

LIFE GOALS AND EATING DISORDERS  
AMONG ADOLESCENT GIRLS  
IN BIRMINGHAM, ALABAMA

by

CAROLYN E. SMITH

KATHRYN OTHS, COMMITTEE CHAIR

MARYSIA GALBRAITH  
KEITH JACOBI  
KERRY LUKE

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## ABSTRACT

Possible reasons given for the relatively high prevalence of anorexia and bulimia in the West are conflicting. One viewpoint is that girls with these eating disorders want to attain a higher social status. Another argument is that the girls wish to develop a better self-concept and a sense of control. This research examines whether personal identity development is more important than social status goals among girls with eating disorders in comparison to other girls. This is the first study to date that compares the conflicting viewpoints on personal identity development and social status between girls with and without eating disorders.

It was hypothesized that personal identity goals are more important than societal goals to girls with eating disorders and that the opposite is true for girls without eating disorders. Findings suggest that girls with eating disorders are more likely than girls without eating disorders to seek self-empowerment, a personal identity goal. Girls with eating disorders may also view family as more important than girls without, which suggests that girls with eating disorders seek family support while striving for independence – another personal identity goal. Girls with eating disorders may be similar to girls without in terms of wanting a boyfriend, friends, and a career.

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## CHAPTER 1

### OVERVIEW OF THE RESEARCH

Bulimia nervosa and anorexia nervosa are both potentially fatal mental illnesses. Adolescent girls are considered most susceptible to these eating disorders. It is estimated that .9 percent of females have anorexia in the United States and that 1.4 percent have bulimia. The estimated percent of males who have anorexia is .3 and bulimia, .5 (APA 2000). The Western feminine beauty ideal of thinness may be one reason why girls are more susceptible to these eating disorders than boys (Luthar 2003, Gooldin 2003). However, there are conflicting viewpoints as to what girls with eating disorders want to achieve.

Thinness in women in the West is associated with a higher social status. While Bordo (1993) does not claim eating disorders as ways in which girls meet the feminine beauty standard for wealth, she argues that thin women in advertisements are often portrayed as belonging to the leisure class. Furthermore, Bordo (1993) states that girls with eating disorders may start their illness after their parents expressed a wish for them not to go into “masculine” -- i.e., potentially better paid or recognized – careers. Luthar (2003) claims that girls with eating disorders are more likely to already come from the middle to upper class and may wish to stay there by appealing to wealthy suitors. Luthar (2003) also views girls with eating disorders as wanting to gain friends by becoming thin. Therefore, wealth, popularity, and romance may be reasons why girls in the West become anorexic or bulimic.

Other possible aims among girls with eating disorders include control over their own bodies (Fabrega and Miller 1995, Sered 2000) and autonomy (Fishman 2004, Lintott 2003).

These goals appear to be in opposition to the goals of romance, popularity, and financial success. If girls with eating disorders want to attain a higher social status, then they are attempting to be thin to gain other people's approval. If, however, girls with eating disorders want to gain a sense of control and independence, then they would likely not become thin to appeal to other people. This research explores life goals among girls with eating disorders. It was hypothesized that goals of independence and self-empowerment, i.e. personal identity development, are more important to girls with eating disorders than girls without eating disorders. It was also hypothesized that a higher social status would be less important to girls with eating disorders than girls without eating disorders.

Girls with eating disorders may not pursue thinness as a way to attain a higher social status. Snyder (1997) found that US college women with perceived body-image discrepancies were more likely to display behavior that countered weight loss than behavior that caused weight loss. According to Snyder, college women who exhibited bulimic symptomatology included body attributes not associated with weight. Also, Lintott (2003) asserts that women with eating disorders in the West do not necessarily express the desire to meet the beauty ideal. Therefore, girls with bulimia and anorexia have been found to have less of a concern over physical beauty than expected. If girls with eating disorders are not concerned with outer beauty, then perhaps they are not concerned with societal goals associated with physical appearance.

The aims of this study include examining 1) if thinness according to the cultural ideal in the US is less important to girls with eating disorders than girls without eating disorders and 2) if personal identity development is more important to girls with eating disorders than without eating disorders. Social status goals pertain to other people's viewpoints, while personal identity goals pertain more to the girl's own feelings of worthiness. The authors above make claims

about girls with eating disorders based solely on qualitative analysis. I will compare life goals between girls with and without eating disorders both quantitatively and qualitatively.

Quantitative measurements were used in determining possible difference in styles of identity processing, locus of control, and ratings and rankings of goals between girls with and without eating disorders. Different styles of identity processing suggest whether girls with eating disorders are more likely than other girls to base their identities on other people and situations or on information. They also suggest whether girls with eating disorders want to be self-empowered and are more focused on future goals than present goals. Girls with eating disorders are hypothesized to have a style of identity processing that would help them attain self-empowerment and autonomy. Locus of control was also used to measure whether girls with eating disorders feel less in control of external events than girls without and more in control of themselves. Girls with eating disorders may feel less in control of outside events and may therefore want more internal control. The rankings of goals suggest which goals – social status or personal identity development – are more important among girls with eating disorders. Ratings of goals were used to further explore specific aims between girls with and without eating disorders. Qualitative questions were also asked to determine why girls ranked or rated goals relatively high in importance.

## CHAPTER 2

### REVIEW OF THE LITERATURE

The literature on anorexia and bulimia suggests that both eating disorders cause similar behaviors (APA 2000). Both eating disorders may also develop for similar reasons (Lelwica 1999, Vogele and Gibson 2009). The term “eating disorders” will be used to refer to both disorders in this paper. The various approaches to eating disorders include the biomedical, evolutionary, feminist, and sociocultural viewpoints. The latter viewpoint incorporates the different perspectives on eating disorders as well as what girls with eating disorders relate. I will be using the sociocultural perspective in my argument that girls with eating disorders want to pursue personal identity development more, and status goals less, than other girls. This chapter also includes a brief history of eating disorders that argues the sufferers strive for self-empowerment and autonomy.

#### **Anorexia and Bulimia: A Case for Considering Both as Similar**

Anorectics and bulimics may exhibit similar behaviors. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the main guidebook for defining disorders in the psychological literature. There are three different categories under eating disorders and subtypes under two of these in the DSM-IV-TR, the most recently published edition. These categories are: anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified. Under anorexia nervosa, two subtypes are listed: anorexia restrictive type and anorexia purge/binge type. While being a binge type anorectic sounds like an oxymoron, one of the main criteria of

anorexia nervosa is failure to maintain at least an 85 percent normal body weight for height with no apparent physical causation. Therefore, if she does binge, a girl may still be diagnosed with anorexia if she is underweight. This definition is different from a bulimic who binges and then purges through starvation; the difference lays in the body mass index (BMI) of the patient and thus likely the frequency of the binging. Binge type anorexia is anorexia with “occasional” binges. Not only do some anorectics binge, some bulimics may restrict their food intake (APA 2000). Note that even with these subtypes, there are further variations in eating disorders, which are classified under the category “eating disorders not otherwise specified.” Eating disorders, therefore, are varied. There is overlap between bulimia and anorexia: anorectics may also binge/purge; bulimics may also restrict/over-exercise.

The cyclical nature of the eating disorder and BMI may not be the only differences between bulimics and anorectics. The DSM-IV-TR states that anorexia is co-morbid with obsessive-compulsive disorder, whereas bulimia is co-morbid with depression and borderline personality. Bulimics and purge-type anorectics are also more at risk for alcohol and drug addiction. While anorectics tend not to be sexually active, bulimics tend to be sexually active. Another distinction is that while anorectics seem to be fearful of gaining weight, especially gaining fat (APA 2000), bulimics appear less concerned with overall weight and more concerned with the size of certain body parts (Snyder 1997).

Some psychologists assert that there may not be that big of a distinction between anorexia and bulimia. One argument is the fact that bulimia sometimes follows anorexia. Also, bulimics appear to want to be anorexic, but state that they fail at it and that is why they end up bingeing and purging (Lelwica 1999). Also, the behaviors in each disorder may all be a way of coping with

similar emotions (Vogele and Gibson 2009). Given the similarities and connections between the two disorders, I will be considering both anorexia and bulimia under the umbrella term “eating disorder” in this research.

## **Approaches to Eating Disorders**

### *Biomedical Approaches*

Biomedicine is a scientific field that is based on Western ways of thinking about health and well-being. Biomedicine seeks concrete causes for disease, such as bacteria, virus, gene, etc. This reductionism can be found not only in the search for causation, but also in the highly specialized professions that concentrate on certain body areas and functions: podiatry, immunology, obstetrics, etc. (Hahn 1995). Some medical doctors fail to notice signs of eating disorders among their patients (Clark et al. 2010), or view eating disorders negatively (Currin et al. 2009). Biomedical researchers, meanwhile, seek genetic causes of eating disorders (Lee and Lin 2010, Kaye et al. 2008). The biomedical viewpoint offers valuable information about the possible causes and effects of eating disorders, but can also fail to recognize eating disorders or stigmatize the sufferers.

Currin et al. (2009) analyzed clinicians’ attitudes towards eating disorders in a specific area in England and found that most clinicians saw anorexia as chronic with poor prognosis and low prestige. Furthermore, they note reports of physicians blaming patients for having anorexia. The clinicians viewed bulimia in a less pessimistic way. They believed bulimia would take less time to overcome. Currin et al. (2009) conclude that it is important for physicians to recognize that their attitudes may further stigmatize eating disorders among the general population.

While Currin et al. (2009) viewed the negative outcomes of physician attitudes towards

anorexia and bulimia, Clark et al. (2010) assert that US physicians have trouble recognizing the signs of eating disorders. They state that given the possible consequences, medical doctors need to play an integral role in patient care. As does Currin et al. (2009), Clark et al. (2010) list the risks of eating disorders: electrolyte imbalances, renal problems, and heart complications. Anorectics also risk bone loss. Clark et al. (2010) state that physicians can determine either anorexia or bulimia in a patient through the use of scaled questions. They also admit that bulimia, while more prevalent, is harder to detect than anorexia given the lack of the more obvious sign of starvation.

Biomedical researchers are interested in determining whether eating disorders are genetic. Kaye et al. (2008) assert that both anorectics and bulimics tend to exhibit moderately heritable personality traits. These personality traits exist before the onset of each disorder, and therefore may be risk factors in people who have the traits. According to other studies cited by Kaye et al. (2008), anorexia is likely genetic. Family members are 11.3 times more likely to suffer from anorexia if anorexia already exists in the family. One twin study yielded a heritability of 56 percent. Ross (2006), meanwhile, claims that the heritability of eating disorders has been overestimated. He argues that the same study Kaye et al. (2008) cite overestimates the heritability of anorexia in twins and family members who share 50 percent DNA. Concordance data was used rather than raw data, which give a lesser rate of heritability. Still, after exploring personality traits among binge/purge and restrictive type anorectics as well as affected family members, Kaye et al. (2008) conclude that certain areas of the genome may affect the development of anorexia. Their findings suggest certain personality traits are unique to each anorectic phenotype.

While genes may play a role in developing either anorexia or bulimia, the environment

may still play a role as most of the probands, or similarly affected family members, in Kaye et al. lived in the same household. Also, while Kaye et al. (2008) took DNA samples, these samples have yet to be analyzed. Therefore, while they claim there are genetic factors in personality and anorexia, Kaye et al. (2008) do not provide DNA evidence to back their claim. Even if a part of the genome were discovered to affect anorexia, environment contributes to the expression of genes and may therefore contribute to anorexia.

Other biomedical doctors have considered the role genes play in the regulation of appetite. Genes affect the neurochemicals serotonin and dopamine, both of which help regulate appetite. Lee and Lin (2010) point out that increasing serotonin in animals leads to a decrease in eating; whereas a decrease in serotonin leads to an increase in eating. They found through meta-analysis of studies conducted in seven different European countries and Japan that a significant number of anorectics had an allele on a gene that affects serotonin. However, they did not find bulimics to be significantly more likely to have this allele than the general population. Davis et al. (2008) found that bulimics were significantly more likely to have a higher body mass index than other bulimics if they had a hypofunctional allele connected to a gene that regulates dopamine. Furthermore, Davis et al. (2008) argue that low dopamine levels may contribute to bingeing among bulimics, as bingeing may be a possible compensation for the lack of reward signals that dopamine emits in normal to high amounts. Bleich et al. (2010) found that a disturbance in a gene that regulates dopamine is significantly more likely to exist in both bulimics and anorectics than people without eating disorders. Thus, alleles that alter the functions of genes that regulate either dopamine or serotonin may affect anorectics, and

dopamine suppression affects bulimic behavior. The first generation of atypical antipsychotics has been found to be effective among anorectics (Bleich et al. 2010), who may feel compelled to eat when on medication that lowers dopamine.

Biomedicine is a helpful field in determining possible risk factors involved in illnesses. Eating disorders should be no exception. Nevertheless, there is evidence of doctors blaming patients for anorexia (Currin et al 2009.). These physicians possibly further stigmatize the illness in the general population. Physicians in the United States tend not to recognize the signs of eating disorders (Clark et al. 2010), which raise certain health risks and can be fatal.

### *Evolutionary Approaches*

Another argument for a genetic factor in eating disorders is that they may be evolutionary. Guisinger (2003) claims that famine was for the longest part of human existence the greatest obstacle to overcome. If an individual was able to go without eating for a short period of time, then the rest of the group would have more to eat. He states that many sufferers of anorexia experience hyperactivity, which he sees as a genetic trait. These individuals may therefore be more capable of starving themselves for a short period of time than others. Kelly and Maine (2005) argue that people who start to starve often feel an increase in energy. Therefore, an increase in energy during starvation may be evolutionary, but it is not necessarily a trait found in anorectics alone.

