, there is a broad range in the way infants are introduced to food and the subsequent socialising experience surrounding food. In the Western world, a most striking feature is the almost exclusive involvement of women in food preparation in the home. For hundreds of years, women have obtained and transformed foodstuffs into daily meals for their families. Girls grow up knowing that an integral part of their role is to cook and provide nourishing meals for their families. An important dimension of woman's self-esteem derives from her capacity to fulfill this role. Since World War II, with the advent of mass refrigeration, freeze-drying, and other technological developments applied to food and food delivery (such as the supermarket), there has been a decrease in real time required for food preparation in the home. At the same time, the period following World War II - which is of interest to us, because the major rise in anorexia nervosa has occurred in the population whose mothers and fathers were parenting at this time - was characterised by an ideological thrust to get women back into their kitchens and away from the

habits of working in the market-place, which were developed out of the necessities of a wartime economy. Female ambition was to be replaced by the role of the professional mother and homemaker - a job requiring more skills, time and input from other experts (Friedan, 1963). Women were induced to put their considerable energies into the household. Motherhood was elevated to almost saintly proportions, and women were told that their satisfaction would come from the knowledge that they were good home-makers and mothers. Numerous experts materialised to guide women in this new (albeit, according to the ideology, biologically destined and therefore almost holy) role. Women's magazines of the period attest to the importance of the mother in the well-being and the mental health of her children and in the wife's role in the career development of her husband. (Needless to say, the latter depended on a wife's sensitivity to the husband's needs and the holding back of her own: "Don't nag".) The family became invested as the haven from the world of competition at work, the natural site for the care of pre-school children, and the desired domain of women (Gordon, 1992).

Women's power had to be felt in every area of family life, but in none so poignantly as in the arena of food. The mother provided breakfast, take-away lunch, dinner and snacks according to a well-thought-out mix among children's desires, nutritional requirements and the family's economic position. At the same time, that advances in food technology potentially reduced the time a person might need to spend preparing food, women were counselled to spend more time in the kitchen and at the stores, thinking about the food that would be the expression of their love and caring for their families. Families gathered around the breakfast and dinner table twice a day. A mother's work came to fruition in the meals that she prepared. They expressed her originality and her skill at balancing the budget. Food became her statement of love, power and giving in the family. The children's receptivity to the mother's food became an area involving discipline, sometimes by the mother, sometimes by the father. Food personified the mother, and she was rejected or accepted

through it. In this way, food became divorced from its biological function and took on this highly reified meaning. It was the conveyor belt for all manner of feelings expressed among family members.

In addition to food delivery as a central aspect of a woman's existence, we must fold in another dimension of the social requirement of femininity. We must take into account that throughout history, women's feeding others has been coupled with the necessity for self-denial. In times of scarcity, the men and male children are fed the most prized foods and they receive the largest portions. In contemporary America, where food scarcity is less subject to natural causes than to current economic arrangements, we grow up with an expectation of food availability. And yet women still hold back on their desires for food, because food that a woman prepares in an expression of love and nurturance for others, is a far more dangerous commodity for the woman herself.

Feminists today (Orbach, 1993, Lawrence, 1987) feel it is equally important to understand the particular meanings that "fat" and "thin" have come to have for women today so that we can help women overcome their eating problems and live with ease in their bodies. They feel that we need to question our social practices so that the next generation of girls and women will not suffer from such disabling and distressing feelings about their bodies and food.

Therefore another goal of this study, was to explore from a Feminist perspective our culture's preoccupation with women's body image by challenging the idea that women should be a particular size and shape and that happiness or contentment is contingent on attaining it. Furthermore, I hope it showed how we need to resist the huge advertising campaigns - profitable to the companies concerned but harmful to women - that exhort how women should dress, eat and

feed others as well as themselves in specific ways.

3.2.2 Socio-cultural Theory

The socio-cultural theory looks at the issues of body dissatisfaction and eating disorders within a social context, examining all the social pressures that force women to be thin. It describes how and why dieting and related eating disorders are primarily a woman's problem by looking at society's obsession with thinness. For example, the advertisements of lithe beauties on beaches; the women's magazines full of lean, leggy models who have actually succeeded in making millions of women unhappy and dissatisfied with their bodies.

Furthermore, women are bombarded with pictures of delicious food, recipes and the image of the perfect wife and mother but at the same time, one is expected to look like Meryl Streep. So, in order to succeed, one has to spend hours preparing and cooking beautiful meals but one has to resist them at all costs.

As stated in the previous chapter, women are in constant conflict with themselves and with thoughts of forbidden foods and forcing themselves not to act on their natural desire to eat. They fear that by eating these so-called forbidden foods they are going to get out of control. They will become fat, ugly and undesirable and thus, ruin their chances for love and career. Being thin in contemporary society is equated with being attractive, successful, competent, desirable and loveable.

Orbach (1993) states that in the last thirty years, people have become more consumer-orientated and there is a buying culture that has a great influence on society. She states that for every advertisement from cars to chemicals, a woman's body becomes a commodity as well besides the

product being advertised, but a specific type of body, ie. a thin and attractive body. A woman's body-image is further capitalised by the power of the diet, fashion, cosmetic and beauty industry. These industries' profitability and continued existence are maintained by the insecurities and poor body-image of women, especially in the fashion industry where fashion, has been displayed on extremely thin bodies which appear to be more androgynous (Orbach, 1993). Therefore at various stages in history and in different societies, woman's body has had to conform to the local cultures' idea of what constitutes sexual attractiveness.

3.3 The idealization of the Female Body

Since the Renaissance, the feminine ideal has swung between an emphasis on buxomness and its polar opposite, the Victorian 18-inch waist. Until recently (the last 15 years), these changes in body desirability extended over epochs and were of principal concern to women of the *haute bourgeoisie* and courtesans. What is striking about the last 60 years, is the impact that the idealized feminine form has produced on the great mass of women (and, to a lesser extent, men). The advent of the movies and mass culture has created a population responsive to imitate and take up the received images of femininity. These images have projected a few limited body types for women, and the female beauties of an age have corresponded in their own unique way to the body type. The mass media have selected their models and photomontages to conform to the aesthetic ideals of the age, and in this way, women who have been unable to match their own bodies or looks to those of the mannequin have had an ideal to strive for. What is particular about the last 15 years, is the rate of acceleration in the changing aesthetics of the female body. As though they were hemlines that could be shortened or lengthened seasonally, the current aesthetic of women's bodies has been changing almost yearly. Since the late 1960s, women's bodies - as reflected in fashion magazines, glamorous serials on television, and so on - have been getting slimmer and slimmer and slimmer. Gone are the bosoms of the 1950s; spiralling angularity is *à la mode* today. Whereas 50 years ago, a woman might bemoan the fact that her body did not "go out and in" as

she desired, no woman today can rest assured in the knowledge that she has a good figure; for no woman today, has the right body for more than a season or two. The aesthetic ideal is forever changing. (Orbach, 1993).

Body insecurity is almost bred into women, then, both at the level of mass culture and in the family dynamics. Few mothers of young adult and adult children today (those aged 15 - 35) have been able to feel secure in the natural shape of their bodies and to convey this confidence to their daughters. The psychological sense of wrongness, discussed earlier, finds a vehicle for expression in a discomfort with one's body and a desire to have it, reflect the contemporary norm. But before I discuss this point at some length, I should like to draw the reader's attention to another post-World War II cultural development, which, taken together with those already outlined, provides an understanding for the specificity of eating disorders as a logical distress pattern of late 20th century and the current 21st century America. This is the development of a consumer society in which objects of the market-place are reified and sexuality has become a commodity. (Lawrence, 1987).

Women's bodies have come to be used as the hidden persuaders in the forging of a society whose economic rationale is consumption. Commodities from cars to cokes to centrifuges are displayed with young women close by, signalling availability and sexuality. The alienated commodity becomes more desirable, once washed with a human attribution. In other words, the sexuality of women's bodies has become split off and reattached to a whole host of commodities reflective of a consumer culture. Cars, Cokes and centrifuges become a form of sexuality. At the same time, sexuality itself is packaged in seemingly endless variety. As the alienation increases by arithmetic progression, the availability of sexual "fixes" appears to increase geometrically. The physical link between objects as commodities and sexuality as a commodity, is inevitably a woman's body. (Hepworths, 1999).

The receptiveness of women in relating to their bodies as deficient, and their consequent desire to attempt to transform them must be explained. We need to make the links between those aspects of women's psychology, such as unentitledness, insecurity, shaky boundaries and outer-directness, that make them susceptible to seeking validation and safety by acquiring the "correct" body. We need to situate this struggle in the complex of social forces that simultaneously creates the body insecurity and prohibits its adequate resolve. Amidst this, we need to understand the culture's fascination and fear of women, as expressed through the desire to control women's bodies.(Lawrence, 1979).

Therefore, the last goal of this study was to explore to what extent women use anorexia and bulimia as defences that enable them to escape from, and achieve some sense of control over the demands and stress caused by the almost impossible expectations that society places on them; thereby, looking at the complex of social forces that creates body insecurity within women and prohibits its adequate resolve.

In summary, the socio-cultural perspective looks at current societal norms and values (transmitted through mediums such as the media) and how this pressurises women to conform to societal ideals while the feminist perspective also looks at the pressure placed upon women but the main focus, is on how women have been socialised into accepting a "feminine" role in a male-dominated society.(Orbach, 1993).