It is hard to envision the behavior of self-starvation as evolving as a genetic trait as the individual with the disorder is more likely to die at an earlier age. People with anorexia also tend to have a loss of libido and sexual anxiety (Bulik et al. 2010), thus making it less likely that they would reproduce. Amenorrhea, which makes conception less likely, is a criterion of anorexia

(APA 2000). Guisinger (2003) argues that family and friends in the Pleistocene Era could help the anorectic start eating again once the famine was over. However, despite encouragement from family members today, anorectics still struggle to eat (Fishman 2004). Thus, given the possible physical and mental effects of anorexia and the fact that eating again is often difficult, anorexia appears unlikely to pass on genetically as an adaptive trait.

Eating disorders may be byproducts of other adaptations. Bernardi et al. (2004) claim that allopregnanolone may act as an inhibitor in ovulation among women as it does in female rats. The neurosteroid may also be involved in modulating eating behavior, aggressiveness, mood, and anxiety. Bernardi et al. (2004) found that women with both binge eating disorder and anorexia had more allopregnanolone than women without eating disorders. The finding that women with binge eating disorder have more allopregnanolone than women without eating disorders suggests the difference in women with anorexia is not due to malnutrition; rather, allopregnanolone may affect women's eating behaviors differently. Therefore, while allopregnanolone may be beneficial in terms of reproduction, it may also contribute to eating disorders among women.

If allopregnanolone is beneficial in terms of reproduction, then perhaps more women from various backgrounds would have eating disorders. Cases dating back to the 1970s and 1980s show a rise in anorexia and bulimia among African-Americans. More recent studies also suggest this trend. This trend could be a sign of different genes introduced into the gene pool due to an increase in interracial relationships. However, Miller and Pumariega (2001) view the trend as likely stemming from acculturation to mainstream American culture. While African-Americans are still seen as less likely to get anorexia than Caucasians, Asian Americans may be as likely (Patel, Pratt, and Walcott 2003). Between 1-4% of non-whites in the United States may

have bulimia and anorexia, but the rates vary depending on age, ethnicity, and location. Binge-eating symptoms, meanwhile, have been found to be more severe among Hispanics than either African-Americans or whites in the United States (Miller and Pumariega 2001).

There may be a genetic link to anorexia and bulimia; however society and culture possibly contribute to certain behaviors within eating disorders. According to Kelly and Maine (2005), eating disorder behaviors vary across ethnic lines. African-Americans are seen as more likely to purge through laxatives than vomiting; American Indians may be more likely to use Epsom salts; and Hispanics may be more likely to binge and then severely restrict. Eating disorder behaviors may differ, but reasons for them may be similar. Despite the differences in their eating behavior, whether they were compulsively eating, purging, or compulsively dieting, 18 women from different backgrounds with respect to race, ethnicity, class, and sexual orientation were found to use food as a way of coping with a wide range of traumas and injustices, including racism, poverty, sexism, and sexual abuse (Lovejoy 2001). Therefore, eating disorder behaviors are likely not solely genetic, but are found among women in various walks of life.

### *Psychological Approaches*

The psychological viewpoint of eating disorders focuses on the mental and emotional issues among people with anorexia and bulimia. Psychologists examine people's immediate surroundings, especially family, to determine possible issues the anorectic or bulimic faces. Some of the possible factors in eating disorders are: history of abuse, family dynamics, personality, and risk of addiction.

One factor some therapists see as needing more attention in eating disorder literature is

previous abuse. Susan Wooley (1994) claims that there has been relatively little research on sexual abuse and eating disorders in comparison to other mental illnesses. She notes that the first reports on sexual abuse and eating disorders were dismissed due to lack of controls. Reports from controlled research found that up to 60 percent of patients with eating disorders had been sexually abused. The wider field of psychology dismissed these reports, since only female therapists made them. However, Wooley (1994) argues that female patients often conceal abuse from male therapists; therefore the rate of sexual abuse among female patients with eating disorders could be accurate. Wooley (1994) claims that abuse may be a possible reason for the persistence of eating disorders among some patients. Kelly and Maine (2005) also suggest that sexual abuse may be a factor in the development of both bulimia and anorexia.

Psychologists see family dynamics as a factor in eating disorders. There are certain characteristics that Fishman (2004) identifies as unhealthy in the family of people with eating disorders: enmeshment, overprotectiveness, rigidity, and conflict avoidance. He defines “enmeshment” as inappropriate closeness; “overprotectiveness” as the feeling of tremendous responsibility for the family among family members; “rigidity” as having difficulty with change, and “conflict avoidance” as ignoring all, or some, problems. Fishman cites a study from London that shows family therapy is more effective in the long run for both adults and adolescents with eating disorders than individual therapies. Furthermore, anorectics who undergo inpatient hospitalization are likely to relapse once at home with the family (Fishman 2004). These studies suggest that family dynamics affect eating disorders.

Dysfunction can exist in families anywhere and, as Nishizono-Maher (1998) asserts, is a factor in anorexia among girls in Japan. Girls with anorexia are seen as coming from households in which both traditional female roles persist alongside feminist points of views. Nishizono-

Maher (1998) claims the rise in eating disorders in the US during the 1970s resulted from similar conflict. She also claims that family structure in the United States and family structure in Japan may not differ. Thus, families in the United States may also be embattled over the female role, which could possibly be one reason girls appear more likely to get eating disorders.

Psychologists also examine the possible role of personality in eating disorders. The DSM-IV-TR notes that borderline personality disorder is co-morbid with bulimia. Borderline personality, as noted by the DSM-IV-TR, includes an unstable sense of self, difficulties in interpersonal relationships, a tendency to think in black-and-white or “either-or” scenarios, and impulsivity (APA 2000). Impulsivity may be seen as taking risks or the inability to delay gratification. Balfour et al. (2009) found that neuroticism, which may produce impulsivity (Thompson 2010), was high between both types of anorectics as well as bulimics. Balfour et al. (2009) found girls with eating disorders were significantly less extroverted than their peers. They also found that anorectic restrictive types had higher ratings of agreeableness and conscientiousness than binge/purge type anorectics and bulimics. Thus, personality may contribute to who gets a particular eating disorder.

Psychologists are also interested in eating disorders as possible types of addictions. While girls with anorexia non-purge type are unlikely to have addictions, girls with purge-type anorexia and bulimia are more likely than the general population to either have or develop addictions to alcohol and illicit drugs (APA 2000). In the same way, their eating disorder may be a form of addiction. Kelly and Maine (2005) assert that eating disorders can be addictive because of bodily response. Purging through over-exercising and vomiting can release endorphins. Withdrawal from laxatives can be unpleasant as is the withdrawal from other drugs. Therefore, eating disorder behaviors can be addictive and hard to overcome.

Psychologists tend to look at close surroundings, particularly with a focus on family, of people with eating disorders. They take into account personality among anorectics and bulimics. They also examine the addictive potential of eating disorders.

### *Feminist Approaches*

The feminist perspective is an examination of society and how females are framed in society, especially under patriarchy. The issues surrounding beauty and victimization play a large part in the feminist perspective on eating disorders. However, feminists disagree about what the anorectic or bulimic conveys with her illness. Feminists tend to be very interested in viewing the disorder from the sufferer's perspective but without ignoring the wider frame (Fallon, Katzman, and Wooley 1994).

The feminine beauty ideal of thinness is seen as one possible reason for eating disorders among girls in the United States. O. Wayne Wooley (1994) views the concept of thin as beautiful to affect women who can afford to buy diet products and who are particularly affected by models in magazines. Kelly and Maine (2005) also view the media as contributing to eating disorders. This viewpoint suggests that girls suffering from anorexia and bulimia are victims of advertisements used to sell diet products.

While Bordo (1993) acknowledges that the media in the West bombard people, especially women, with the idea of slimness, she asserts that there are other reasons for anorexia in the West. Given the Western notion of separation of mind and body and the importance of self-control, the anorectic may see the body as both foreign and sinful. Thinness is a sign of winning against bodily desires. Bordo (1993) also states that the perfectionistic anorectic sees the body as something out of control that must be tamed. Bordo's (1993) perspectives on anorexia come

from what anorectics themselves have said. At the same time, she sees Western society as the source for wanting control over the body.

O. Wayne Wooley (1994) claims that thinness became a truly apparent ideal in the United States during the 1970s – the time period of the Feminist Revolution. According to Wooley (1994), magazines felt compelled to use thin women to set themselves apart from the porn business, which, with its voluptuous women, was also on the rise. Thus, thinness possibly means separating oneself from being a sex object. Kelly and Maine (2005) claim that some women and girls who suffer from anorexia state that they wish not to be seen as sex objects or as bodies to be scrutinized by the public. Therefore, while Bordo (1993) sees anorectics as wanting to gain control over their bodies, Kelly and Maine (2005) show evidence that the control is not necessarily about taming the body as it is about escaping scrutiny by others or escaping sexual advances by others. The anorectic or bulimic wishes to be the *only one* in control of her body. Therefore, girls with eating disorders may feel empowered, rather than victimized by the media.

Feminists are also interested in the possible effects of gender roles on eating disorders. Bordo (1993) states that some girls claimed they began their eating disorder when their parents suggested they pursue less “masculine” careers. Bordo (1993) views the girls’ praise of the extra hair on their arms from the effects of low body temperature as a desire to be more masculine. The girls’ wish for self-control, therefore, could also be seen as a way girls with eating disorders replace the feeling of lack of control over their desired career paths.

Ironically, while Bordo (1993) and Wooley (1994) look to the West to analyze anorexia, anorexia is not seen as a culture-bound syndrome, while bulimia is. A culture-bound syndrome is a mostly psychological illness that is unique to a culture. Anorexia is not culture-bound, as it exists in non-Western societies as well as in societies minimally affected by Western influence

(Keel and Klump 2003). This evidence suggests that, while cultural expectations may differ, patriarchy is rampant and eating disorders are potential ways of escaping patriarchal expectations. Corrington (1986) cites Hilde Bruch that “anorexia becomes the means through which women refuse to accommodate themselves to prevailing cultural expectations.” Rather than meeting the cultural ideal of thinness in order to appeal to the opposite sex, potential employer, or friends, girls with anorexia appear to want to escape societal scrutiny and objectification. The same may be true for bulimics, even though bulimia was found only in the West.

### *Sociocultural Approaches*

Similarly to feminists, anthropologists differ on the aims of girls with eating disorders. There is a focus on how self and the body are affected by culture and society. The anthropological perspective also takes into account biology, psychology, philosophy, and what girls with eating disorders have said. Girls with eating disorders could possibly want a higher social status by meeting cultural standards of beauty. However, some anthropologists see girls with eating disorders as not necessarily wanting to achieve social status goals by becoming thin. Rather, girls with eating disorders may feel that they are developing their own personal identities.

Gooldin (2003) views anorexia as a way in which girls “perform” for society. While Gooldin (2003) notes that anorexia was present before thinness was a feminine beauty ideal, she sees anorexia today as a way in which girls meet this ideal. She acknowledges that there is suffering among girls with eating disorders, but she does not see this suffering as necessarily an argument against believing girls with eating disorders only strive for beauty today. Gooldin

(2003) views the body as representative of the psychological self in which people either adhere to, or deviate from, sociocultural constructs. Present-day anorectics therefore wish for a body that adheres to the sociocultural construct of beauty.

Warin (2005), unlike Gooldin (2003), views eating disorders as a way girls protest their situations in life. In her ethnographic fieldwork both within and outside mental hospitals, Warin (2005) suggests that women and girls with eating disorders create a new space or realm. She notes that these patients wish to eat alone. They have flipped the private and public spheres. The private sphere is a place to engage in their eating disorder, which she claims is similar to an intimate partner. Eating takes place in private areas, such as bedrooms or bathrooms. The once public sphere of the kitchen table is now feared, as the intimate act of eating is meant to occur there. By switching the public and private, the patients seem to subvert the space they occupy. Warin concludes that anorexia and bulimia are pathologies of protest, rather than pathologies of power.

Fabrega and Miller (1995) note that victimization plays a role in some anthropological analysis. However, rather than suggest that girls with eating disorders suffer due to wanting beauty, Fabrega and Miller (1995) suggest that girls with eating disorders possibly strive to control their bodies as a way to escape societal control of their bodies. Gremillion (1992) suggests that Western psychology is counterproductive in its treatment of girls with eating disorders. Hospitals take away girls' control, rather than provide girls with control. Warin (2005) sees anorectics as protesting societal norms and subverting the space they occupy. These perspectives raise questions regarding the self and the body and the aims of girls with eating disorders.

Esterick and O'Connor (2008), meanwhile, claim that anorectics may simply be

experiencing a very human capacity for asceticism. Recovered anorectics claim not to know why they even suffered from the disorder, but reported having states of euphoria in anorexia. While there may be a biological reaction from anorexia, such as having states of euphoria, culture and society nevertheless impose meanings on illnesses. Brumberg (1988) claims that, while anorexia may have biological effects, eating – or not eating – is largely a sociocultural domain. People display different behaviors and attitudes about eating based on the societies in which they live. Therefore, the goal of asceticism is likely affected by culture and society.

Anthropologists tend to view eating disorders holistically. Brumberg (1988) acknowledges that there are possible biological factors in eating disorders. Gremillion (1992), while critical of the psychological perspective, analyzes both Western psychiatry and what patients have said. The sociocultural perspective considers various perspectives on eating disorders and emphasizes what patients themselves relate about their illnesses. I will be using the sociocultural perspective throughout this paper, since I will be incorporating various viewpoints with a specific focus on the viewpoint from girls with eating disorders. Their viewpoint could further illuminate reasons for their illness that may or may not debunk the idea that their illness is about meeting sociocultural standards of beauty in order to attain a higher social status.

### **What Girls Really Want: Self or Persona?**

The sociocultural perspective on eating disorders provides different viewpoints of self. Gooldin (2003) claims that girls with eating disorders wish to become thin solely to meet the sociocultural beauty ideal and thus is less interested in self-views than she is of others'. Warin (2005) and Kelly and Maine (2005) suggest that girls may be more interested in defining

themselves apart from other people and are therefore more interested in developing their self-concept on their own. If they are concerned more about what other people think, then girls with eating disorders possibly strive for status goals. If, however, girls with eating disorders are more concerned with self-concept, then they possibly strive more for personal identity development.