CHAPTER 4

METHODOLOGY

4. The Present Study

According to Lanter (1999), for many years in the aetiology of women's eating difficulties with a focus on body-image perception has been restricted to the domain of the personal, intra-psychic and familial factors. Based on his study of the body-image perceptions of eating disorder sufferers, he suggests that future research should address specifically the role of the socio-cultural environment in influencing the body-image perception of anorexic and bulimic women. Furthermore, his study also lends support for socio-cultural theories of eating disorder development that point to the importance of gender-related concerns in women. Lanter (1999) argues that what the eating disorder research field needs, at this stage, are "detailed, holistic accounts of how the socio-cultural environment is inter-related to the body-image perception of anorexic and bulimic sufferers, studies that might reveal the complexity, the richness and the diversity of their body-image perceptions in relation to the socio-cultural environment".

Against the above background, it was proposed that the present study be conducted within a qualitative paradigm, as one of the major distinguishing characteristics of qualitative research, is the fact that the researcher attempts to understand people in terms of their own definition of their world (Mouton, 2000). In other words, in terms of Becker's (1992), distinction; the focus is on an insider-perspective rather than on an outsider-perspective. By utilising a qualitative approach, an attempt was made to understand the anorexic's and bulimic's subjective perspectives about how they felt the socio-cultural environment had influenced their body-image perception, because the complexities, richness and diversity of their body-image perception in relation to their socio-cultural environment, could only be captured by describing what really went on in their everyday lives, incorporating the context in which they operated, as well as their frame of reference.

4.1 Research Design and Methodology

Unlike experiments and surveys, in which the elements of the research design - hypothesis formation, measurement, sampling - are specified prior to data collection, design elements in qualitative research usually are worked out during the course of the study. (Rubin & Rubin, 1995). Therefore within this study, a qualitative approach had the potential to supplement and re-orient our current understanding of how the socio-cultural environment influenced the body-image perception of anorexic and bulimic women.

Against this background, the specific design selected for this research project was an ethnographic study with an emphasis on **case studies**. Mouton, (2000, 149-150) defines, "Ethnographic Research: Case Studies, as empirical studies that are usually qualitative in nature which aim to provide an in-depth description of a small number (less than 50) of cases. Such descriptions are embedded in the life-worlds of the actors being studied and produce insider perspectives of the actors and their practices." In other words, it was **listening** to what people had to say and finding out about their cultural life and subjective rules and meanings. Furthermore, this type of design fitted in well with this particular study as the research project is broadly informed by research values and methods emerging from socio-cultural theory, as well as feminist research methodological debates and could be seen as forming part of the 'new paradigm in psychology' (Smith, Harrè & van Langenhove, 1995b). These authors point out four basic principles which mark out this new paradigm as follows: research was conducted in the 'real world' (that is, not in the laboratory or in a constructed experiment); a recognition of the centrality of and therefore focus on the role of language and discourse; life and research is perceived as dialogical, that is as constructed through dynamic interactions; a concern with persons rather than statistics and variables which dominates mainstream positivistic psychology.

To these I would add further concerns with researchers' own positioning in their social context

and the significance of reflexivity in the research process (Banister, Burman, Parker, Taylor & Tindall, 1994); and the recognition that research is always value-laden (unlike positivist claims of neutrality) and therefore always of social importance. With regard to the latter, the research was motivated by the goals of social relevance and social critique. It was hoped that social contributions inherent in the research could be made in the areas of interventions like nutritional education thereby informing prevention treatment strategies to enable women to confront and overcome their eating disorders with the confidence to live comfortably within themselves, as well as contributing to a greater social awareness and better understanding of the women who suffer from anorexia and bulimia.

Although I believed a qualitative design was most appropriate for the aims of this research, a short-closed ended questionnaire was included to provide demographic details of all the participants.

Furthermore, as I stated before, the research was informed by what could be termed a socio-cultural and feminist framework, in so far as it was primarily concerned with the way women spoke of their lives regarding how current societal norms and values pressurised women to conform to societal ideals (Meadow & Weis, 1992), as well as how women felt they had been socialised into accepting a "feminine" role in a male-dominated society (Dana & Lawrence, 1988).

Issues of representation in feminist research, knowledge production and struggle have been debated globally and in the South African context. The debate was thrown open in South Africa during and following the first Women and Gender Conference in Durban in 1991 (for example, Bonnin, 1995; Letlaka-kennert, 1991; Lund, 1991; Serote, 1992; Shefer & Matthis, 1991).

Questions were raised about who had the right to represent, speak on behalf of and do research

on whom, had been raised and debated, often with such emotion. Within the arena of feminist research methodology, the primary critique has been levelled at the predominance of white women researching black women and representing their experiences uncritically (for example, Fouche, 1993; Funani, 1992; Grouws, 1993; Robinson, 1994; Sunde & Bozalek, 1993; Thompson, 1992). I was aware of my own identity as a white, upper-middle class, English-speaking, urban woman in my mid-20's and that I was representing the experiences of women from different racial and cultural backgrounds. Furthermore, I was a recovered anorexic, reading anorexic and bulimic sufferers' voices, through my particular ideological perspective and from my particular social location.

In carrying out the task of locating myself as researcher, I intended to go further than merely naming myself in relation to participants. I explored my own motivation, following my subjective history and how this impacted on the research process and outcomes (Banister et al., 1994), and this will be discussed later in Chapter Six.

4.2 Aim of the Study:

The aim of this study was to explore how the socio-cultural environment of women suffering from anorexia and bulimia is inter-related to their body-image perception. This study more specifically focused on the cultural norms and media's influence, and how this in turn, affected the body-size and body-shape perception of women suffering from anorexia and bulimia.

4.3 Research Questions:

Key questions which the thesis has been asking in respect of these aims could be outlined as follows:

1. To what extent did the participants ascribe to the traditional feminine ideal of thinness, portrayed by Society and reinforced by the mass media in advertisements, T.V.

Commercials, Films and Magazines? Furthermore, exploring whether the mass media influenced women's body dissatisfaction, drive for thinness and disordered eating symptomatology?

2. To what extent did women with eating disorders conflict between their ideal of masculine achievement and their inability to meet their self-expectations?

3. To what extent did women use eating disorders to cope with external social pressures relating to body-size and shape? Thereby exploring the processes women used to facilitate a transformation in their relationship with their bodies.

4.4 Participants

Participants were recruited from the Eating Disorder units at Groote Schuur Hospital, Crescent Clinic and Kenilworth Clinic.

The sample consisted of approximately 22 young women (between ages 14 and 39) diagnosed with bulimia or anorexia. This was made up of fourteen adolescents (between ages 13 and 18) and eight young adults (between ages 22 and 30). I chose to select my sample from both government and private hospitals so that my sample reflected sufferers from a variety of socio-economic backgrounds and cultures. The range included extremely poverty-strickened young girls through to wealthy affluent young ladies. Two focus groups were conducted - one at the government hospital (Groote Schuur Hospital) and one at the Private Clinic (Kenilworth Clinic) - each consisting of 6 - 8 patients. I also conducted 6 in-depth interviews, two at each of the Hospitals, where I interviewed one bulimic and one anorexic patient.

4.5 Procedure:

Psychologists and psychiatrists working at Groote Schuur Hospital, Crescent Clinic and Kenilworth Clinic were approached and permission was requested regarding participation of some of their patients who had been diagnosed with bulimia and anorexia, to be involved in in-depth interviews and focus groups.

A sample of approximately 22 young women was used and each participant received a letter explaining the purpose of the study and requesting their participation. The participants were informed that participation was voluntary and that all information obtained, would remain confidential. They were also given the option of feedback and if so desired, results of the research.

A patient 'consent form' was also included, requesting participants' permission to allow therapists to disclose information about their illness. Permission was asked at each of the hospitals for a focus group to be conducted, one at the Groote Schuur Hospital and one at the Kenilworth Clinic, each consisting of 6-8 patients. Furthermore, permission was also asked for 6 in-depth interviews to be conducted with one bulimic and one anorexic patient at each of the hospitals.

4.6 Measuring Instruments / Method:

Two methods were employed: Focus Groups and In-depth interviews.

Furthermore, a questionnaire considering the demographic variables was used in both of the above measuring instruments. While both methods covered similar material, it is believed that they would contribute in different ways to the research findings.

4.6.1 Focus Groups:

Focus groups were found to be particularly helpful in eliciting discursive material and had the

advantage over individual interviews in that they provided a forum for participant interaction (Morgan & Spanish, 1984; Strebel, 1995). Given the nature of a discussion, with the representation of multiple views, both similar and conflicting, it was expected that issues of commonality as well as contradictions would emerge. The discussions set up within the mixed female groups would hopefully elicit discussions between the women, challenging them to confront both the divergent and common ways in which they ascribed meaning to their eating disorders, when it was considered how the socio-cultural environment influenced their body-image perception.

Two focus groups were used with a total of 6-8 patients in each group. One focus group was held at Groote Schuur Hospital and the other at Kenilworth Clinic. Each focus group was made up of anorexic and bulimic patients from the hospital's / clinic's Eating Disorder Unit and consisted of adolescent and young adult females which came from both poverty-stricken and affluent socio-economic backgrounds. The different cultures identified in each focus group were Muslim, Coloured, African and White.

The patients were fully informed of the aims and process of the research project and requested to participate voluntarily. The focus groups were guided by a semi-structured interview schedule with open-ended questions, asking broad questions related to how the socio-cultural environment influenced their body-image perception (see Appendix five). The focus groups were facilitated by the researcher, myself, who had worked for a few years as a lay-counsellor and psychometrist and also, as I had experience in group facilitation (Co-facilitator), particularly in the area of eating disorders.