According to de Munck (2000), one viewpoint of the “self” suggests that there is a true private self versus a false public self. The false public self can be seen as a “persona.” De Munck (2000) likens a “persona” to a “mask.” A person may put on several personae. Each persona pertains to the context in which the person finds himself or herself. Gooldin (2003) claims that girls with anorexia are “performing” for society, which suggests a girl develops an eating disorder as a part of a persona. A girl with an eating disorder may possibly use a consistent persona to cope with the pressures of society to be thin. The eating disorder can then be thought of as a way in which a girl “masks” her true private self.

In the West, thinness in women is associated with popularity, wealth, and romance. Bordo (1993) points out in her analysis of advertisements that thinness is attributed to financial success. Girls view thinness as important in romance and popularity (Nichter 2000). By developing a “thin” persona – someone who exhibits self-control or does not have to worry about weight – girls with eating disorders may want to achieve status goals.

Nichter (2000) points out that most girls at a middle school and high school in Arizona view physical appearance as pertinent to popularity. Since thinness is a beauty ideal, girls may develop anorexia and bulimia in order to become popular. Middle class schoolgirls in Great Britain mention competition with other girls for popularity as one reason for their disordered eating (Evans, Rich, and Holroyd 2004). Evans, Rich, and Holroyd (2004) also assert that fatness is frowned upon in Western society as a sign of neglect of oneself. Therefore, striving

for thinness may also be a way some girls avoid the stigma of being fat. Nichter (2000) found a similar stigma of fatness among girls in Arizona. In both Great Britain and the United States, there is a stress on the individual self. By becoming thinner, girls may be viewed as having more control over themselves. Other girls may admire this self-control, which is one reason thinness may attract more friends.

Girls with eating disorders are often seen as belonging to middle to upper class society (Evans, Rich, and Holroyd 2004). These social classes, as suggested by Evans, Rich, and Holroyd (2004), stress perfectionism. By becoming thin or maintaining weight, a girl is “perfecting” her body. Occupation with the body, therefore, can be a sign of wealth, or a desire to attain it.

Bordo (1993) suggests advertisements perpetuate the idea of thinness as a sign of wealth in the United States. She claims that thin women in advertisements are leisurely. One advertisement hints that eating is not even a thought among wealthy women, unless they are confronted with food. Girls with eating disorders may wish to appear not to care about eating in order to appear rich.

A thin persona may not only suggest wealth, but also help in terms of finding a career. Women who are overweight may be less likely to get the same jobs as thinner women. Dugoni et al. (1994) conducted a study in which normal-weight women applied to a job both as their normal weight and when concealed in an overweight body suit. Women were found to be more likely to be hired when they were normal weight than overweight. This discrimination is also seen in men, but not to the same extent. One reason for the discrimination is the idea that fatness is equated with laziness (Dugoni et al. 1994). Thus, if a woman were to attempt to find a career, then being thin is helpful.

Luthar (2003) claims that girls with eating disorders already come from middle to upper classes. By becoming thin, a girl may wish to stay wealthy through marriage. According to Luthar (2003), the more pretty women surround a girl, the lower confidence the girl has in herself as a potential wife or girlfriend. Rich girls and women are more likely to be attractive due to plastic surgery and beauty products. Therefore, there is possibly a more competitive aspect among the rich to look a certain way. Girls in the middle to upper class may feel more pressure to be perfectionistic for romance. Nichter (2000) also found thinness was important to girls who wanted boyfriends in Arizona.

Groves (2007) examined the likelihood of a sorority girl having an eating disorder in order to get a steady boyfriend. While upper class girls in a sorority are seen as wanting to have a serious boyfriend as a goal, these girls did not have full-blown eating disorders. Groves (2007) concludes that social buffering from being in a sorority helped the girls from going overboard. This idea suggests that girls outside sororities who want steady boyfriends are more likely to struggle with eating disorders.

As suggested by Luthar (2003), girls are competing with one another for boys. However, bisexual women and lesbians are seen as no less likely to develop eating disorders than heterosexual women (Lelwica 1999), which negates the notion of eating disorders as developing due to competition among females strictly for male attention. Girls may still develop eating disorders to gain romance with the same sex. Wichstrom (2006) found that bulimic symptomatology was reported significantly more often by girls who also reported having had a same-sex sexual experience than girls who did not report having had a same-sex sexual experience. The symptoms, however, occur *after* the experience, which suggests that some people with bulimia may struggle with the stigma of homosexuality and may not be trying to lose

weight in order to appeal to the same sex. Nevertheless, how important romance is to girls with eating disorders remains unclear.

Girls with eating disorders may be more interested in developing their true private selves than personae. According to Frost (2005), girls in a consumerist society may become ashamed of their bodies. In the turbulent period of adolescence, girls' bodies are changing and can seem out of control. Given the focus on self in the West, some girls may develop eating disorders as a way to control their changing bodies. Through this control, according to Frost (2005), girls also feel in control of the larger world around them. Self-control, therefore, is seen as a goal for girls with eating disorders not as a way to gain friends, employment, or romance, but as a way to feel more in control of what happens to them. Being able to make decisions and self-concept both relate to self-empowerment (Rodwell 1996), which may be the goal of girls with eating disorders.

Autonomy may be another goal among girls with eating disorders. Sered (2000) claims that anorexia exists in surprising rates among Jewish girls in kibbutzim in Israel in comparison to other Jewish and Arab girls. Girls in the kibbutzim may develop anorexia as a way to attain autonomy. While Israel is considered part of the West, the kibbutz differs in the day-to-day communal living. Sered (2000) claims that this communal way of life that contributes to anorexia, since females are stripped of their domestic authority while still having domestic duties. Girls, therefore, lack control over outside events. By controlling what they eat, anorexic girls may gain a sense of independence.

Sered (2000) also found rates of anorexia to be relatively high among Orthodox Jewish women living in certain communities within the United States. The setting is important, and there are recognizable differences between the Orthodox community and the larger US

community along with the community of the kibbutz. In these other settings, media matter less. Nevertheless, girls may develop anorexia as a way of finding control when they lack even domestic authority.

Most adolescents in the United States struggle with obtaining autonomy. They are at once on their way to adulthood and yet still under their parents' or legal guardians' watch. How much autonomy a teen should have may vary from family to family, especially in the US in which there is a much more loose-knit structure of kinship than in non-Western places. Girls with eating disorders appear to be childlike (Banks 1996, Sered 2000), which suggests that they do not want to be independent. However, girls wishing for more autonomy later in life may long for a secure family base before attempting to be autonomous (Seiffge-Krenke 2006). Studies show that people with eating disorders tend to have attachment insecurity, which makes it harder for them to separate themselves from their families (Giovazolias and Koskina 2010). Their disorder may be a way to garner security from the family in order to later develop an autonomous identity.

The idea of someone developing an eating disorder as a way to define her own identity, rather than persona, seems counterintuitive. However, Lintott (2003) claims girls with eating disorders strive for the sublime, which is a quality of greatness that is both attractive and repulsive. People who have achieved the sublime display both their depth and power. The experience of the sublime allows people to deny the necessities of life, such as food. It entails intelligence and strength, both of which have very often been attributed only to men. Therefore, girls and women must work extra hard to achieve the sublime, that is, harder than do men. According to Lintott (2003), girls are starving themselves to achieve the same level of willpower and mental strength attributed to males. She notes that a woman in treatment for anorexia was

fearful of losing the sight of her bony knuckles with weight gain because of what they represented to her: an identity as someone with great strength. Thus, a girl with an eating disorder is interested in developing an identity that is not based on outside circumstances. She possibly wishes to formulate an independent identity that is based on mental strength and willpower.

### **Embodiment**

Different viewpoints of the body relate to self and persona. “Embodiment” includes the idea of the body as not being solely biological, but cultural and societal. Gooldin (2003) views the body as being the boundary of the psychological self; therefore, the body is a vehicle that either shows adherence to, or subversion from, cultural conscripts. Gooldin (2003) sees girls with eating disorders today as adhering to the feminine beauty ideal of thinness. They are therefore pursuing personae. However, Lintott (2003) claims that girls with anorexia starve themselves beyond what is considered to be beautiful. The girls are therefore more likely to be pursuing their personal identities more than personae.

Unlike Gooldin, Reineke (1990) sees the body, particularly the female body, as a sign of the social body at large. Therefore, any deviation of what the body should be illustrates possible chaos in society, rather than lack of conformity. Reineke (1990) uses medieval nuns as an example of the female body as a sign of the social body at large. During the medieval era, women were strictly seen as vehicles of reproduction. To take a vow of chastity went against that model. Not only did nuns who became mystics take these vows; they often went further by starving themselves and, thus, halted menstruation and the very capability of reproduction. Reineke (1990) claims that by denying herself of her body, a medieval female mystic took away

not only her sins, but also the sins of society. Female mystics were seen as capable of performing miracles. At the same time, these women's physical experience became intensified due to the suffering of starvation. Female mystics were seen as making Western societies more vulnerable to men who traveled for trade from other places and who challenged Christianity. Therefore, by placing themselves outside the traditional female role and embracing the role of the mystic, the nuns with anorexia miralbis, or "holy anorexia," were at once venerated and feared. Whether or not female mystics were trying to appease society, society still affected their roles.

The body of the thin woman today could possibly illustrate changes in society beyond aesthetics. Lovejoy (2001) suggests that eating disorders among young females may arise from a conflict of woman's space. Full autonomy still appears to be a greater obstacle for women than men as women now are not only bound to the home, but also to their lesser paid jobs. Therefore, akin to medieval nuns, female anorectics and bulimics today possibly illustrate societal uncertainty of a woman's place. While girls may strive for autonomy and therefore personal identity, they are still likely affected by society.

Sered (2000) claims that in the Orthodox and Ultra-Orthodox communities, the anorectic body symbolizes a shedding of the feminine, fecund body – a messy body. However, she does not see girls with anorexia as trying to appease society by becoming thin. Instead, Sered (2000) sees anorexia as somewhat of a protest against the fact that female domestic authority has been taken from girls in kibbutzim. Thinness may be appealing to members of a society, but it may not be the reason – or not the sole reason – girls become anorexic. Society may still contribute to eating disorders, as thinness is acceptable. But girls may not necessarily become anorexic to gain social status. Girls with anorexia and bulimia may not want to be thin to meet the beauty

ideal for societal gains, but they do appear to be uncomfortable in terms of the space they occupy. Warin (2005) notes that many of the patients within hospitals tend to sit with their arms and their legs held inward so as to appear to take up as little space as possible. Warin (2005) concludes that these patients, in fact, wish to disappear. This observation at first may appear to go along with Bordo's (1993) analysis of the anorectic as disembodied. However, the anorectic may not have an issue with her body as much as with the space she occupies. Warin (2005) argues that anorexic patients are uncomfortable with *space*, not with the body.

If they are uncomfortable with space, then perhaps girls with eating disorders focus on the body as a way to disappear from the public realm and embrace a more private realm in which they have control. Rather than viewing girls with eating disorders as somehow victims who feel the need to be thin for society, Warin (2005) suggests that girls with eating disorders shy away from the public realm and absorb themselves in the private realm in which they freely engage in their eating disorder. They quite possibly feel more empowered in this realm than in public.

Objective facts may not cover how exactly an anorexic feels in the body, but they can be illuminating. Starvation can cause mood fluctuations and depression. Also, an anorectic tends to have a diminished sex drive. Females stop ovulating, and males have lower testicular function (APA 2000). On a more visible scale to the onlooker, an anorectic risks losing hair while growing a peach-like fuzz usually on the face. This new growth is to warm the body from the constant hypothermia, or low body temperature, an anorectic often undergoes. There is also muscle loss and weakness, abnormally low blood pressure, poor concentration and premature death (Kelly and Maine 2005). To suggest that the anorectic is simply a victim of the feminine beauty ideal of thinness seems to diminish the scope of anorexia. While social status may be extremely important to some people, how far would people go to achieve wealth, romance, and

popularity? Furthermore, how likely are they to achieve these goals given what starvation does not only to the mind, but also to the body? While they may not achieve personal identity goals either, girls with eating disorders seem more likely to strive for them than status goals.

While some may think the signs of anorexia are more physically noticeable given the issue of weight, there are outward physical aspects to bulimia nervosa. One sign is calluses on the knuckles from self-induced purging. Enamel may deteriorate on teeth due to stomach acid from purging (Kaplan, Seidenfeld, Rikert and Sosin 2004). More internal physical signs include electrolyte imbalances, irregular heartbeats, and death (Kelly and Maine 2005). These facts of what happens paint a very real, very scary picture of an illness that may not be explained by some glamorous beauty prototype. Status can lead to a glamorous lifestyle; these illnesses only lead to death.

### **History: A Case against Outer Beauty**

The history of anorexia nervosa suggests that the illness has been around for centuries. The meanings of the illness have also shifted over time. For the most part, however, the history of anorexia suggests that the illness is more about the development of personal identity than it is about social status, which suggests that anorexia is more likely to be about personal identity today. While time may change the definition of anorexia, the evidence from the past may further illuminate the reasons for the illness today.

Asceticism may be a factor in anorexia. Asceticism became an ideal in the West in the Fourth Century (Corrington 1986). Throughout the Middle Ages, Catholic nuns and monks adhered to a strictly ascetic lifestyle. However, medieval nuns were more likely to practice self-starvation and self-flagellation and to a much stricter degree than monks. Reineke (1990) states

that while only 18 percent of saints canonized from the Thirteenth and Fourteenth Centuries were women, women comprised 23 percent of saints who died from asceticism and 53 percent of those whose asceticism was central to their sanctity. Reineke (1990) claims that from the Middle Ages onward women generally have been the ones to use both self-starvation and flagellation to illustrate their commitment to God. Thus, women who tended to be very pious in general likely displayed self-harm more and did so more intensely than men. The late Middle Ages, according to Reineke (1990), constitutes the foundation of what we today call Western culture. One can conclude that even without the pious religiosity in the West, there are ideals left over from medieval times, such as denying the flesh.