Both the focus groups lasted between 60 and 90 minutes. They were held in English, given the diversity of languages represented. Group discussions were, with permission of the group, recorded and transcribed verbatim and the resulting texts analysed. Demographic information was

elicited by means of a short questionnaire.

4.6.2 In-Depth Interviews:

In-depth interviews have been one of the traditional means of eliciting qualitative data and is concerned with subjective meanings and experiences (Banister et al., 1994; May, 1993). Individual interviews were utilised in order to give voice to the individual outside of group discourse, and to facilitate the emergence of data that was more personalised and auto-biographical than that which emerged in the focus groups. A total of 6 interviews were held, three with anorexic patients and three with bulimic patients. A semi-structured in-depth interview was designed with a focus on how the patients felt their socio-cultural environment was inter-related to their body-image perception (See appendix four).

Participants for the in-depth interviews were elicited on a voluntary basis. Two from each of the Hospitals being utilised namely: Groote Schuur Hospital, Crescent Clinic and Kenilworth Clinic. Interviews were conducted in English, given the diversity of languages represented. Interviews were recorded and transcribed verbatim and the resulting texts analysed. Demographic information was obtained by means of a short questionnaire.

4.7 Analysis of Data:

Both the focus groups and the interviews were transcribed and organised into categories of information emerging from the qualitative data. Thus a 'thematic analysis' of the data was used, as I was concerned only with what was said by the participants (Banister et al., 1994).

My analysis was mediated (as all analysis is) by my own intuitive sense of what was significant in the data, which was itself of course, predetermined by a wide range of factors concerning my own academic, personal identity and location.

4.8 Ethical Considerations:

Psychologists and Psychiatrists working in the Eating Disorder Units at Groote Schuur Hospital, Crescent Clinic and Kenilworth Clinic were approached and permission was obtained regarding the participation of some of their patients who were presently, being treated for anorexia or bulimia in the unit.

A patient 'consent form' was also given to all the patients participating in the research project requesting the patients' permission to allow their therapists to disclose information about their illness.

Patients were explained the significance and aims of the study and informed consent was obtained. Great care was taken to assure each patient that all information given in the focus groups and interviews, would remain strictly confidential and anonymous. Patients were informed that participation in the study was voluntary and had they wished to withdraw at any time during the process, it would be possible. Furthermore, any information that a patient may not have wanted recorded or used would be excluded.

While it may not have been possible to be sensitive to all difficult emotions that emerged through the research process, I attempted to contain these when identified. Flexibility in the interview situation had to allow for the inclusion of counselling and these patients were referred, in a sensitive manner, to their particular therapists whenever there appeared to be any emotional confusion and/or distress.

CHAPTER 5

RESULTS AND DISCUSSION OF RESULTS

5. Introduction

In the following chapter, I will reflect on and discuss the various themes which arose out of the interviews and focus group that I conducted for my study. The questions I asked were the same in both my focus group and individual interviews, for reasons previously stated in my methodology, and the questions were related to my topic: How the socio-cultural environment is inter-related to the body-image perception of anorexic and bulimic women (See Appendices: 4, 5 & 6).

Furthermore, in my discussion under each theme, I will include a comparison between my findings and previous research findings. Finally, I will end this chapter with a brief summary of my interpretation of the findings as well as tying in my findings with my theoretical framework.

5.1 Discussion of Findings

THEME I: MAGAZINES NEGATIVELY AFFECT WOMEN'S BODY-IMAGE PERCEPTION

"I still look at Magazines and see women with skinny beautiful figures. And I will still think, Agh! Wouldn't it be nice to look like her, and so I will obsess about it and torture myself to get like that, ... so I too will then impress people and feel nicer." (F 3)

"It took me years to figure out, that you have to look like the women in magazines - anorexic - before men will touch you, so that was a big thing." (I 1)

"In Magazines I always focus on people's bodies. They're thinness.....I mean you look at models that people use to advertise things and they're thin. So that's what you focus

on, and it appeals, cause you feel like maybe if I loose another 3 or 4 or 5 more kilos then I too will be a success like her." (I 3)

"Magazines make me be obsessed by this skinny look. I .... I think that it is so gorgeous .... bones sticking out. I'm totally obsessed by Jodi Kidd. I think the way she looks ... like she's dying.... is absolutely beautiful, and I am going for that .... I want to look like her, just skin and bone." (F 6)

"When I see all the thin models in the magazines I feel guilty! Because I don't look like that. And I want to." (F 8)

"It's everywhere in Magazines .....thin thin women that's all that's portrayed out there ... so no wonder all women are so focused on our bodies because we have to be ...ja we just have to ..." (I 2)

"Magazines make me feel inferior ... you know ..... to models more than anything else. I feel like they got somewhere because of the way that they look. And uhm.... because I don't look like that, that is why my life's in such a mess. Ja! ... and I feel that I won't be happy unless I too, look like that....And it makes me not like looking in the mirror or going out because I don't look like that." (I 4)

It was very apparent from the responses I received in both the interviews and focus group which I conducted that above all other media, the images magazines display, of a woman's shape and body size, influences their own feelings about their bodies and in turn, themselves. As is evident in the above quotes which proves that the composition of magazines only reinforces this craziness

for body size and body shape. This finding (theme) is supported by a study done by Gagnard (1986) who reported that a significant increase in thin models in popular magazine advertisements was linked to the idealisation of thinness and, thus, to the development of eating disorders in women.

If you look at the quotes above, they all show that a woman's body-image is capitalised by the power of the diet, fashion, cosmetic and beauty industry for these industries' profitability and continued existence are maintained by the insecurities and poor body image of women, especially in the fashion industry where fashion has been displayed on extremely thin bodies which appear to be 'anorexic looking'. This finding is further supported by a study done by Chernin (1981) who reported that magazines find a profitable niche in marketing the thinness ideal. Furthermore, this finding is supported by Klassen, Wauer and Cassel (1990) who studied food advertisements aimed at women and found an increasing trend for food advertisers to incorporate weight-loss claims in magazine advertisements for their products. In addition, by reflecting on the above quotes, it becomes clear magazines only reinforce that being thin in contemporary society is equated with being attractive, successful, competent, desirable and loveable. Thus, this finding is further supported by a study done by Garfinkel and Garner (1982) who reported that the media have capitalised upon and promoted this image of thinness and have portrayed the successful and beautiful protagonists as thin. Thinness has become associated with self-control, happiness and success.

<u>THEME 2</u>: THE NEGATIVE IMPACT (OF THE USE) OF THIN WOMEN IN ADVERTISING.

"You don't even see the product at first. You'd just see the model. And you think, Oh! Look how beautiful she is! ... look how beautiful she is. And you think if I used this, it wouldn't exactly make me like her totally. But it will put me on the pathway for becoming

like her. You know. ... As beautiful as her, and as tiny as her." (I 5)

"Ja, like if I want to buy this product I am going to first have to lose some weight somehow... Ja, for if you buy this product you got to attain that lifestyle of not eating and being thin .... looking beautiful and looking glamorous." (I 3)

"Today ... like those models that's what we have to be like, thin, thin ... so ja ... there's really only one way to do that, you have to eat like a bird ... starvation, today for women is a means to an end." (F 6)

"I mean the Niva advertisements .... Look at those women ... Beautiful figures but not.... like we don't know they've had their fat sucked out of them." (F 5)

"Seeing advertisements like that gives your drive for thinness value and it fuels it to." (I 6)

"It makes you want to starve yourself and ... ja, it makes you feel like you doing nothing wrong ... ja, just what's expected of you." (I 1)

"Ja, it attracts me more to them .... because that is the women I want to be ... thin, nice ...Ja, so very thin ... I like subconsciously cut them out in my mind and over and over again I aspire to be like that ... so that I, too, am beautiful then." (F 7)

"I think a lot of anorexia and bulimia are caused by ... the ads that are on TV. Like the Verimark advertisements ... all those slimming tips and products... shows you how to lose weight quickly and by putting the product with a thin girl .... it makes it real and you will go out and buy the product so you too can look like her ... Yes, like her

...nice and thin." (I 4)

"You see all the car advertisements on TV with the beautiful women and gorgeous men and you want to be like them because if you don't ... if you're not thin, you won't be able to get a man like that .... Ja, and the car ... So, ja, you must be thin." (F 2)

Reflected by the above quotes, it is evident that there was an overall feeling in both the focus group and interviews that the way advertisements display products alongside what they think is the 'ideal woman' increases their drive for thinness and makes them more determined to loose weight, as it gives off the message 'this is what a real woman is meant to look like. This finding is supported by a study done by DiDomenico (1992) who reported a 'dose-response' relationship between media content that emphasizes the ideal slim figure and the incidence of eating disorders in the dominant female target audience, such that greater exposure to such media content is associated with greater levels of disordered eating. Furthermore, this finding is supported by a study done by Stice and Shaw (1994) who found significant links between exposure to thin female magazine models and eating disorder symptomatology. In the last thirty years, people have become more consumer-orientated and there is a buying culture that has a great influence on society. For every advertisement from cars to chemicals, a woman's body becomes a commodity as well besides the product being advertised, but a specific type of body, ie. a thin and attractive body. As can be seen from the quotes above, women swallow this hook, line and sinker and so, a specific body-image for women is personified. This finding is further supported by a study done by Meyers and Biocca (1992) who found that exposure to advertising depicting thin bodies, had immediate effects on women's estimations of their own bodies. This finding is moreover, further supported by studies done by Irving (1990) and Freedman (1994) who, both reported that adolescent girls' images of their own bodies are influenced by the media's portrayal on ideal body-types. In addition, this finding is further consistent with the social learning theory which states

that as images of thinness and dieting prevail in the mass media, so the modelling of dieting behaviours should also prevail (Bandura, 1977). This is supported by content analyses (Pendleton, Smith & Roberts, 1991; Wallack, Breed & de Foe, 1985), which propose that the modelling of restrained eating behaviours from the mass media, is directly linked to the enactment of restrained eating behaviours.

<u>THEME 3</u>: FITNESS-ORIENTATED ADVERTISEMENTS INCREASE WOMEN'S DRIVE FOR THINNESS.

> *"Yes, fitness-orientated advertisements make you think, like, let's buy this? Maybe this will make me thin!" So I can look perfect like the girl on the advertisement."* (I 3)

> *"Ja, you look at M-NET and CNN or whatever and you see those advertisements of women training on treadmills and those .... abs - flex's, and Ja ... you look at your stomach and its not flat and then you feel not normal, like you know, that's what a woman's stomach should look like .... so um, Ja it make you feel fat, fat like a whale."* (F 4)

> *"Oh my word! The few times that I've seen it ... informercials .... and .... personal trainers - speaking on fitness flyers ...Ja ... I ...I get like so upset with myself. Like why am I not like that .... and that just gives me the drive to go and do that. Do like .... 100 push-ups and something like that. I mean ... that really motivates me. I think my God!... look at me! And look at that ! I should be doing that."* (F 7)

In both the focus group and interviews the participants felt that their drive for thinness was influenced and increased by fitness-orientated advertisements. So from the above quotes, it proves how the mass media plays a crucial role in women's perceptions of their bodies in that it exposes them to a beauty ideal which is nearly impossible to attain, by overwhelming them with articles

and TV advertisements on how to diet and exercise to achieve the ideal body which is expected of them in society today. This finding is supported by experimental research done by Tan (1977) on the immediate, short-term effects of television fitness-orientated (beauty) advertisements which reported that exposure of adolescent females to such advertisements cultivates significantly greater estimates of the importance of sex appeal and beauty than exposure to neutral advertisements. Furthermore, this finding is supported by several content analyses (Garner et al., 1980; Silverstein, Perdue, Peterson & Kelly, 1986; and, Toro, Cervera & Perez, 1988) all which revealed televisions' increasing preoccupation with beauty, thinness and food in relation to women, that they found to be evident in the increasing amounts of fitness-orientated and diet-related advertisements geared at women and shown on television today.

THEME 4: MAGAZINES INFLUENCE DISORDERED EATING PATTERNS

"I spend hours and hours just looking at the recipes in magazines and dreaming of eating the food but if I ate it, I just would not be thin, thin like the models in the magazines."

(F 1)

"I've learnt so much about starving myself from articles in magazines about diets ... Yes, I promise you I'm obsessed with them ... I collect them and compare them to each other."

(I 2)

"Well, I've tried ... I think yes, about every new diet pill on the market ... cause its easy you just order it through the magazine and it comes to your door, no questions asked."

(I 6)

"It just kills me all those diet advertisements and articles on how to loose weight ... I mean you read those and then on the next page is a chocolate cake recipe ... but oh! No you can't eat that 'cause its fattening!"

(F 5)

In both the focus group and interviews it became clear, as can be seen in the above quotes, that a woman's fight with food is only reinforced by the double messages found within magazines which in turn, influences disordered eating patterns. As a result of all these images portrayed in magazines, women find themselves in conflict with thoughts of forbidden foods and forcing themselves not to act on their natural desire to eat. They fear that by eating these so-called forbidden foods they are going to get out of control and will become fat, ugly and undesirable in society. This finding is supported by a study done by Silverstein et al., (1986) which reported that although women's magazines do contain an abundance of articles detailing how to attain slimness through restrained eating and this in turn, increases eating-disorder patterns amongst women. Furthermore, this finding is supported by studies done by Stropp (1984) and Bennis (1978), both of which reported that there is a trend for magazines to contain ten times as many dieting advertisements and articles geared for women than for men.

THEME 5: SOCIETY EXPECTS 'FIGURE PERFECT' CAREER-ORIENTATED WOMEN.

"When you have a career, you have more of a chance of being successful if you are the perfect size 10 ... I mean get real who wants some fat blob representing their company, and it's proof the pretty thin ... thin girls always get the good jobs ... um ..... they don't even really have to be clever, just thin." (F 3)

"Men want you to earn good money, work hard and still go to gym and make sure you look good ... I mean otherwise they will probably leave you and go for some other pretty successful girl." (I 1)

"Ja, because if you're thin and bony, you'll get further in your job and it makes me ... um... ja, feel like I'm overpowering people like this 'cause ja, I'm bony like a man ... and

it makes me strong." (F 6)

"Now women have to work hard to like men, but its ironic, because if they don't look thin too, they'll loose their jobs, so ja, its not fair ... ja, society expects it all from us ... but not from men, I mean they can be fat but we can't cause then our job, well we might loose it." (F 8)

From the above quotes, it is clear that in both the focus group and interviews, women felt that they are expected to work like men but still maintain a perfect figure. This finding is supported by Kaplan et al., (1994) which report that women suffering from eating disorders tend to be high achievers and tend to respond to societal pressures to be thin. This could be due to the fact that women's roles have changed and expanded over the past years. Women today occupy managerial and leadership positions, which require of them to be powerful, independent and strong. They constantly need to prove themselves in a working world dominated by men. As a result, they are often caught in the conflict between the wish to be self-determining, powerful and autonomous, and the need to remain feminine which is interpreted as conciliatory, weak and dependent; And, this conflict is then manifested in their eating behaviour. This finding is further supported by Orbach (1993) who reports that women are especially susceptible to the demands to lose weight because they are brought up to conform to an image of womanhood that places importance on body-size and shape; but at the same time, must adapt and become the bread-winner. Consequently, they are taught that they must both, blend in and stand out, a contradictory message indeed.

<u>THEME 6</u>: GREATER JOB OPPORTUNITIES FOR 'THIN' WOMEN.

"If you go for a job interview for like a secretary's job, let's say ... ja, I guarantee you

they will take a fat person less seriously than a thin girl ....Ja, the thin girl's chance is just so much greater 'cause who wants some fat ugly chick greeting their customers or clients." (F 3)

"I mean think of a rep's job, basically if you look better and are thin, you'll sell more products and make more money because more people will buy from you 'cause, its just the way society is ... if you look a certain way ... thin .... then you basically attract more people to you and in turn, your product." (F 1)

"*Its like if ten women go for an interview and only five get called back ... I promise you ... I just guarantee you it will be the thin ones and not the fat ones that are called back.*"

(I 4)

"*My friend she has this perfect figure and she's a model and she will get far in life because of what she looks like ...'cause through modelling, she makes connections and already if you compare her to me, she's made loads more money because of the size of her body.*" (I 1)

"*I agree, its sick but thin basically equals success if you're a woman in society today.*"

(F 5)

"*Ja, like if you want to do promotional work like for cigarette companies or alcohol companies ... like Red Bull etc., they don't even interview you unless you are a certain size and skinny, Skinny I mean Ja, that says it all* !" (F 2)

From the above quotes, it was evident in both the focus group and interviews that in comparison to men, there is more pressure on women within the working world to be physically attractive,

desirable and thin. This finding is supported by a study done by Lanter (1999) which reports that eating disorders are caused when women are conflicted between their ability to ascribe to the traditional feminine ideal of thinness while at the same time, meeting their ideal of masculine achievement enforced on them by society. When reflecting on the above quotes it becomes evident how certain jobs require women to meet unreasonable weight standards which then, often in turn, cause eating disorders to develop. Furthermore, in today's society in comparison to men there is a greater emphasis for women to be thin. When women feel discriminated against in their jobs they refuse to accept their powerlessness and so they manipulate themselves into believing that they can obtain power through transformation of their body size and shape. This finding is further supported by Gordon (1992) who reports that the changing status and expectations of women in society seems to play an important role in the increase of women suffering from eating disorders. As there is a pressure on women to be independent, successful, powerful and competitive which is in conflict with the traditional female role, and in consequence, women use their bodies as a means of getting some control over the almost impossible expectations that society places on them.

THEME 7: MEN PREFER FIGURE-PERFECT WOMEN.