Women in history may have adhered to ascetic lifestyles of the nunnery for reasons other than their piety. Gooldin (2003) states that during the early to late Middle Ages, married women were expected to have children, which at that time meant risking death for either or both the child and the mother. Becoming a part of a sanctuary meant freedom from this role. It also meant an opportunity to become literate, which women outside the nunnery did not have. However, there was a price to be paid for this freedom and opportunity for education: a nun had to show religious devotion in terms of severe penitence, such as fasting, vomiting, and eating only during Eucharist.

Gooldin (2003) suggests that women who entered the Church and underwent the extreme conditions possibly had individual viewpoints of food, body, and society that led them there. She uses Catherine of Siena, who died of self-starvation, as an example. Catherine of Siena was born with a twin sister who died during infancy. While Catherine's mother nursed her, she gave Catherine's twin, Gertrude, to a wet nurse. Gooldin (2003) suggests Catherine of Siena experienced guilt from having survived during infancy while her twin died. This guilt was

coupled years later when her mother named another infant Gertrude, who would be a constant reminder to Catherine of her dead twin. The other Gertrude would also die years later, but still at a fairly young age. Gooldin (2003) suggests that Catherine of Siena knowingly went into the nunnery with a desire to starve herself due to her feeling of guilt that was enmeshed with getting enough nourishment and thus denying her twin life. Therefore, underlying individual psychology beyond the risk of dying in childbirth perhaps led women into the life of asceticism within the nunnery.

While Gooldin (2003) states that medieval nuns differed from modern anorectics and bulimics in terms of starving and vomiting for religious purposes as opposed to beauty, her assessment of the psychology and reasons for their actions are surprisingly similar to modern theories of anorexia and bulimia. Gooldin (2003) concludes that both the social role of women as well as familial situations led women into the ascetic role. She states that the women who became ascetics tended to do so in order to avoid the expected role of womanhood. Corrington (1986) suggests that part of the reason girls today become anorexic or bulimic is for the same purpose: to prevent anyone, such as a mother or husband, from having control over her body except herself. Also, conflicts within the family are often seen today as contributing to both anorexia and bulimia (Fishman 2004).

Banks' (1996) case study from 1980s America reflects Gooldin's (2003) case study from the Middle Ages. Banks notes that Margaret, who suffered from anorexia, came from a family in which her father was a strict authoritarian. The Covenant church promoted this role of the father relative to the role of the Heavenly Father, who watches over everyone. The church also promoted strict gender and familial role distinctions. Banks (1996) claims that Margaret had a hard time separating herself as an individual from the family. Although Margaret framed it in

religious terms, perhaps Margaret's self-starvation stemmed from a possible wish to separate herself from the expected role of womanhood. At the same time it was important to Margaret to garner approval from her family. According to Banks (1996), Margaret saw herself as a child still, even though she lived on her own and in a very private manner. Living on one's own in near seclusion is similar to medieval nuns, who themselves were likely seeking freedom from strict familial and gender roles.

Women with anorexia at once rebel against society and adhere to it, as did medieval nuns. Corrington (1986) states that asceticism is about control and separating oneself from society. Within the United States today, self-control as well as independence are highly respected. According to Corrington (1986), the ideal of thinness in female beauty is akin to asceticism. While modern anorectics may claim the discipline of their bodies to be for a higher purpose, they are still adhering to the secularized ideal of self-discipline. As female ascetics were in the past, modern day anorectics are often praised. They are both at once defying societal norms and epitomizing others.

While self-starvation was seen in the Middle Ages, it was not until 1873 that British general practitioner Sir William Gull coined the term "anorexia nervosa". Gull viewed anorexia in terms of its physical effects with little regard to its possible mental reasons (O'Connor 1995). The term itself misinterprets the people suffering from it. "Anorexia nervosa" means nervous lack of appetite, whereas the people suffering from the disorder experience hunger and often concentrate on the hunger (Bordo 1993). Gull used the term "nervosa" as opposed to "hysteria," a common illness at the time, as anorexia was seen not only in females but males. Still, like today, females were mostly the ones with anorexia. Gull did not see starvation as anything out of the patients' control and viewed the patients themselves as simply being willful. In the

following decades, there remained a fascination with the physical effects of anorexia as opposed to any underlying mental or emotional issues among the patients. The photographing and drawing of patients with little actual analysis of them further conveys the fascination with the physical effects of anorexia (O'Connor 1995). Even in an age before starving rich super models, there was a fascination with the starving body, which can be seen in century-old medical records. Despite the lack of analysis, however, Gull's view of anorectics as "willful" during the late 1800s suggests that the patients were, in fact, defying society.

The question remains as to why girls and women develop eating disorders in protest today, especially if they are also trying to defy society. Gooldin (2003) points out that during the Middle Ages, women took care of feeding the family. They had little power over anything but food. In other words, food was the one thing that they could control. Strikingly, girls with anorexia claim the same about food and control today (Lelwica 1999). Women and girls also likely prepare food. They are therefore around food more often than males. Girls and women may be more inclined to get eating disorders because they already control food to a certain extent.

While food preparation is still largely viewed as a female occupation, food itself is associated with society. As Bourdieu (1994) points out, food is symbolic of class. It is also central to many different celebrations, such as birthdays. By denying food or purging food, people with eating disorders, whether male or female, are symbolically and literally denying and purging themselves of society. Anorectics and bulimics, therefore, appear unlikely to desire a persona.

If both anorexia and bulimia are about personal identity rather than persona, then likely the rates of anorexia or bulimia would not increase with the thin ideal. Bordo (1993) claims that

anorexia has risen along with thin models. Brumberg (1985) notes that reports declared anorexia to be an epidemic in the 1980s, even though statistics on the disease were unclear at that time. Even now determining rates is difficult. Keel and Klump (2003) point out that the low base rate associated with anorexia, diagnostic uncertainty, and changes in the definitions of anorexia make it difficult to determine changes in the incidence rate. Definitions of anorexia have changed as well, which may add to the difficulty. Taking these difficulties into consideration, Keel and Klump (2003) found evidence through meta-analysis that there has been a modest increase in anorexia coinciding with the social ideal of thinness in girls and women. Bulimia, meanwhile, has seen a rise between the 1970s and 1990s, but Keel and Klump (2003) suggest bulimia may have existed a long time before it was defined in the 1970s.

There may be reasons for the rise in eating disorders between the 1970s and 1990s than the rise in thinness as a beauty ideal. For instance, Nishizono-Maher (1998) sees the feminist revolution as increasing conflict within households in the United States, and conflicts in families are thought of as factors in eating disorders. O. Wayne Wooley (1994) also sees the feminist revolution as pressuring women's fashion magazines to display thinner models in order to not be seen as part of the pornography industry. Girls may also feel that being thin means not being seen for their bodies, but rather for themselves. The irony is that girls with eating disorders concentrate a lot on controlling their bodies in order to escape possible public scrutiny or advances.

## **Conclusion**

Females with eating disorders appear more likely to pursue personal identity

development than status goals both in the past and present. Personal identity development conflicts with persona. If girls wish to pursue a certain status by adopting a persona as someone with self-control or wealth, then they care about what other people think of them. Personal identity relates not to their public selves, but to their private selves. If girls with eating disorders desire self-empowerment, autonomy, and mental strength, then they are developing their private selves.

History shows that women with eating disorders pursued autonomy and mental strength. Nuns during the Medieval Ages were not interested in wealth or romance. Even with the change in the feminine beauty ideal, anorexia has only increased modestly (Keel and Klump 2003). Girls today may suffer from eating disorders for the same reasons as girls in the past: to develop their private selves.

## CHAPTER 3

### SETTING AND METHODS

This chapter discusses the methods in recruiting participants and collecting data. Both girls with and without eating disorders were included in this research in order to explore possible differences in life goals between groups. Both groups of girls were recruited in the same setting in order to minimize differences in demographics. The measurements were taken from texts on adolescent development and self-concept and relate to specific goals as well as to the overarching theme of self and persona.

#### **Sampling**

The sample was drawn from The Adolescent Clinic, Suite 201, in Birmingham, Alabama. The receptionist at the clinic recruited participants in the order of their arrival. Participants had to have been between 14-21 years of age in order to have been selected. For participants less than 19 years of age, parents as well as the participants were given informed consent. There were no participants recruited older than 18 in the research.

Tuesday is the only day the clinic sees eating disorder patients. All of the ED participants were patients of the Tuesday clinic. The NED participants attended the clinic on other days of the week for regular check-ups. All of the participants were patients of Dr. Marsha S. Sturdevant, who was a co-investigator. Every participant was interviewed in the privacy of an examination room at the clinic.

## **Measurement Description**

The measurements in this study were designed around three main objectives:

1. Comparing styles of identity processing between adolescent girls with eating disorders and adolescent girls without eating disorders,
2. Comparing the importance of attaining a higher social status between adolescent girls with eating disorders and adolescent girls without eating disorders.
3. Comparing both internal and external loci of control between girls with and without eating disorders.

The different styles of identity processing were measured in this research in order to explore the importance of self-empowerment and independence versus the importance of establishing a persona. Girls with eating disorders are believed to want to pursue their personal identity separate from other people. Girls with eating disorders were predicted to be less likely to have a style of identity processing based on peers and surroundings. Social status goals were also measured in terms of importance between groups in order to explore specific goals between girls with and girls without eating disorders. Each question on the interview schedule was given a possible 2-point answer or was made into a 4-point Likert scale. Questions regarding each style of identity processing were added up to give an overall score for the style of identity processing. Questions regarding each goal were also added up to give an overall score for the goal. The

scores were then compared in t-tests between the ED and NED groups. Differences in style of identity processing and specific goals would suggest that either girls with eating disorders wish to pursue thinness for a higher social status, or for personal identity development.

Questions from the Q-sort developed by Kerpleman et al. (2009) were used to measure different styles of identity processing among participants to determine whether self or persona was more important to girls with eating disorders than girls without. One style of identity processing measured is defined as a “diffuse-oriented” style in Kerpleman et al. (2009). In the diffuse-oriented style, the adolescent is likely to change behavior based on a given situation and is not interested in pursuing her personal identity. An agree/disagree response format was used for the questions regarding a diffuse-oriented style of identity processing. The questions in the interview schedule were selected from the Q-sort to include the concept of “self-empowerment,” which involves making decisions and self-concept (Rodwell 1996). These questions are: 1. I am not concerned with finding out who I am right now. 2. I really don’t care about making things happen; whatever happens, happens. 3. Often family and friends are surprised at the choices I make. If participants said that they agreed, they were asked if they agreed “somewhat” or “mostly.” If they disagreed to a statement, they were asked whether they disagreed “somewhat” or “mostly.” This produced a 4-point Likert scale for each question, e.g., “mostly agreed” was scored as a “4.” The values for each answer regarding “diffuse-oriented” style of identity processing were then added up to give an overall score of “diffuse-oriented” style. It was predicted that girls with eating disorders would be less likely to have a diffuse-oriented style of identity processing, which would suggest that girls with eating disorders do not want to base their identity on given situations. Girls with eating disorders are predicted instead to be more stable in their identity and wish to be self-empowered.

Another identity processing style identified and measured by Kerpleman et al. (2009) is an “informational-oriented style,” in which the adolescent focuses on the future and wishes to be independent. She also processes her identity based on information, rather than given situations or people. Using the same response format, the questions that relate to this style are: “It is important to me to save money” and “It is important to me not to have to rely on my family in ten years.” The questions were added to give a score of “informational-oriented” style. The scores were then compared in t-tests between groups. It was predicted that girls with eating disorders would be more likely to have an informational-oriented style of identity processing than girls without eating disorders

One of the original questions of Kerpleman et al. (2009) states “It is important to me to be independent” (p. 1261). Kerpleman et al. (2009) note that informational-oriented style of identity processing in adolescents has been correlated to adolescents with “individuated family systems.” Girls with eating disorders, however, are more likely to come from families that are “enmeshed” – that is, the family is thought of as one unit instead of having individual family members (Fishman 2004). This research focused on the idea of independence as a future goal, rather than as a present goal. While I argue girls with eating disorders wish to determine their identities based not on other people and situations, independence may be a future goal given the enmeshment found in families with girls with eating disorders. For this reason, rather than inquiring about their independence now, I asked whether the participants agreed that “It is important not to have to rely on my family in ten years.”

A third style of identity processing is “normative-oriented,” in which the adolescent modifies her behavior depending on what family and friends expect of her. The questions used in this research include: “Being a part of a group of friends is important to me,” “It is important

to me to be in a romantic relationship,” and “Right now, family is the most important thing to me.” All the questions on normative-oriented style were on a 4-point Likert scale similar to the previous questions. The questions were added to give a score of “normative-oriented” style. The scores were then compared in t-tests between groups. It was predicted that girls with eating disorders would be less likely to have a normative-oriented style of identity processing than girls without eating disorders as girls with eating disorders are thought to pursue personal identities rather than personae.

The importance of family, friends, and romance were measured separately from normative style of identity processing in this study. While Kerpleman et al. (2009) view the importance of family, friends, and romance at present as a sign that the adolescent wishes to conform to other people’s wishes, some girls may find these goals important for different reasons. By separating the importance of these goals from identity processing, I wish to further explore possible differences in aims among girls with and without eating disorders.