"Men they all do it, my dad, my boyfriend - all of them. They see a thin girl and they look ... they really look and I know that makes me feel good so I starve myself so I can be thin and get looked at 'cause then, then you really feel good about yourself." (I 5)

"At work ... the men they're always, I mean always commenting on all of us girls' figures ... um, ja and this gosh! It makes me angry so I go home and I binge ... and I binge and I think well, take that ... you little bastards." (F 4)

"Ja, its like the perfect wife ... will have a thin, thin figure to make her man proud ... its

sick but that's the way it is ... um ....ja ... we must be thin they can be fat ... and its been like that for ages now." (F 7)

"No - Sandy I disagree .... I mean think of it, you walk into a club or bar or even at the shops and just watch men ... just watch them and their eyes mark my words as soon as some sexy thin "chick comes" along - they stare or their eyes follow them, ja .... they're drawn to them like magnets!" (I 3)

"You just need to go for a walk ... like by Clifton beach front there ... and I promise you ... I promise you if you're thin, you'll get loads of wolf calls, glares and whistles but if you're fat ... forget it, you won't even be noticed." (I 2)

"Men, they're all alike, they all want these barbie doll figured girlfriends or wives ... its one fat joke 'cause they get some kind of kick - out of it, but on the other hand, its kind of ironic 'cause they themselves, can be as fat as anything but their partners are required to be thin! Ja... so its sick, just sick." (F 6)

"I mean you just have to go into a bar and listen to what men talk about ... tight buns, firm boobs, sexy thighs, tiny waists ... ja and they go on and on about it! And then some fat girl walks in and they are repulsed by her and rip her off ... ja if fat, let's face it, your chances are limited!" (F 8)

"When I go out and I look at the men ... they always ... I mean, always look at the thin girls I mean there will be fat pretty girls, but they won't even give them a second glance but the thin girls ... the thin ones they get the most guys and have the most fun today." (F 1)

In both the focus group and interviews, as is evident from the quotes above, I found that women

are brought up to believe that if they transform their bodies and change their shape, they may just be more highly valued and more acceptable to men. This finding is supported by Boskind-Lodahl (1976) who states that the major cause of women's obsession with dieting, weight-control and their bodies, is the pressure for women to maintain a particular female image which is defined by men. Furthermore, it shows how women are made to believe that their acceptance depends largely on their appearance. This finding is further supported by Boskind-White & White (1987) who, state that women are brought up to believe that if they transform their bodies and change their shape, they may just be more highly valued and acceptable to man.

THEME 8: WOMEN ARE EXPECTED NOT TO BE GLUTTONS.

"I've worked as a waitress in many restaurants and so many women if they're with men, have salads but if they're with their girlfriends, they pig out." (I 5)

"When I go on a date with a guy, I order a salad or something very light because I don't want to look like some fat fart ... but it's a joke because then, I go home and stuff my face binging 'cause I'm starving but then I feel guilty for doing that so then I make myself sick." (F 3)

"I could never eat a lot in public, I mean its not lady-like, its not the done thing to do. Ladies must eat small portions like princesses, not big portions like pigs!" (F 8)

"I mean, if you look at T.V. advertisements, it's the women who advertise the salads and the men who advertise the burgers, its just the way things are." (I 6)

"Like when I use to go to dinner with my male friends, they use to rip me off and say

how can such a tiny thing like you eat so much, so then, I use to feel bad and I use to leave most of it." (F 2)

From both the focus group and interviews, as is reflected in the quotes above, I found that women seem to be socialised into believing that they must hold back their desires for the cakes they bake for others and satisfy themselves with a brine-canned tuna salad with or - even more sinister - they must pretend that cottage cheese and melon is as pleasurable as a grilled cheese sandwich for lunch. For a woman, then, food is an object of an entirely different character. It is a potential enemy and a threat. By looking at the above quotes, you can see how a cardinal rule of femininity, from young women in their teens is that they should be desirable; And for them, desirability is linked with an ever-diminishing body size, which is attainable by most women only through severe restrictions on their food intake. And because the 'right size' for women has been decreasing yearly so women have been encouraged to decrease their food intake yearly. This finding is supported by Crowther et al., (1992) who states that one of the reasons women restrict their food intake is that the emphasis for females on thinness is more demanding than for males. Furthermore, throughout history women have occupied this dual role of feeding others while needing to deny themselves. But in earlier times, and in many cultures still today, the denial of food, while undoubtedly reflective of the patriarchal social relations, had a rationality based on the economic organisation of societies in which food was frequently scarce. The notion took root that the males in the family (first as the hunter, then as the wage-earning breadwinner) should eat before others and consume the most choice morsels. This was to ensure that they received adequate nutrition to enable them to fulfil their economically protective task. The mother would eat after other family members, or she would select a smaller and less desirable portion for herself. Thus the contemporary demand that women restrain themselves in the area of food has echoes with women's role in history. Today, however, the demand is at the level of rhetoric.

This finding is further supported by Orbach (1993) who found that still today, women hold back on their desire for food, because in today's society the food that a woman prepares in an expression of love and nurturance for others, is a far more dangerous commodity for the woman herself.

THEME 9: CHILDREN PREFER THIN MOTHERS

"My mom's fat and all my friends are always teasing me that its better that I'm anorexic because otherwise I could end up like my mom ... and I would kill myself if that ever happened." (I 1)

"I would never want my kids to be embarrassed of me so ja, I would do anything to have the perfect figure, ja, for the sake of my children's sanity and well-being." (F 4)

"Children are more proud of their mothers if they are thin, I know for I saw it my whole life at school." (F 7)

"At school my friends use to tease me horribly about my mom being fat ... ja, they were cruel but it was also so embarrassing for me." (I 3)

"I remember this friend of mine, her mom had the perfect barbie doll figure and all the guys use to like 'ooooh' and 'aaaah' over her saying how they would die to have a mother like that." (I 6)

In both the focus group and interviews there was an overall feeling that once again, it comes back to society and the pressures women get from all angles, which starts when they are children, that women are more accepted if they are thin. If you reflect on quotes above, you can see how girls

are teased to such an extent at school that they are embarrassed of the word 'fat' and for them it becomes a taboo, something they never want to attain. So, this finding is supported by Meadow and Weiss (1992) who found that for women being thin in contemporary society, is equated with being attractive, successful, competent, acceptable, desirable and loveable.

Furthermore, by reflecting the above quotes, you can see that for children having a thin mother is something to be proud of and these girls become aware of at a very early age at school. This finding is further supported by a study done by Haworth-Hoeppner (1997) which reported that certain family dynamics, such as a mother's preoccupation with issues of weight and appearance, are linked to distorted body image and eating disorders in her children, as this provides a context in which thinness is given value.

THEME 10: THIN PEOPLE ARE MORE POPULAR.

"Whether its friends, guys, a job or whatever ... let's face it, if you're thin, you have better chances and people want to be seen with you." (F 4)

"Ja, I know 'cause when I was fat I had like, no friends ... I mean, I had one or two, but when I became thin, ja ... like everyone ... I mean everyone wanted suddenly to be my friend and be seen with me, ja .... so I know it works, if you're thin, you have more friends." (I 2)

"Now that I'm thin, I'm everybody's friend, I love it ... I just love it!" (F 1)

"At school if you're thin, you're popular, you are accepted into the "in" crowd but if you're fat they tease you and don't want to be associated with you." (I 4)

"When I was fat .... No one like me, I mean, who wants to be friends with a pig... but then, I got thin .... then everybody at school told me how great I looked and I started having fun...I finally had friends." (F 5)

"It makes me feel wonderful 'cause I feel ... um....yes, I feel the only reason is because now that I'm really, really thin, I draw a lot of attention ... ja, its great, really great!" (F 2)

From the responses I got in both the focus group and interviews, there was a general feeling that the thinner you are, the more chances you have of getting friends and fitting into the "in-crowd"; And, it shows how girls feel that if they are thin, more people want to be associated with them because they have proven this to themselves. As now by being thin, they have a lot more friends, something they did not have when they were "fat". Furthermore, it proves that women in society today, feel that in order to be more accepted by others, you need to have a slim figure.

This finding is supported by Garner and Garfinkel (1988) who found that adolescents are easy targets for adolescent magazines which preach that the solution to the crisis of adolescence, is dieting and weight-control; as young women read that dieting is both the passport to the normal teenage life and the answer to a whole host of named and un-named problems, one of them being acceptance by others.

5.2 In Summary

When reflecting on all of the above Ten themes which arose out of the responses I obtained in the focus group and interviews conducted in my study, I would have to conclude that a woman's experience of her own body stems from the interaction of two sources:

first, how she believes it compares with the magnified images of women that surround her on billboards and on television, in films, magazines and newspapers; and second, how she has come

to relate to her body from early on in her life. (Orbach, 1993; Tan, 1977; Wallack et al., 1985; Pendleton et al., 1991). In those instances in which a woman grows up with a reasonably good feeling about her own physicality, her body shape and female body functions, she may be able to temper the indignities and daily assault of a diet and 'beauty' industry bent on creating body insecurity in women. She may be able to ignore or dismiss the onslaught. More often than not, however as is proven by my findings, a woman is unable to cast off those insistent images and they get under her skin. She is receptive to the messages proclaiming her body - this crucial commodity in her life - as deficient and in need of attention. Her inner feelings of discomfort seem to be temporarily relieved by the salvationary promises of the clothing, dieting and beauty industries, and she finds a certain solace in knowing that she can improve, that she can remake herself.(Stice and Shaw, 1994; Meyers and Biocca, 1992; Irving, 1990; Freedman, 1994; Garner et al., 1980; Silverstein et al., 1986; Perez et al., 1988). The receptivity that women show (across class, ethnicity and through the generations) to the idea that their bodies are like gardens - arenas for constant improvement and resculpting - seems to be rooted in a recognition of their bodies as commodities (Chernin, 1981).

Today we live in a consumer society where women's bodies perform the critical function of humanizing other products while being presented as the ultimate commodity, and this creates, as can be seen in my findings, all sorts of body-image problems for women, both at the level of distortion about their own and others' bodies, and in creating a disjuncture from their bodies. (Orbach, 1993). The standard she applies can be seen as a reflection of her internalization of cultural values. She measures how far from the projected norm she is and fantasizes the benefits that arise from conforming. Her body is a statement about her and the world and her statement about her position in the world.(Lanter, 1999; Gordon, 1992). Living within prescribed boundaries, women's bodies become the vehicle for a whole range of expressions that have no other medium. The body is offered as a woman's ticket into society (ie. through it she meets a

mate and thus her sexuality and her role is legitimated) and this becomes her mouthpiece. (Boskind-Lodahl, 1976; Boskind-White & White, 1987). Furthermore, in her attempts to conform or reject contemporary ideals of femininity, she uses the weapon so often directed against her. She speaks with her body. (Kaplan et al., 1994; Orbach, 1993; Lawrence, 1987).