While Kerpleman et al. (2009) view ranking family high in importance as a sign of depending on family for identity processing, girls with eating disorders may rate family high in importance for another reason. Girls with eating disorders have been found to be more likely than other girls to have attachment insecurity (Giovazolias and Koskina 2010). Attachment insecurity in children and adolescents may stall independence among people in their adult lives (Seiffge-Krenke 2006). Girls with eating disorders may struggle with wanting to achieve independence and yet have attachment insecurity. Rating family high in importance may not necessarily be a sign that girls with eating disorders feel dependent on the family for their identities; rather, girls with eating disorders may want to feel that the family is a secure base before they can truly strive for independence. Questions regarding “family values” were taken

from Burroughs and Rindfleisch (2002) to further measure the importance of family between girls with and without eating disorders separate from the questions dealing with identity processing. The questions related to “family values” on the interview schedule are: 1. I can’t imagine having a fully satisfying life without my family. and 2. My really important relationships are at home. The questions related to “family values” in this study had the same agree/disagree response format in a 4-point Likert scale similar to previous questions. They were added to create a score of “family values.” The scores were then compared in t-tests between groups. While girls with eating disorders are predicted to be less likely to have a normative-oriented style of identity processing, they are nevertheless also predicted to rank “family values” higher on average than girls without eating disorders. Family was also tested in relation to BMI. It was assumed that girls with lower BMI rate family higher in importance as they may feel in need of more family support. Questions in the follow-up interviews regarding family were also used to explore why family may be important to girls with eating disorders and also why it may be important to girls without eating disorders.

“Romance” was measured based on Silbercisen and Noack (1990), who sought both the importance of dating in the present as well as dating in the near future. Participants were asked whether they were dating now (modified from Silbercisen and Noack (1990) who asked if the participants were “in love” with someone now) and whether they would like to date someone in the near future if they were not dating someone now. A point of “1” was added to the score of “romance” if they answered either question positively. Participants were also asked how frequently they have dated over the past five years to give more of an estimate on how important dating was to them. “1” was given for “never” up to “4” for “often.” The points to the questions were added up to give a score of “romance.” Categories of “unimportant” and “important” were

created. Participants who scored romance between one and two were placed under the “unimportant” category. Participants with scores from 4-5 were placed under the “important” category. No participants scored romance as a “3.” The romance categories were then compared in a chi-square. It was predicted that girls with eating disorders would rate “romance” lower than girls without eating disorders.

While saving money is attributed to having an informational-oriented style of identity processing, having a focus on a career, especially monetary success, has been placed in this research under wanting a higher social status. Type of job and position are both measurements used in the social sciences as part of “socioeconomic status.” Participants were asked whether they agreed or disagreed that they were well prepared for their future career. They were also asked whether they agreed or disagreed that they would like to start preparing for their career in the near future. Both of these questions were drawn from Silbercisen and Noack (1990) to specifically measure the importance of career. In order to emphasize monetary success, another 4-point agree/disagree Likert scale question was created that stated “It is important to me to have a high-paying career in the future.” The points of each question were added to create a score of “career.” Scores were then compared in t-tests. It was predicted that girls with eating disorders were less likely to see “career” as important than girls without eating disorders

“Friends” was not measured on a Likert scale, but was compared on a ranking of self-concept from Hattie (1992). This scale consists of seven items. There was some modification of the Song and Hattie scale as the scale was to be read aloud. For instance, instead of ranking “to have close friends” and “to be liked in class” in importance, I used “friends” and “fitting in.” The participants were asked to rank the following items in importance to them: Friends, family, schoolwork, being intelligent, being sure of oneself, fitting in, and being attractive. In order to

compare the importance of friends the averages of the scales were used to produce different rankings for the ED and NED groups. Girls with eating disorder were predicted to rank “friends” and “fitting in” lower in the list. A chi-square was also computed to compare the answers between groups regarding whether a participant had a group of friends or one or two close friends.

Other items on the Song and Hattie scale were used to further explore the ideas of the importance of self-evaluation and the importance of forming one’s own identity among the participants. Song and Hattie classify “being attractive” as a part of physical self-concept and “being sure of oneself” as relating to “confidence.” It was predicted girls with eating disorders would rank both these items higher in importance than girls without eating disorders.

“Being intelligent” and “schoolwork” were also thought to be higher among girls with eating disorders, as girls with anorexia are often viewed as academically high achievers (Caskey 1985). “Schoolwork” was also measured on a Likert scale from questions modified from Song and Hattie (Hattie 1992) to emphasize the “importance” of the item versus “self-concept” of the item. Instead of a participant being asked whether she believed the statement “I think I have the ability to get good grades in schoolwork,” each participant was asked whether she agreed or disagreed that “It is important to me to make good grades.” Instead of a participant being asked whether she believed the statement, “In the kinds of things we do in school, I am as good as the other people in my class,” each participant was asked whether she agreed or disagreed that “It is important for me to do as well as or better than my classmates.” The questions for “schoolwork” were made into a 4-point Likert scale similar to previous questions. Scores were compared in t-tests. The measurement of the importance of schoolwork possibly shows that the participant is

interested in developing an identity of great mental strength. Lintott (2003) suggests that girls with anorexia strive for mental strength as a part of their identity formation.

Caskey (1985) also asserts girls with eating disorders strive for athletics. Participants in both groups were asked whether they were in sports and/or dance. If they said they were in sports and/or dance, they were given a point of “1” for athletics. “0” was entered if they were neither in dance nor sports. It was predicted that girls with eating disorders would participate more in sports and dance than the controls.

Locus of control was also measured in this research. In diffuse-oriented style of identity processing, adolescents are seen as having an external locus of control. Meanwhile, internal locus of control is related to having an informational-oriented style of identity processing (Kerpleman et al. 2009). The Pearlin Mastery Scale (Pearlin et al. 1981) was used to measure both external and internal control. The questions regarding both external and internal control were made into a 4-point Likert scale. Scores were produced for internal control and external control. scores were compared separately in t-tests between groups. Internal and external control were also tested in relation to BMI. It is hypothesized that the lower the weight of a participant, the more internal control and less external control she feels she has. Eating disorders were then controlled for to explore whether the presence of an eating disorder is a possible factor in BMI and internal control. ED girls may feel that lower weight means that they have more internal control. Malnutrition, therefore, may not be the only factor in why girls with eating disorders may feel more internal control.

The follow-up interview included questions related to body awareness. According to Gooldin (2003), the body represents the psychological self. Therefore, if someone knows how her body will react to external stimuli, then she is possibly more in tune with her psychological

self. If girls with eating disorders have more body awareness than other girls, then they are possibly more self-aware than other girls. Body awareness was measured based on the Body Awareness Questionnaire (Shields, Mallory, and Simon 1989). Some questions were excluded concerning food to limit the possible risks of triggering eating disorder behavior among participants.

Androgyny was also measured in the follow-up interview. To explore the possible role of gender identity in eating disorders. If girls with eating disorders feel more masculine, then they may not strive for the feminine beauty ideal. Bordo (1993) and Lintott (2003) claim eating disorders stem from girls' wish to pursue more historically masculine fields. Therefore, ED girls are predicted to be more androgynous than NED girls. The Children's Personal Attributes Questionnaire (Hall and Halberstadt 1980) was used to measure androgyny. Questions that were related neither to masculinity nor femininity were removed to save on time.

Socioeconomics was measured based on the job position of each girl's parents. The website [www.salary.com](http://www.salary.com) was used to calculate 15 of the participants' family income. Two participants, one from the ED group and one from the NED group, had parents whose salaries were calculated using [www.simplyhired.com](http://www.simplyhired.com).

For variables that were not normally distributed, a Mann-Whitney U Test was used in place of a T-Test. Due to small sample size, a p-value of less than .1 is considered significant.

## CHAPTER 4

### RESULTS

#### **Sample Description**

The sample included 18 adolescent girls either from the Birmingham metro area, surrounding areas, or the Southern United States. The sample was divided into two groups, an eating disorder (ED) group and a non-eating disorder (NED) group based on the diagnosis of anorexia, bulimia, or an eating disorder not otherwise specified. Each group had nine girls. The NED group consisted of 6 “white” or “Caucasian” participants and 3 “black” or “African-American” participants, all from the Birmingham area. The ED group consisted of 8 “white” or “Caucasian” participants and 1 “Caucasian/Indian” participant. The ED group varied more in terms of where they lived.

Household arrangements varied between groups. All of the participants in the ED group had a family run by two adults. Nearly half of the participants in the NED group had a family run by one adult. Eight participants in the ED group had at least one sibling living with them. One ED participant had a brother who came home occasionally. Three participants in the NED group had at least one sibling living with them.

Family income also differed between groups. The ED participants lived in families with nearly twice the amount of income than the families of NED participants. The majority of NED participants were on Medicaid, while all of the ED participants had private insurance. The regular adolescent clinic saw mostly Medicaid patients.

**Table 1: Demographics of Participants**

	ED	NED
Sample size	9	9
Mean Age (SD)	15.56 (1.13)	15.56 (1.01)
Mean BMI (SD)	18.20 (0.85)	29.37 (3.51)
Household leader		
Both parents	7	2
Parent and stepparent	2	2
Single Parent	0	4
Grandparents	0	1
Ethnicity		
African-American	0	3
Caucasian	8	6
Caucasian/Indian	1	0
Mean Family Income in thousands	102.66	52.81

*Notes:* SD=standard deviation, ED=eating disorder, NED=non-eating disorder

There was also a difference in the average body mass index (BMI) between groups. Six participants in the ED group had anorexia nervosa, one of which had reached a normal BMI. One participant had bulimia nervosa, and two had an eating disorder not otherwise specified (EDNOS). All ED participants without anorexia had a normal BMI. The EDNOS participants restrictively dieted, but did not meet the criteria for anorexia. Five participants in the NED group had a normal BMI; four were overweight to obese.

### **Style of Identity Processing and Locus of Control**

The mean diffuse-oriented style scores of ED and NED girls were 4.88 and 8.39, respectively. ED girls had a significantly different distribution of diffuse-oriented style scores than NED girls ( $U=2.00$ ,  $z=-3.33$ ,  $p=.001$ ). The mean normative style scores of ED and NED girls were 9.22 and 8.56. ED girls did not have a significantly different distribution of mean normative style score than NED girls ( $U=34.00$ ,  $z=-.59$ ,  $p=.555$ ). ED girls also did not have a

significantly higher mean informational style score ( $x=6.11$ ) than NED girls ( $x=6.17$ ,  $t(15.55)=79$ ,  $p=.417$ ). Given the literature on the different styles of identity processing, these findings suggest that girls with eating disorders are more likely to self-evaluate and less likely to base behavior on a given situation. They may not be more or less likely than girls without eating disorders to want independence. They may also not be more or less likely than girls without eating disorders to adjust behavior based on other people.

**Table 2: Mean Scores (M) and Standard Deviations (SD) of Style of Identity Processing**

	ED		NED		N	Comparison	p-value
	M	SD	M	SD			
Diffuse-Oriented	4.88	1.13	8.39	1.50	17	NED>ED (Mann-Whitney U)	<b>.001</b>
Normative	9.22	1.35	8.56	1.94	18	ED~NED (Mann-Whitney U)	.555
Informational	6.11	1.37	6.17	1.62	18	ED~NED (T-Test)	.938

*Notes:* ED=eating disorder, NED=non-eating disorder, M=mean, SD=standard deviation, N=number of participants, “~”=approximately equal

ED girls had a significantly lower mean external control score ( $x=5.11$ ) than NED girls ( $x=7.00$ ,  $t(15.01)=3.09$ ,  $p=.007$ ). The fact that ED girls ranked external control lower than NED girls possibly further supports the idea that girls with eating disorders are less likely to have a diffuse-oriented style of identity processing.

**Table 3: Means (M) and Standard Deviations (SD) of Internal and External Control Scores**

	ED		NED		N	Comparison	p-value
	M	SD	M	SD			
Internal	7.11	0.60	7.33	1.11	18	ED~NED (Mann-Whitney U)	.252
External	5.11	1.45	7.00	1.12	18	NED>ED (T-Test)	<b>.007</b>

*Notes:* ED=eating disorder, NED=non-eating disorder, M=mean, SD=standard deviation, N=number of participants, “~”=approximately equal

The mean internal control scores of ED and NED girls were 7.11 and 7.33, respectively. The distributions of internal control scores did not differ significantly between groups ( $U=28.50$ ,

$z=-1.15, p=.252$ ). Both groups rate internal control around “7” out of a possible “8” points. An internal locus of control is correlated with an informational-oriented style of identity processing. ED girls rated their feelings of “external control” significantly lower and yet maintain a similar sense of “internal control” as NED girls. Therefore, their *locus* of control is possibly internal, while girls without eating disorders were found to rate both internal and external control close to the highest score possible.

### Personal Identity Goals

Personal identity goals had mixed results. ED girls had a higher mean family values score ( $x=7.67$ ) than NED girls ( $x=6.22$ ). The distributions of family values scores differed significantly between groups ( $U=23.50, z=-1.71, p=.087$ ). Girls with eating disorders may find family to be important as they develop their personal identities. There was not a significant difference between in the distribution of schoolwork scores of ED ( $x=10.05$ ) and NED girls ( $x=9.50, U=32.50, z=-.36, p=.722$ ).

**Table 4: Means (M) and Standard Deviations (SD) of Personal Identity Goal Scores**

	ED		NED		N	Comparison	p-value
	M	SD	M	SD			
Schoolwork	10.05	1.13	9.50	2.14	18	ED~NED (Mann-Whitney U)	.722
Family Values	7.67	0.71	6.22	1.99	18	ED>NED (Mann-Whitney U)	<b>.087</b>

*Notes:* ED=eating disorder, NED=non-eating disorder, M=mean, SD=standard deviation, N=number of participants, “~”=approximately equal

Athletic participation was found to be unrelated to eating disorders ( $X^2=.249, p=.294$ ).

The majority of participants in both groups did not currently participate in sports or dance.

**Table 5: Athletic Participation between ED and NED Girls**

	ED	NED	Comparison	X <sup>2</sup>	p-value
Athletics					
None	5	8	ED~NED (Fisher's)	.249	.294
D and/or S	4	1			

Notes: ED=eating disorder, NED=non-eating disorder, None=no sports or dance, D=dance, S=sports  
 “~”=approximately equal

### Status Goals

Status goal scores also varied between groups. ED girls were not significantly more likely than NED girls to rate romance lower in importance ( $X^2=.900$ ,  $p=.637$ ).

**Table 6: Ratings of Romance between ED and NED Girls**

	ED	NED	Comparison	X <sup>2</sup>	p-value
Romance					
Unimportant	5	3	NED~ED (Fisher's)	.900	.637
Important	4	6			

Notes: ED=eating disorder, NED=non-eating disorder, “~”=approximately equal

There was not a significant difference in mean career scores between groups ( $X_{ED}=9.28$ ,  $X_{NED}=9.61$ ,  $t(14.51)=.364$ ,  $p=.721$ ).

**Table 7: Means (M) and Standard Deviations (SD) of Career Scores**

	ED		NED		N	Comparison	p-value
	M	SD	M	SD			
Career	9.28	1.60	9.61	2.23	18	ED~NED (T-Test)	.721

Notes: ED=eating disorder, NED=non-eating disorder, M=mean, SD=standard deviation,  
 “~”=approximately equal

There was also not a significant relationship found between eating disorders and number

of friends ( $X^2=.00$ ,  $p=1$ ). Six ED and six NED girls stated that they had a group of friends versus one or two close friends. Three ED and three NED girls, meanwhile, stated that they had one or two close friends versus a group of friends.

**Table 8: Number of Friends Between ED and NED Girls**

	ED	NED	Comparison	$X^2$	p-value
Friends					
Group	6	6	ED~NED (Fisher's)	.000	1
1 or 2 close	3	3			

*Notes:* ED=eating disorder, NED=non-eating disorder, None=no sports or dance, D=dance, S=sports  
 “~”=approximately equal

### **Rankings of Status and Personal Identity Goals**

While there was not a significant difference in the number of friends between groups, the ED girls ranked friends as less important by one interval on the Song and Hattie Scale than NED girls. Both ED and NED girls ranked family as most important. While there was not a significant difference in the mean scores of schoolwork from the Likert scale questions, ED girls ranked both schoolwork and intelligence higher by one interval than NED girls on the Song and Hattie scale. ED girls ranked “fitting in” lowest on the scale, while NED girls ranked both attractiveness and “fitting in” as lowest.

**Table 9: Rankings of Items on the Song and Hattie Scale of Status and Personal Identity Goals**

Importance ranking	ED (Mean)	NED (Mean)
#1	Family (6.22)	Family (5.89)
#2	Schoolwork (4.89)	Friends (5.57)
#3	Friends (4.33)	Schoolwork (5.22)
#4	Intelligence (3.78)	To be sure of myself (3.78)
#5	Attractiveness (3.44)	Intelligence (3.22)
#6	To be sure of myself (3.33)	To fit in/Attractiveness (2.78)
#7	To fit in (2.00)	

*Notes:* ED=eating disorder, NED=non-eating disorder, “~”=approximately equal

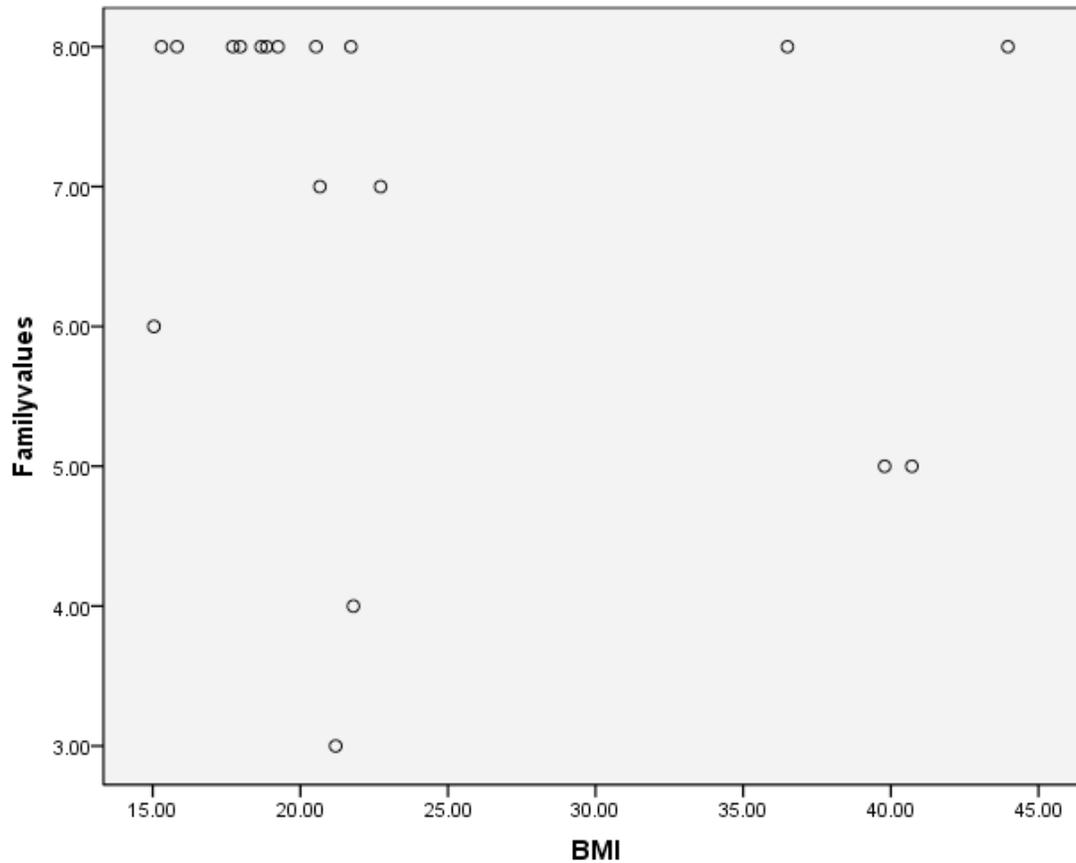
Two other items on the Song and Hattie scale relate to the importance of confidence and physical self-concept. While girls with eating disorders ranked the importance of confidence, or “being sure of oneself” as less important on the scale by two intervals than girls without eating disorders, they ranked physical self-concept, or “attractiveness,” as more important on the scale by one interval than NED girls. These rankings were used in follow-up questions to explore the importance of confidence and physical self-concept between girls with and without eating disorders.

### **Correlations with BMI**

Body Mass Index (BMI) was tested in relation to family values to explore whether malnutrition (rather than eating disorder status) related to an increase of importance in family values. The presence of an eating disorder was not held constant, as I was examining a possible physiological factor from malnutrition. Five ED girls had a normal BMI, but were on the low end of normal. Two of these participants had an eating disorder not otherwise specified. Another participant had bulimia, which could still mean that she lacked nutrition despite having

a low-normal BMI. A relatively low BMI could stress the importance of family values to malnourished participants. However, there was no significant correlation between BMI and the importance of family values ( $r=-.216$ ,  $p=.389$ ).

**Figure 1: Importance of Family Values by BMI**



*Notes:* BMI=body mass index, Familyvalues=importance of family values

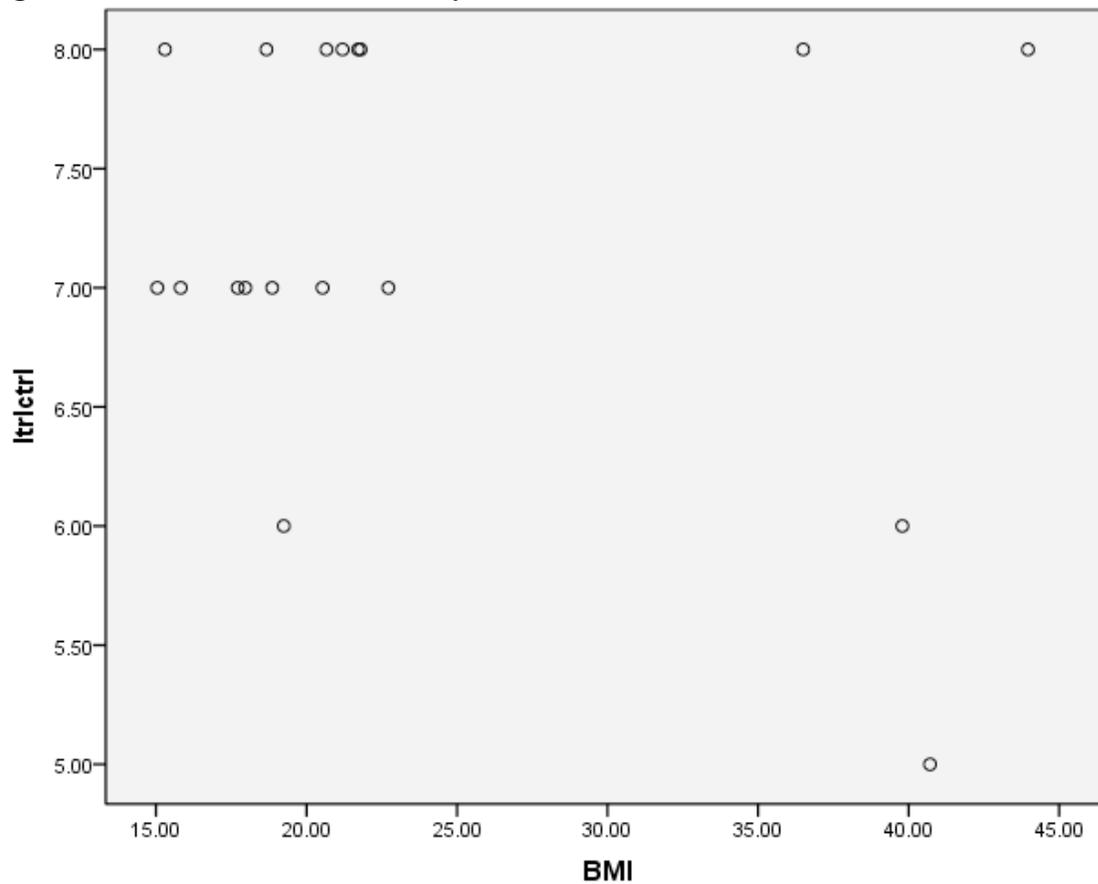
**Table 10: Correlations of Loci of Control and Importance of Family Values with Body Mass Index**

	N	Pearson Correlations with BMI (r)	p-value
Importance of Family Values	18	-.216	.389
Internal Control	18	-.255	.307
(Partial ED)		-.426	<b>.088</b>
External Control	18	.289	.245

Notes: N=total number of participants, BMI=Body mass index, Partial ED= Partial correlation controlling for eating disorders

A higher internal control was expected the lower the BMI. BMI was tested in relation to internal control first without holding eating disorders constant and again with holding them constant. There was not a significant relationship found between BMI and internal locus of control ( $r=-.255$ ,  $p=.307$ ). However, there was a significant negative moderate correlation when controlling for eating disorders ( $r=-.426$ ,  $p=.088$ ).

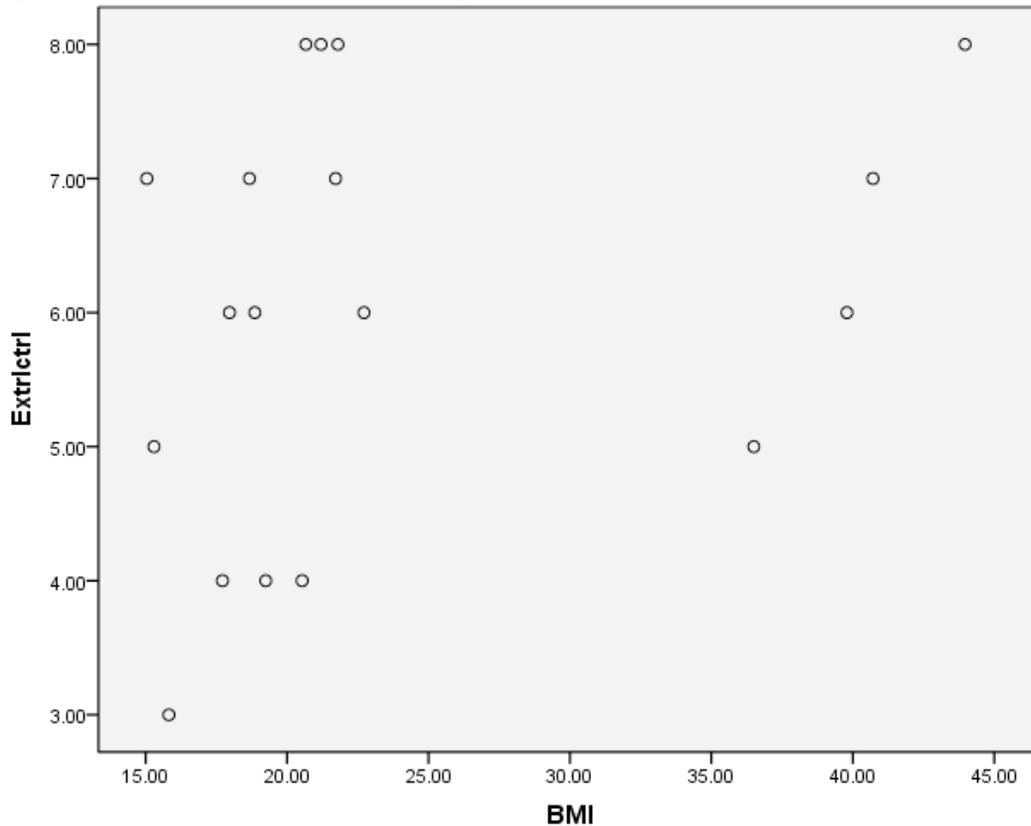
**Figure 2: Internal Control Score by BMI**



*Notes:* BMI=body mass index, Itrlctrl=Internal Control Score

It was predicted that girls would feel less external control the less they weighed. However, there was not a significant correlation between BMI and external locus of control ( $r = -.255, p = .307$ ).