5.3 Theoretical Framework

In the discussion below, key feminists and socio-cultural texts that support the above views (themes) will be reflected upon.

Feminist Theory:

Feminist theorists argue that the socialisation of female children in Western societies today encourages women to attach unconscious meanings to food. These meanings include feelings of guilt, the practice of comfort-eating and self-denial of nutritional needs, and therefore their manifestations as eating disorders become expressions of women's exploitation in a patriarchal culture (Lawrence, 1987).

Furthermore, Orbach (1993) argues that eating disorders have become a "metaphor for our age" because they have emerged in response to a confusing social identity that women continually experience. Orbach wrote: 'all women live with a tension about their place in the world' (1993:29). Orbach draws on the argument that there is a dominant ideology that equates sexual attractiveness with slimness. This ideology is understood as being further reinforced through male heterosexual socialised preferences to view women who are slim as being attractive. Chernin (1983) commented that it was particularly sad that throughout childhood and adolescence, girls are encouraged to define themselves in terms of their appearance and this is then carried through to later life. She argued that socialisation processes were significant aetiological factors and that it was only by moving away from these processes that the incidence of conditions such as anorexia nervosa and bulimia nervosa would be decreased. Therefore, feminist theorists argue that this

bird-like or binge-purge eating pattern is a reflection of a culture that praises thinness and fragility in women (Orbach, 1993; Chernin, 1983; Lawrence, 1987; Parker & Mauger, 1976; Bruch, 1973; Palazolli, 1974). Many women, as is evident in my findings, pinpoint the onset of their anorexia or bulimia as an exaggerated response to dieting and teenage ideals of femininity. As with compulsive eaters, sensing something amiss at adolescence, they sought the answer in their individual biology. Their bodies are changing, becoming curvy and fuller, taking on the shape of a woman. They are changing in a way over which they have no control - they do not know whether they will be small-breasted and large-hipped or whether their bodies will eventually end up like the teenagers in *Seventeen*.

Consequently, these upheavals rendered in these young women's feelings of confusion, fear and powerlessness. Their changing bodies were associated with a changing position in their worlds at home, at school and with their friends. A curvy body meant the adoption of a teenage girl's sexual identity. This is the time for intense interest in appearance, the time when girls learn the tortuous lesson about not revealing their true selves to boys whether on the tennis court or in school, or in discussing affairs of the heart. These new rules and regulations governing behaviour, and the explosive changes taking place are quite out of tune with what has previously been learned and the feelings they generate are enormously complicated (Orbach, 1993). Furthermore, several girls said, as you can see from the quotes above, that they are at a time in their lives where they are growing and yet have effectively stopped eating - and that this is because they feel so out of phase with all that is going on in society around them that withdrawal from food is an immensely satisfying way to be in control of the situation. In transcending the hunger pangs they are winning in one area of the struggle with their apparently, independently developing bodies. For, they are attempting to gain control over their shapes and their physical needs. Therefore, they feel power in their ability to ignore their hunger (Lawrence, 1987). However, this power to overcome hunger results in a contradiction because in their very attempt to be strong, the anorectic or bulimic

becomes so weak that she becomes less independent, more dependent. She needs more care and concern from others because of her weakened physical state. This adaptation poses yet another dilemma. As Rosie Parker and Sarah Mauger (1976) found that for a great many women manipulation of their own bodies is too often their only means of gaining a sense of accomplishment. The link between social status and slimness is both real and imagined. It is real because fat people are discriminated against; it is imaginary because the thin, delicate ideal image of femininity only increases a person's sense of ineffectualness.

This latter point is, perhaps, the crux of the matter. Anorexia and bulimia reflect an imbalance about femininity, a rebellion against feminization that in its particular form expresses both a rejection and an exaggeration of the image. The refusal of food or the binge-starvation cycle of food, which makes her extremely thin, straightens out the girl's curves in a denial of her essential femaleness. At the same time, this thinness parodies feminine petiteness. It is as though the anorectic or bulimic has a foot in both camps - the pre-adolescent boy-girl and the young attractive woman. So petite young ladies are admired and showered on - so goes the myth - and they do not need to take as much in, perhaps because they do not have to give so much out. Their success in womanhood lies in their being cared for and pampered by others and not in caring for and pampering others.(Orbach, 1993).

This attempt to balance both fronts, the ultra-femininity and rejection of femininity, is related to another aspect of the syndrome that has been given wide attention. This is the anorectic's intense energy and activity. This activity expresses itself in a compulsion to do well in school, excel at sports, and keep on the go at all costs. Many people will be familiar with the feeling of a second wind in the midst of an exhausting late night and the kind of tense energy this unleashes. It is a similar feeling to the hyperactivity that anorectics frequently feel for months and months on end. This rushing about is partly motivated by an overpowering desire to lose yet more weight by

burning up as many calories as possible. The young woman's attempt to be involved in as many activities as possible is a protection against the exclusion she anticipates on entering womanhood because, in projecting into her future, she sees that the world is made up of men who are rewarded for being out in the world and women who are either excluded from activity in the world or, even more devious, included but not rewarded. In her frantic activities and involvements it would appear that she is trying to give herself a broader definition than her social role allows. (Crowther et al., 1992). She is striving to make an impact in a world hostile to her sex. This intense activity is painfully mirrored in the response of some anorectics whose fragile sense of self leads them to withdraw from the public world into their rooms, thereby highlighting women's invisibility. (Boskind-Lodahl, 1976; Boskind-White & White, 1987). Furthermore, some feminist writers have emphasized some of the social factors. Mara Selvini Palazolli (1974) suggests that the change from an agrarian to an industrial society in Europe has had a profound effect on the stability of the patriarchal family and that the anorectic or bulimic young woman is a challenge to its continuing conservatism. Hilde Bruch (1974) addresses current social attitudes toward body size and considers the extent to which "the concept of beauty in our society, and our preoccupation with appearance enter into the picture. The obsession of the Western world with slimness, the condemnation of any degree of overweight as undesirable and ugly, may well be considered a distorting of the body concept, but it dominates present day living."

As we have seen, modern Western societies place definite expectations and prohibitions on women's activities. Women are expected to be petite, demure, giving, passive, receptive in the home and, above all, attractive. Women are discouraged from being active, assertive, competitive, large and, above all, unattractive. To be unattractive is not to be a woman. For the bulimic, food carries enormous symbolic meanings that reflect the problems women face in dealing with an oppressive social role. Even though anorectics have adopted the opposite strategy, self-starvation, the similarities to bulimia do not leave much doubt that the social position of women is as much

reflected in the anorectic's behaviour as it is in that of the bulimic's behaviour. (Meadows & Weiss, 1992; Gordon, 1992).

Anorectics share with bulimic's a conscious desire not to be noticed. They often feel nervous walking into a room at a party lest all the attention is focussed on them. Instead of gaining weight to hide a real self underneath the layers, the anorectic literally becomes paper thin. But this paper thinness attracts more attention than does a "normal"-sized woman. The crucial difference is that for emaciated women the interest they do attract is of a different nature than that which meets the woman of more "normal" size. The quick "once over" evaluation done by both men and women establishes the anorectic and the bulimic woman as outside the status of a sex object. Broadly, this means that men will dismiss her and other women will relax in her presence. The anorectic will be viewed as pathetic or regarded with sympathy, but in her seemingly narcissistic striving for ultra-femininity she curiously succeeds in desexualising herself (Orbach, 1993). In addition, two related ways to understand this worry about being noticed suggest themselves. The first is reflected in the repeated notion of women's invisibility which is evident in many of the quotes in my themes - water thinness is perhaps the quintessential expression of women's absence/presence. This forced invisibility leads in turn to a desire to be accepted and noticed for just being, rather than for having to look and be perfect and fulfill others' expectations. This desire, strongly felt and rarely satisfied, has little option but to be repressed, to be converted into its very opposite - a fear of being noticed which in its particular form, makes the anorectic or bulimic (to a lesser extent) stand out. This wish for acceptance stems, for many women, from a feeling of unwantedness and hence, unworthiness which results from pressures that emerge as a consequence of living in a world that accords less social power to women. (Crowther et al., 1992). Furthermore, a tragic repercussion of women's inferior social position is that in the transmitting of culture from one generation to the next, the mother has the dreadful job of preparing her own daughter to accept a life built on second-class citizenship. (Chernin, 1981). It is in the learning

of our gender identity - that is, what it means to be a girl and then a woman in this world - that we find our place in society. What defines this gender identity will vary widely in relation to class and cultural prescriptions so that, what it means to be a woman factory worker in Salt River, will be quite different than what it means to be a nurse at Claremont hospital but, both these women will have become adults through conception of self, based on available models of feminine behaviour, assimilated first from their mothers. Here it is in the teaching of gender identity that the tensions in the mother-daughter relationship explode and the confusing messages of female adulthood are incorporated by the young girl (Lawrence, 1987).