**Figure 3: External Control Score by BMI**



*Notes:* ExtrlCtrl=external control score, BMI=body mass index

## **Embodiment**

I included questions from the Body Awareness Scale (Shields, Mallory, and Simon 1989) in the follow-up interview to see how in tune girls with anorexia and bulimia were to their bodies in comparison to the controls. Gooldin (2003) views the body as representative of the self. Having greater body awareness may be a sign that self-concept is important. While there were too few participants in the follow-up interview to determine any trend or evidence to support either being more or less attuned, there was virtually no difference between girls with eating disorders and girls without (10.6 versus 10.3).

## **Gender Identity**

In the follow-up interviews, I looked at the aspect of gender identity, since Bordo (1993) argues that some girls with eating disorders wish to appear more masculine. I used an androgyny scale for adolescents (Hall and Haberstadt 1980) to measure masculinity and femininity among participants in both groups. While there was androgyny found in both groups, none of the participants in the ED group ranked more on the masculine side than the feminine side. Meanwhile, three out of six participants in the control group ranked a bit more on the masculine side. It is hard to determine from such a small amount of data whether there is anything that can be ascertained from this difference.

## CHAPTER 5

### QUALITATIVE RESULTS

#### **Self-Empowerment versus Social Status Goals**

Self-empowerment was measured based on diffuse-oriented style of identity processing scores. If a girl has a relatively low diffuse-oriented score, the more she is interested in making things happen and/or knowing who she is right now. Both self-concept and making decisions relate to self-empowerment (Rodwell 1996). ED girls were found to have a significantly lower mean score of diffuse-oriented style of identity processing than NED girls, which suggests that NED girls base their identities more on given situations. Their identities may therefore fluctuate, whereas ED girls' identities are more likely to be stable. ED girls may also be more interested in confronting their identities and being self-empowered. Both ED and NED girls were asked in the follow-up interview why they ranked "making things happen" as either somewhat or very important. The different answers suggest that ED girls view "making things happen" either as having control or as getting what they want, while NED girls relate "making things happen" less about themselves and more about changing events. The ED girls answered:

Participant #8: I wouldn't be in control if I didn't make things happen.

Participant #15: I want to feel like I got control over it; if I let it happen, then I would be out of control.

Participants 8 and 15 directly link wanting to make things happen to having control. The rest of

the participants with eating disorders suggest personal identity development in their answer as to why it is important to make things happen:

Participant #17: In school, need to apply yourself to get good grades. If you want a job, you got to put yourself out there.

Participant #6: I think it's important to keep moving forward to make life what you want it to be.

Participant 17 sees making things happen as getting certain results for herself. She hints that both career and school are important to her. While career may be a part of social status, ED girls overall were not found to rate career as more important than NED girls. Therefore, Participant 17's pursuit of career is an example not necessarily of wanting to attain monetary success; she is using it to refer to wanting to make things happen and therefore to being self-empowered.

Participant 6 echoes participant 17's idea that there is necessary movement in order to get what the self wants. Being able to make decisions for oneself is part of being self-empowered.

There seems to be a bit of a contrast in the answers from girls without eating disorder who also ranked making things happen as somewhat or very important. While some of their answers appear similar, there is a notable difference. The answers from the ED group suggest that the girls view making things happen as relating to their wants and to having control; whereas the answers from NED girls suggest that they are interested more in changing their circumstances and not themselves :

Participant #16: Because then they can go my way.

Participant #13: Not a lot of things do get done in the world today.

While participant 16 may want things under her control and thus going her way,

she frames it as such and does not mention the idea of being out of control or wanting to make herself more established. Participant 13 simply sees it in terms of if she does not make things happen, then no one will make things happen; but this statement does not posit control or her own identity as an issue.

One participant from the NED group did relate the question specifically to herself:

Participant #1: You can't depend on anyone else. You have to depend on yourself.

Participant 1 still differs from girls in the ED group in her answer. She does not speak of “control” or of moving forward in her life. Instead, she wishes to make things happen, because she trusts herself more than other people. Participants 16 and 13 appear more interested in influencing events over establishing their identities or in having control. Influencing events could be an attempt to gain a higher social status.

Girls with eating disorders may wish for more control because they feel a lack of control over external events. ED girls have a lower mean score of external control than NED girls. The idea of outside events as playing a role in why some girls get eating disorders rather than others is clearer based on what the parents of two participants related to me. One mother told me that her daughter had recently experienced a “traumatic event.” Another parent told me that the family had been moving around frequently and that the latest move had been hard on his daughter. These comments suggest that some girls may develop eating disorders when things outside of themselves are beyond their control. By controlling what they eat or in controlling their weight, girls with eating disorders may feel at least some sense of control over what happens to them. By scoring lower than NED girls in diffuse-oriented style of identity

processing, ED girls appear less likely to base their identity on given situations. Though they may have developed their disorders given changes in their situations, the girls may have developed their disorders in an attempt to develop a sense of stability. The girls, therefore, may want to be self-empowered, rather than to change their identities based on outside circumstances.

While physical beauty may be important in terms of gaining certain societal goals, such as popularity, romance, and wealth, Hattie (1990) views “attractiveness” as a part of self-concept. Self-concept, meanwhile, is a part of self-empowerment (Rodwell 1996). Girls with eating disorders were more likely to rank attractiveness higher than “being sure of myself” on the Song and Hattie scale. While it was hypothesized that girls with eating disorders would rank being sure of themselves as more important, they may see attractiveness as related to self-empowerment and thus a part of “being sure of myself.”

One way to show that attractiveness is actually a part of being sure of themselves, I asked girls in both groups what it means to be attractive and feel attractive and which one they would rather be. Girls in the NED group answered “being attractive” to mean the following:

Participant #13 (who saw the question as not relating to herself): Somebody who can get my attention other than looks.

Participant #2: I don't really care. I don't judge people.

Participant #11: I feel attractive anytime I'm not wearing my school uniform.

Participant #3: People look at you with higher respect.

Participant #1: Guys think you're pretty.

Participant #16: It's somewhat good (to be attractive.)

The ED group, meanwhile stated that attractive means:

Participant #17: You need to be friendly and nice, confident with yourself. You can't care too hard. Be yourself, how you really are. Someone is going to notice you if you look nice.

Participant #7: Personality. You do need to hold some up keeping with how you look.

Participant #6: I don't know.

Participant #15: Kind of like the whole complete package: little, hair, and everything.

Participant #8: It means a lot. I don't know.

Participant 13 from the NED group, akin to participants 7 and 17 from the ED group, sees attractiveness as beyond looks. However, participant 13 relates the idea of attractiveness not to herself, but to say, a potential date. Participant 2 also sees the question as not relating to herself, but to others. Participants in the ED group do not mention or allude to other people when it comes to them being attractive, other than “someone is going to notice if you look nice.” Participant 17 is still relating the question to herself. This difference in answers suggests that ED girls are more concerned with their self-concept than NED girls.

NED girls varied more than ED girls in their answers about attractiveness. Two NED girls relate the question strictly to whether someone else is attractive. One sees attractiveness as a way to appeal to guys; another as a way to gain respect. These answers suggest that attractiveness is a way to achieve romance or a higher social status, which does not appear to be a concern among ED girls. One NED girl answered that she felt attractive when not wearing her school uniform, which suggests that she sees attractiveness as surface-related. Participant 16 from the NED group sees attractiveness as “somewhat good,” but does not expand on it.

The other participants from the ED group do view attractiveness in terms of looks, but these statements reveal that they either do not know why looks may be important or that looks

are important in and of themselves. Notice how participant 15 uses the words “complete,” “whole,” and “everything.” She appears concerned with the details and thus appears perfectionistic in her answer. She does mention being little as a part of it. No one in the ED group, however, mentions attractiveness as relating solely to romance or to respect. Therefore, ED girls may be more likely than NED girls to associate attractiveness with self-empowerment, rather than social status.

All participants in the callback interviews were also asked what feeling attractive meant. Participants from the NED group answered as the following:

Participant #1: When I have make-up on and my hair done.

Participant #16: I don't care about it.

Participant #3: Self-confidence.

Participant #11: I don't know.

Participant #2: I honestly don't care. Being fixed up, looking good, pretty.

Participant #13: I feel attractive when wearing make-up and straightening my hair.

While participants from the ED group answered:

Participant #17: It means being comfortable with myself and happy.

Participant #7: Just comfortable where you are, not about scale. It is about how you feel in your skin.

Participant #6: Feeling attractive means being confident with yourself.

Participant #15: I don't really know. 99 percent of the time, I don't (feel attractive).

Participant #8: It means a lot. I'm not quite sure.

When asked what it meant to be attractive, two participants in the ED group mentioned needing to keep up maintenance and looking nice. When asked what it meant to feel attractive, girls in the NED group spoke about maintenance and looking good. The NED participants do not mention other people in their answer to feeling attractive as they do when asked about being attractive. However, NED girls view feeling attractive as surface-related.

One participant in the NED group stated that feeling attractive means exhibiting self-confidence. This answer, along with the answers from participants in the ED group, suggests that confidence does factor into who gets eating disorders versus who does not. Girls with eating disorders do not necessarily lack confidence in terms of how other people view them, but in terms of how they perceive themselves. Participant 7 states that personality is what makes someone attractive and that feeling attractive is about “how you feel in your skin.” Participant 17 claims being attractive is the same as “being confident with yourself.” The other ED girls do not know how to define being attractive, or that it means being a “complete package.” This last comment suggests that attractiveness is somewhat surface-related, but participant 6 does not, as do two NED participants, mention “guys” or other people. All of the ED girls who were able to define “being attractive” suggest a possibly stable form of attractiveness that does not change based on what they are wearing or whom they impress.

Another question in the callback interview was whether they would rather feel attractive or be attractive, which could possibly suggest an importance of self-empowerment over status goals. The participants in the NED group answered:

Participant #13: Both, both sound good to me.

Participant #1: Feel attractive. When you feel attractive, it’s better than being and not feeling you are.

Participant #16: Feel attractive. I think it would be better.

Participant #3: Feel attractive. I don't care what others say. Don't get me wrong. It is important to feel attractive and to be a good person.

Participant #11: Feel attractive. Because then I wouldn't care what other people think about me, I guess.

Participant #2: Feel attractive. People view feeling attractive to be better than being attractive. If you ask if you look ok, some people will say you look good, and some will ask if you feel ok the way you are.

From the ED group:

Participant #6: Feel attractive. Because if you feel attractive, it doesn't matter what others think.

Participant #7: Feel attractive. If you feel attractive, you'll get there (to being attractive), confident in yourself and happy.

Participant #17: Feel attractive. If you are attractive and don't feel you really are, what's the point? Better to be happy. Friends like you no matter what. I have friends who are nice.

Participant #8: Be attractive. Because if you think you are, but others don't, it's pointless.

Participant #15: Be attractive. Because as long as everyone thinks I am, can get through it.

While it was expected that girls with eating disorders would say feeling attractive is more important to them than being attractive, two out of five girls in the ED group said they would rather “be attractive.” However, before jumping to conclusions, it is important to look at how the two participants who answered differently defined being versus feeling attractive. Participant 8 said both feeling and being attractive were important to her, but had difficulty in describing either one. Participant 15 saw being attractive to mean being a “complete package.” When

asked what it meant to feel attractive, participant 15 simply stated that she did not feel attractive the large majority of the time and therefore did not know. It is difficult, given the uncertainty of each of them, why participants 8 and 15 would rather be one or the other. Participant 15 claims if other people think she is attractive, then she can get through it. This last phrase is in terms of getting through her feelings about herself, as participant 15 claimed that she does not feel attractive a large majority of the time. While wanting to be attractive may pertain to social status, her explanation of why participant 15 would rather be attractive suggests that feeling attractive is still key. She may not feel that it is possible for her to feel attractive if she wasn't in other people's eyes. As claimed by most of the girls in the study, girls care about what other people think of them. Girls may want to develop their own identities aside from what other people think, but they may come across the conundrum of desiring reassurance from others. Even if some girls with eating disorders seek outside approval, they still are arguably doing it for their self-concept and not to attain a higher social status.

Another point to make here is that girls in the ED group do not only mention confidence in terms of attractiveness in themselves; they also mention the idea of happiness and comfort. Both participants 7 and 17 bring up comfort and happiness in their answers, which suggests that their goals are to feel comfortable and to be happy with themselves. Participant 17 views her friends as perhaps a reminder that she does not have to look perfect and can be confident, happy, and comfortable.

Girls with eating disorders seem to view attractiveness as akin to being sure of themselves. The fact that they ranked attractiveness over being sure of themselves may not suggest that they would rather attain a higher social status than to know who they are. Attractiveness and being sure of themselves are thus enmeshed. Girls with eating disorders

appear concerned with how they present themselves, but they want the presentation to be realistic rather than a presentation simply for the sake of gaining others' respect. It is in this trying to be confident, happy, and comfortable with themselves that suggests part of their goals is self-empowerment as opposed to social status.

### **Autonomy versus Appeasement**

ED girls did not differ significantly from NED girls in terms of informational style of identity processing, which suggests that they do not necessarily strive more for autonomy than NED girls. ED girls did have a higher mean family values score than NED girls, which suggests that they may want family support in order to be able to achieve autonomy later in their lives.

When asked whether they thought most people of their same age would answer differently about the importance of family, girls in the eating disorder group replied

Participant #6: Probably (would answer differently). They'd probably say school or friends. They spend more time with school or friends.

Participant #7: Some people would think family is important. Others don't think family is as valued. There is no respect. Kids aren't taught to be respectful. They do not have good relationships with their parents most of the time.

Participant #17: Family is always more important. My friend broke up with her boyfriend because of family. You always stick with family no matter what.

These sentences suggest an attachment to family. First, for participant 6, family is not as important to other people her age because her peers do not spend as much time with their families. Therefore, it is reasonably presumed that participant 6 believes she spends more time with her family than others her age. Participant 7, meanwhile, finds it necessary to have a good relationship with her parents. This idea counters to some degree that girls with eating disorders

are in a rebellious relationship with their parents and that the eating disorder is somehow a sign of rebellion, as Nishizono-Maher (1998) suggests. Instead participants appear to be more attached to their families than their peers are to their families.