In the last thirty years, one of the most striking differences between the upbringing of girls and boys surfaced around adolescence when girls were supposed to be pure and boys were supposed to acquire sexual experience. Sex was definitely bad for girls and good for boys. To girls it seemed as though boys could only win at this game: they either succeeded and became experienced or were reassured that there was plenty of time. Indeed, there was even a special category of women who provided boys with this experience. For the girls there was no way to win. If you did "it" you were bad, dirty, impure. Thinking about "it" was not much better either. If you did not do "it" boys would call you names, but if you did, you would get a bad reputation. You were preparing yourself for marriage many years hence and sexual activity up to that time was to be kept within definite limits. Against this background it is hardly surprising that young women are terribly confused about their sexuality, seeing it as evil, dangerous and explosive on the one hand and powerful, glorious and desirable on the other. Their sexuality becomes curiously disembodied from the person. It is an aspect of a young woman that in any event she must watch out for, almost as though it is some independent entity she must keep under control. This alienating view of sexuality from which women are now struggling to break free sheds much light on both the anorectic's and bulimic's ambivalence about sexuality. The distortion of one basic body function gets carried over to another basic one, hunger. In the distortion of body-size that

follows, the manipulation of hunger feelings, the anorectic and the bulimic powerfully indict sexist culture. The young woman takes herself out of the only available sexual arena and worries that should she express her sexual feelings her whole world will crack. (Boskind-Lodahl, 1976; Orbach, 1993).

In the retreat from a sexual identity the anorectic or bulimic young woman is pointing to the difficulties of the various aspects of womanhood. Sexual identity is an aspect of gender identity so that in rejecting models of sexuality one is simultaneously rejecting models of femininity. This dilemma that faces many women and which is evident in my findings, is expressed both through the symbolic meanings of being thin and food refusal for the anorectic or the binge-purge cycle for the bulimic (Orbach, 1993).

In my findings by reflecting on the responses/ quotes, we see adaptations to a female role which has quite limited parameters. As both syndromes express the tension about acceptance and the rejection of the constraints of femininity. Therefore, both activities are extremely painful responses to which women may turn in their attempts to have some impact in their societies. (Crowther et al., 1992).

Socio-Cultural Theory

In addition, when considering socio-cultural theories, they too, support my findings in that they argue society today places great emphasis on thinness, dieting and physical attractiveness which in turn, stigmatizes fatness (Crowther et al., 1992). Furthermore, they view the mass media as playing a crucial role in women's perceptions of their bodies in that it exposes them to a beauty ideal which is nearly impossible to attain by overwhelming them with articles on how to diet and exercise to achieve the ideal body. They argue that it is almost impossible to be a woman in this culture without having engaged in the war against food (Meadow & Weis, 1992).

Gordon (1992) is of the opinion that anorectics and bulimics are expressing through their illness, the anxieties and common cultural values of the society they live in. He states that women are pursuing the mania about dieting, thinness and food control that has taken over due to the influence of advanced industrial societies. He argues that the women use these cultural preoccupations as defences that enable them to escape from and achieve some sense of control over the demands and stress caused by the almost impossible expectations that society places on women. Changing cultural trends in female body shape is an obvious explanation of why women strive to be, and remain thin. Artists throughout history have portrayed women in various ways, and Bruch (1974), developing a psycho-analytic explanation of femininity, strongly argued that these changing representations contributed to the onset of eating disorders. Historical depictions of women included a symbolic preference for pregnant abdomens, large breasts, heavy hips and thighs that continued until the late nineteenth century (Bruch, 1974). Thinness and fragility became feminine attributes of the middle classes of the late nineteenth century. During the late 1960s and early 1970s the rise in mass media created a representation of the ideal feminine body as one that was characterised by thinness. For example, high profile clothing models, such as 'Twiggy', became part of popular culture, and women were positioned to reproduce these cultural icons of femininity. These cultural developments were fundamental to the socio-cultural explanation of the onset of anorexia nervosa (Wooley & Wooley, 1982).

A vast, multi-million dollar 'slimming industry' reinforced the culture of thinness by encouraging practices of 'calorie-counting', 'weight-watching', and 'dieting', so that women could regulate their body-size. Calorimetry, which developed at the turn of the century, and used to identify the exogenous nature of obesity (Bruch, 1974), was incorporated into popular magazine diets. 'Slimmers' on 'calorie-controlled diets', in some instances, would repeatedly calculate their daily intakes of food and drink in terms of a specified calorie allowance. Slimming food supplements became commonly used as a means to weight loss during the 1980s, yet, media reports warned

consumers about the dangers associated with their usage. *The Guardian*, in an article entitled, 'Slimming aid can boost appetite' in 1986, reported that stimulants contained within slimming supplements increased individual consumption of sucrose and decreased control over appetite leading to disorganised eating behaviour.

Newspaper, magazine and television articles regularly featured celebrities who were suspected to be 'starving' or 'bingeing'. Some of the early reports included Jane Fonda, who 'admitted to having an eating problem', and was a story that received massive media coverage in the 1980s, juxtaposed with a portrayal of her as one of America's 'keep-fit queens'. The biggest attraction about an episode of a British television chat show called *Wogan* was the interviewer asking popular singer Kylie Minogue whether she was anorexic. In addition, women's magazines featured weekly stories about eating disorders. Princess Diana's 'long battle with bulimia' was a common example of the 1980s tabloid interest, and articles attracted enormous revenue from selling the voyeurism of eating disorders. (Pendleton et al., 1991; Wallack et al., 1985; Bandura, 1977).

Bruch's (1978) argument strongly associated cultural representations of femininity with anorexia nervosa. She began to explicate the different uses of eating behaviours by women, insofar as they articulated women's relationship to femininity, and anorexia nervosa was regarded as a specific condition and psychiatric category from which young women suffered. Moreover, eating disorders, anorexia nervosa and bulimia nervosa, themselves became part of popular culture and as is evident in my findings, this still exists today.

5.4 Summary

Finally then, it is important to note that the responses I obtained in my focus group were by no means contradictory or conflicting to the responses which I received in my interviews, as I had assumed they would be. In fact as you can see from the above discussions of each theme, it is clearly evident that my findings were congruent with both of the methods I used. Furthermore, you can observe, by reflecting on the above discussions, how my results are consistent with many previous research findings as well as with my underlying theoretical framework.

CHAPTER 6

DISCUSSION AND CONCLUSION

6 Introduction

In this chapter methodological and theoretical limitations that emerged from the study, will be discussed. Secondly, I will draw on the theoretical and methodological recommendations, as well as recommended intervention strategies and finally, I will conclude with a brief summary of the entire study.

6.1 Limitations

Methodological Limitations:

The small number of participants used for the study limits the diversity of views in the findings.

Only patients from Crescent Clinic were used in a focus group, as Groote Schuur hopsital did not have enough patients in their eating disorder unit to make-up a focus group. So, instead of doing two focus groups as was intended, only one was conducted. Therefore, this once again limits the diversity of views in the findings.

Out of the six interviews conducted, four were at Kenilworth Clinic and two at Groote Schuur hospital, instead of being divided equally between the three hospitals as had been intended. Therefore, the participants ended-up being predominantly white, middle-class English speaking females and this, once again restricts the diversity of views in the findings, considering that we live in such a culturally diverse society.

Theoretical Limitation

In the study, Feminism was talked about in such broad terms that it could have been narrowed down for in the past, feminist researchers have focussed on specific areas within feminism, like the mother-daughter relationship within psychoanalysis. Therefore, future research could focus on a particular area within feminism (Hepworth, 1999).

6.2 Recommendations

Theoretical recommendations

Women suffering from anorexia and bulimia appear to have problems that go beyond their eating behaviour. Anorexia and bulimia are more than problems with the management of food, they are significant psychological disorders. Too often, researchers have focussed exclusively on the eating behaviour of their patients both in the treatment they have implemented and, the assessment measures they used. Anorexia and bulimia are clearly multi-dimensional disorders.

Therefore, since we live in such an ethnically diverse society, future research should aim at looking at individuals in the various cultures in South Africa and how certain socio-cultural factors such as the media and cultural norms may predispose, precipitate or maintain an eating disorder in those individuals (Le Grange et al., 1998).

In relation to my theoretical framework my findings pinpointed many social factors that need further looking into. Therefore, future research could explore the following questions:
Why is it that some mothers are domineering? Why is Western society preoccupied with slimness? Why does the patriarchal family attempt to resist change? What are the basic assumptions about our society that women with eating disorders are challenging? What in their abuse of the hunger mechanism and their body distortions are these women gagging to articulate how they feel? And

furthermore, if this is a psychological state that affects women, what is an appropriate social response?

Methodological recommendations

Only females were used to elicit information in the study which then gives the perceptions of half the people living in that society. Therefore, future research should look at how men feel their body-image perception is interrelated to their socio-cultural environment. Since in today's society there is a considerable growing number of men suffering from eating disorders (Lawrence, 1987).

Since the age of onset of eating disorders is getting younger and younger, further research needs to look at how children are dealing with their body-image perception in relation to the socio-cultural environment.

Recommended intervention strategies

It is hoped that the following recommendations would assist Mental Health professionals by informing prevention and treatment strategies, to enable women to confront and overcome their eating disorders with the confidence to live comfortably within themselves.

Future treatment strategies should include a recognition of the social factors that lead women to anorexia nervosa and bulimia nervosa

Focussing on the improvement of education through guidance classes in schools so that they include information on health, nutrition, diet and correct eating patterns, may lead to a better understanding and acceptance of body-size and body-shape amongst adolescents.

Teaching of conflict resolution skills and helping them develop appropriate strategies for coping with societal pressures placed on women, may prepare the bulimic or anorexic women to deal more effectively with the conflict she is experiencing within herself.

Stress management and coping interventions need to be included in treatment strategies. Use of adaptive forms of coping, as well as effective problem-solving skills may enhance self-esteem and in turn, body-image perception.

Achievement-orientation does not necessarily have to be viewed as a negative component of the socio-cultural environment, yet its relative importance needs to be recognised by the woman, herself. A positive self-concept and self-esteem will assist her in determining the importance of achievement in relation to her body-image perception.

The media (television, radio, magazines etc.) needs to become positively involved in educating the wider community about eating disorders, by clarifying some of the areas of confusion relating to body-image perception as well as addressing issues of body-size and shape and healthy eating patterns, in innovative ways.

The use of high-profile female role models to talk about issues related to body-image perception, youth discussion programmes on television and radio talk shows would all assist in raising general awareness of eating disorders and the complex issues that accompany them.

At the individual level working with possible underlying pathology such as anxiety, depression, stress and low self-esteem may be important for correcting body-image

perception and thereby treating maladaptive eating patterns.

The development of a prevention strategy offers the clinician an opportunity to focus health promotion efforts before an eating disorder has developed. It is also important that treatment or awareness of eating disorders begin at an early age, as this study and numerous other studies have indicated that the age of onset of eating disorders is typically in adolescence or even earlier.

6.3 Conclusion:

Although there is extensive literature on eating disorders in general, research on how the socio-cultural environment is inter-related to the body-image perception of anorexic and bulimic women particularly in South Africa, is relatively sparse. Accordingly, one of the main aims of the study was to explore how the socio-cultural environment of women suffering from anorexia and bulimia is inter-related to their body-image perception. This study more specifically, focussed on the cultural norms and media's influence, and how this in turn, affects the body-size and body-shape perception of women suffering from anorexia and bulimia.

Lastly, the study looked at whether previous research supported the findings, as well as how the underlying theoretical framework of feminism and socio-cultural theory, tied in with the findings.

Upon reflecting on the significance of reflexivity in the research process it is important to note that, on the one hand, as a result of my past experience of having suffered from anorexia nervosa, this could have influenced the way in which I interpreted the findings as I was reading anorexic and bulimic sufferers' voices, through my particular ideological perspective as well as from my particular social location; however, on the other hand, it worked in my favour as it gave me a personal insight and empathy into what I was researching.

Furthermore this topic had personal significance in my own life as the media and cultural norms were factors which I had come to identify as influencing the course of my illness and to which, I felt a need to explore.

In addition, I found the whole research process to be cathartic in nature for it enabled me to put into perspective the various assumptions I had come to during the course of my illness, thereby enabling me to tie up loose ends in my recovery, in other words, triggering personal change.

Furthermore, the research was both prompted and facilitated by my development as a feminist (Bannister et al, 1974).

The sample consisted of 14 young women (between the ages of 14 and 39) diagnosed with bulimia or anorexia. Two methods were utilised: a focus group and 'in-depth' interviews. Six of the women were interviewed and the other eight participated in the focus group. The questions I asked were the same in both the focus group and interviews and were related to my topic. Given the small sample size, it reduced the generalizability of the findings.

From the results of this study ten themes emerged, namely:

Magazines negatively affect women's body-image perception; the negative impact (of the use) of 'thin' women in advertising; Fitness-orientated advertisements increase women's drive for thinness; Magazines influence disordered eating patterns; Society expects 'figure-perfect' career-orientated women; Greater job opportunities for 'thin' women; Men prefer figure-perfect women; Women are expected not to be gluttons; Children prefer thin mothers; and lastly, 'thin' people are more popular.

Furthermore, the findings were congruent with both of the methods used and are consistent with many previous research findings as well as my underlying theoretical framework.

The study concludes by providing possible recommendations and intervention strategies that hopefully will be of value to mental health workers, families and friends of bulimic and anorexic women and to women suffering from bulimia and anorexia.

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APPENDICES 1 – 6

APPENDIX 1

APPENDIX 2

APPENDIX 3

APPENDIX 4

APPENDIX 5

APPENDIX 6

SEMI-STRUCTURED INTERVIEWING SCHEDULE

- Firstly, I will welcome the participant and introduce myself in relation to the research project;

- Secondly, I will discuss the research process assuring her that all information obtained will remain strictly confidential and that the results of the study will be made available to her on its completion.

- Thirdly, I will tell her that should she wish to withdraw any of the information she has disclosed to me during the interview, she is entitled to do so.

GUIDELINE OF QUESTIONS:

- **Media's influence**

- Do you feel the images magazines display of a woman's shape and body-size, influence your own feelings about your body?

- Do you feel that the way advertisements display products alongside what they think is the "ideal woman", influences your drive for thinness?

- How would you describe your own drive for 'thinness'?

- Do you think that the way television commercials, cinemas and videos portray a woman's body today affects your own body dissatisfaction?

- Do you feel fitness-orientated adverts influence your drive for 'thinness'?

- Do you feel that your dieting behaviour and subsequent disordered eating patterns were learnt from the media?

- What kind of media exposure has influenced your body dissatisfaction?

- **Influence of Cultural Norms:**

- Do you feel that society's expectations of masculine achievements in women (in other words, achieving the same kind of status in the working world as men) influenced your body dissatisfaction in any way?

- Do you perceive the "superwoman" stereotype – that of being a career-orientated mom while maintaining a perfect figure – influences your drive for 'thinness'?

- What is your understanding of a perfect woman? and, do you believe your Society's expectations of woman has influenced your view?

- How do you believe society's expectations of woman affect your ability to meet your own expectations? and, do you feel this influences your body dissatisfaction?

- How would you describe your own body-image perception?

- What sort of expectations do you have regarding your body-size and body-shape?

- Do you feel that the societal pressures upon woman's bodies in your culture, are related to your eating disorder?

- Do you feel that you use your eating disorder as a means of coping with external social pressures relating to body-size and shape?
- and, if so, to what extent?

- How do you perceive the traditional feminine gender roles, (in other words, the way women have been expected to behave for years, for example, 'the barefoot and pregnant in the kitchen myth') has influenced your disordered eating patterns?

- What is your understanding of your culture's expectations of women in the society in which you live?

- How do you feel society's portrayal of physical attractiveness in women, influences your body dissatisfaction?

- In conclusion, I will terminate the interview by asking the participant if there are any issues which have emerged during the interview they feel they still wish to discuss.

- I will then ask them if they are feeling ok, and thank them for their time and assistance in the research project.

SEMI-STRUCTURED INTERVIEW SCHEDULE FOR FOCUS GROUPS WITH ANOREXIC AND BULIMIC WOMEN

- **Media's influence**

  - How do you feel when you look at the images magazines display of a woman's body-shape and body-size – does it influence how women feel about their bodies?

  - Do you think that the way television commercials, cinema and videos portray woman's bodies today, affect their body dissatisfaction?

  - Do you feel that the increase in fitness-orientated advertisements influence women's drive for thinness?

  - What sort of media exposure do you feel, influences disordered eating patterns?

- **Influence of Cultural Norms:**

  - Do you feel society's expectations of masculine achievements in women (in other words, achieving the same kind of status in the working world as men) influences their body dissatisfaction?

  - South Africa is a culturally diverse society, (in other words, we all come from different cultures and background and belief systems) do you believe that societal pressures placed on women's bodies in your culture, is related to your eating disorder?

  - Do you perceive the 'superwoman' stereotype – that of being a career-orientated wife/mother while maintaining a perfect figure – influences a woman's drive for thinness in society today?

  - How do you think the traditional feminine gender roles in your culture, in other words the way women have been expected to behave for years, have influenced your disordered eating?

  - Do you believe that eating disorders result as a means of coping with external societal pressures relating to body-size and body-shape?

- At the commencement of the focus group, I will do a fruit basket in order to break the ice, since the issues which will be discussed are sensitive in nature, and this assists people to feel comfortable with one another and in that way, enable them to discuss things openly. Furthermore, I will explain the research study and assure them that all information discussed will remain confidential.

- In conclusion I will terminate the group session by doing a "go-around" to determine whether everyone is feeling ok and to bring closure to the sensitive topics which will be discussed.

KEY FOR FOCUS GROUP AND INTERVIEWS

Focus Group (F)

1	=	patient 1,	Crescent Clinic - bulimic
2	=	Patient 2,	Crescent Clinic - anorexic
3	=	Patient 3,	Crescent Clinic - anorexic
4	=	Patient 4,	Crescent Clinic - bulimic
5	=	Patient 5,	Crescent Clinic - anorexic
6	=	Patient 6,	Crescent Clinic - bulimic
7	=	Patient 7,	Crescent Clinic - bulimic
8	=	Patient 8,	Crescent Clinic - anorexic

For Example, F 2 = Second patient in the focus group at Crescent Clinic who was suffering from anorexia nervosa

Interviews (I)

1	= Patient 1,	Groote Schuur Hospital - anorexic
2	= Patient 2,	Groote Schuur Hospital - bulimic
3	= Patient 3,	Kenilworth Clinic - bulimic
4	= Patient 4,	Kenilworth Clinic - anorexic
5	= Patient 5,	Kenilworth Clinic - anorexic
6	= Patient 6,	Kenilworth Clinic - bulimic

For Example, I 4 = Fourth patient interviewed at Kenilworth Centre who was suffering from anorexia nervosa

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