Participant 17 sees her friends as possibly siding with her decision to put family first. For her, family is placed over other wants, such as having a boyfriend. Again, these statements suggest that girls with eating disorders are not all that rebellious, at least when it comes to family. Participant 17 states, “You stick with family no matter what,” as opposed to “Family sticks with you no matter what.” Family appears to be a duty above other wishes. The family is not necessarily a support, but an obligation. While this assessment may not be a full assessment made by the participant herself, it is nevertheless a reasonable assessment given the literature on girls with eating disorders and attachment to family (Giovazolias and Koskina 2010). Eating disorders could be a way to seek family support. Girls with eating disorders may wonder whether family will be there for them when they make bad decisions.

Girls with eating disorders may still depend on their family for their self-concept even when possibly avoiding the public realm. When asked how they felt when they lost weight, participants 7 and 8 from the ED group stated not how they felt about losing weight, but rather how *their parents* felt about them losing weight. Participant 10 states that losing weight does not feel “too good” and that it is “not fun,” which could be a response given based on how her parents feel about her weight loss. These answers suggest that girls with eating disorders care about what their parents think in particular. However, the participants still struggle while knowing that their parents are disappointed in them. In this way, the girls do not appear independent of their parents’ views of them, but they are still independent in processing their self as they continue to lose weight. When asked why she still struggled even though she felt she

was disappointing her parents, participant 8 claims that rather than putting effort into *not* eating, she lacks putting effort *into* eating. Her lack of effort is possibly a part of her way of being independent of her parents' views of her. It is not necessarily a *conscious* act of defiance as it is not a conscious act at all.

One participant from the NED group who participated in the callback interview and who listed family as the first on a list of seven items, stated when asked whether she felt her peers would see family as important:

Participant #3: Depends on the situation (whether) family is important to people. It varies maybe 50/50 to people.

This answer suggests that the participant perhaps ranked her family as important due to her situation; other people her age may do the same given their own situations. It does not convey, as do statements by girls with eating disorders, the notion of duty or attachment to family.

While girls in the ED group did not differ in terms of informational-oriented style of identity processing, they nevertheless differ in terms of answers to an open-ended question about the near future. Independence may not be a current goal, but a future one. Each girl was asked in the callback interview what she thought about the near future. Participants in the NED group were found to generally think less about the future or future planning than participants in the ED group with a couple of exceptions. Participants from the NED group answered:

Part. 11 (age 16): I don't know what I think about the future. I can make it through.

Part. 1 (age 14): One day at a time.

Part. 13 (age 16): I'll just wait and see what happens.

Part. 2 (age 14): I don't really think about it (the future).

Part. 16 (age 16): I don't know. I don't think about it.

Part. 3 (age 17): I'm very focused on the future. I do everything I can do to accomplish goals for my future.

In contrast, participants from the ED group answered:

Participant 8 (age 16): I'm positive about the future.

Participant 15 (age 17): I'm hoping that it gets better.

Participant 17 (age 16): In two years, I'll be getting ready to go to college. I'll be out on my own in California.

Participant 6 (age 15): Hopefully I'll be healthier and my mind will be better. I sort of think about the near future. I'll be flipping schools until I can get into an advanced school.

Participant 7 (age 16): I don't think too much about it.

Most participants in the NED group who participated in the follow-up interviews either do not think about the future or do not show future planning. Instead, one participant will "wait and see what happens" and another will take it "one day at a time." Participant 11 believes she will "make it through (the future)." These statements all suggest that the future is an obstacle. Participant 3 from the NED group was very focused on the future. Along with her answer to this question, she also answered a question regarding how she differed from her peers by stating that she thought more about the future than most people her age. A few participants from the ED group, meanwhile, view the future in an optimistic way. A couple of ED participants have a plan set for the next year or two. The one participant in the ED group who claimed not to think about the future said she does not think about it "too much," which still suggests that she thinks about it some.

Girls with eating disorders may be optimistic about the future since they could be over

their illness. Thinking about the future more than girls in the NED group may not be something girls in the ED group did before their eating disorders. However, a couple of participants in the ED group stated a plan for the near future besides getting over their illnesses. The differences in responses about the future suggests girls with eating disorders may be more future-oriented than girls without eating disorders, even though there was not a difference found quantitatively in this study in terms of informational-oriented style of identity processing. The difference could become more apparent with more participants. If girls with eating disorders were found to be more future-oriented than other girls, then girls with eating disorders would have more long-term goals than present goals. Becoming thin, therefore, would not necessarily be for immediate benefits, such as fitting in or being in a romantic relationship. Instead, they may view the future as important in terms of gaining independence.

### **Mental Strength versus Success**

If girls want an independent identity, then the question remains as to what kind of identity they want to have. Girls with eating disorders may strive for a strong, intelligent identity. However, there was not a significant difference in how girls with eating disorders viewed “schoolwork” versus how girls without viewed it. When I asked the participants who rated schoolwork as very important why school was important, the attitudes between the groups of girls were similar. Participants from the ED group state:

Participant #7: School is important because it is where you are going to get started. It is a path to succeed later on.

Participant #6: It is important to do your best in school to get a good education.

Meanwhile, participants from the NED group state:

Participant #11: It (schoolwork) gets you into college to get a job to live life.

Participant #2: Without an education you will get nowhere in life.

Participant #3: It builds you to be a stronger person and gets you through life.

There is the idea that school is a path to success, which may not be the goal of the girl with an eating disorder. There is also the idea that education strengthens a person. Participant 6 did not elaborate further as to why a good education was important; she may or may not have seen it as a way to be able to succeed. However, participant 3 does mention a sort of strength in knowledge. This participant is not in the eating disorder group as would have been expected. There were more participants who rated education to be very important who could not be reached for the follow-up interview. When it came to choosing words to describe themselves in the later interviews, a couple of participants in the eating disorder group described themselves as “smart.” One participant in the non-eating disorder group described herself as “smart,” while another said that she “gets good grades.” Girls with eating disorders are slightly more ambitious when it comes to wanting to be intelligent, as they ranked both intelligence and schoolwork slightly higher on a seven-item scale. However, there was not a significant difference between groups in the mean scores of schoolwork from the Likert scale.

While the importance of intelligence may rank slightly higher among girls with eating disorders in the Song and Hattie scale, interestingly enough girls from the ED group admit to feeling a lack of control over how they think. Rather than showing off their mental strength by controlling the body, three out of five girls with eating disorders who participated in the follow-up interviews point to the mind, as opposed to the body, as a problem. When asked why some girls struggle with eating disorders and others do not, none of the ED girls suggested that they

are different from NED girls because ED girls find that controlling their bodies is important to them. Three girls with eating disorders suggest that they, in fact, lack control over how they think. While perfectionism in itself may be viewed as associated with control – one must have control over everything to be perfect – participants 6 and 7 seem to suggest perfectionism is more of an uncontrollable urge or “compulsion.” Participant 8 seems to view it from the other side of the coin by saying she does not “put conscious effort into eating.” Therefore, girls with eating disorders may not feel a mental strength by losing weight. The participants above also claimed that losing weight for them was “not good,” or that their parents were disappointed. The eating disorder, therefore, is more in charge than they are. They may have started their illness to gain a sense of mental strength, but the illness may, at some point, overpower them.

The findings on the rankings of schoolwork as well as comments about the mind as being to blame for their illnesses challenge the idea that girls with eating disorders strive to have strong willpower and intelligence. The findings are in contrast to Lintott's (2003) conclusion that girls with eating disorders necessarily strive for the sublime. The sublime is an aesthetic that both repels and draws people to the person who has achieved the sublime. The sublime entails strength and intelligence. While girls with eating disorders may strive for self-empowerment, they are not necessarily interested in being known for their strength and intelligence. Drawing people in while repelling them, or drawing people in period, may not be something girls with eating disorders necessarily want.

### **Athletics**

There was no difference found in terms of athletics in the quantitative results. When asked whether they felt they were pressured due to being in sports or dance, most participants in

both groups claimed not to feel pressured to lose weight for it. One participant in the NED group did say that she felt pressured, but that she did not do anything to ease this pressure by becoming thinner. None of the participants in the ED group mentioned feeling pressured to look a certain way due to being in a sport or in taking dance.

A parent of a girl in the ED group held a different opinion. He stated that most girls that were on a track team at his daughter's school frequently dieted. He wondered whether the sport pressured his daughter into being thin, or whether his daughter's perfectionism drew her to the track team. While sports may not be the cause of an eating disorder, they may be a factor in eating disorders.

### **Self or Persona**

Participants were asked in the first interview why they thought girls were more prone to get eating disorders than boys. It was predicted that girls with eating disorders would suggest that girls struggle with obtaining independence more than boys. However, both groups in this study point out that there are more societal pressures on girls to be thin. Girls are also noted as caring more about what other people think of them. These similar answers between groups suggest that girls with eating disorders wish to become thin not as a sign of wanting independence, but rather as a way to please other people. However, there was not a significant difference found between girls with eating disorders and girls without in terms of normative-oriented style of identity processing, which suggests that girls with eating disorders are no more likely than girls without to depend on other people when processing their identities. Basing their identities on other people may not be a reason why some girls are more prone to eating disorders than other girls, but it may be a factor in why girls are more prone to eating disorders than boys.

Having an eating disorder may not be a sign of wanting to please other people for societal, rather than personal identity, gains. Ross (1994) claims that often in the West the “self” is considered independent from other people, while in the East there is an interdependent view of self. People in the East see themselves based, in part, on other people. While Kerpleman et al. (2009) note different styles of identity processing as either independent from, or dependent on, other people, girls in the West may base their private selves, in part, on other people. This interdependence is evident in the participants’ claim that girls care what other people think of them more than boys and that there is a societal pressure to be thin. These answers do not indicate that girls necessarily get eating disorders *solely* because of society’s dictate that girls should be thin, but because girls base their personal identities on other people. Girls with eating disorders were found to be *more* interested in knowing who they are and in making things happen, which is to say they are more interested in processing their true private selves than girls without eating disorders. Girls may not develop eating disorders as a way to *mask* their private selves but rather as a way to *pursue* their private selves.

The idea that girls with eating disorders wish to have a better self-concept is not all that new or surprising. Wooley (1994) states that the people most inclined to get anorexia are white women with money to spend and yet still young and insecure enough to be affected by magazines. However, girls may not develop eating disorders simply because they feel insecure. When asked why some girls are more prone to get eating disorders than other girls in the callback interviews, participants in the ED group answered:

Participant #6: A lot of the time, girls with eating disorders have a perfectionistic mindset. They take it (caring about their look) to an extreme that most girls wouldn't.

Participant #7: Girls (with eating disorders) overly care too much. It's like a

compulsion. Every little thing will affect them.

Participant #15: Some go through more events in life that lead up to it (an eating disorder).

Participant #17: Some grow up having a lot of self-confidence, outgoing, some shy. I was shy. I grew up with a brother. He would joke and say I was fat. I took it to heart. Also, there are the skinny models in magazines.

Out of the answers given above, one girl mentions a lack of self-confidence as well as magazines. What appears to be more of an issue, however, is either 1) girls with eating disorders have a certain mindset or compulsion or 2) girls with eating disorders have had certain experiences in life that lead up to them. Girls with eating disorders may feel insecure, but this insecurity may not necessarily be about, or not solely about, how they look. Instead, they may feel insecure given certain events and circumstances – such as being teased – and they turn to eating disorders to possibly repair their self-image; or they may feel affected by a lot of little things that they also possibly feel insecure about as they strive for perfection, which is unattainable. The insecurity is not necessarily due, or not entirely due, to magazines and societal pressures.

Participant and other ED participants suggest that shyness may contribute to eating disorders. Shyness is important to consider in exploring whether girls with eating disorders strive for a certain persona or a certain self-concept. Shyness means that a person is less capable of expressing herself to other people. While eating disorders could be seen as a way in which a girl may develop a certain persona, participant 6 claims that most people her age spend more time at school or with friends. Participant 15 states that, “I don’t feel like a normal teenager. I like to stay at home. They (her peers) like to go out a lot.” Participant 6 also claims that she feels “more mature” than her peers and that she has “trouble with being silly.” Participant 17

does mention being “friendlier” than she used to be; this could be a result of her having stopped weight loss and made a steady recovery, as reported by Dr. Sturdevant. Introvertedness has been found to be more likely to be a part of the personality of girls with restrictive type anorexia than of girls with purge-type anorexia or bulimia and of girls without eating disorders (Balfour et al. 2009). However, participant 15, who has bulimia nervosa, claims to be “sometimes shy.” Participant 15 views herself as shy, and yet her bulimia does not appear to have made her more likely to socialize. Thus, the eating disorder is not necessarily a way to achieve a certain type of persona that makes one outgoing and hides the “true” self. Rather, girls who claim to be shy still appear to be shy while suffering from eating disorders. Girls with eating disorders appear more likely to avoid the public realm than to perform in it, which suggests that personal identity is more important to them than persona.

All the participants suggest that their eating disorder is a contained system: there is not a mention, for instance, of possible gains from losing weight other than it feels like “an accomplishment” or a “success,” or “good, depending on how much you lose.” Girls in the NED group either claimed not knowing how they felt about losing weight when asked, or responded with a positive answer, such as “It makes me feel prettier,” “I feel light,” “good,” and “it’d be better for me to lose weight.” These answers suggest that losing weight has certain benefits either in the way one feels in terms of attractiveness or in terms of how one feels in the body or in terms of health. There is also no notion that they must lose a certain amount in order to necessarily feel this way. Therefore, participants in the NED group either do not think about losing weight, or they feel that losing weight has certain tangible benefits that are not necessarily dependent upon how much was lost. The difference in answers suggest that girls with eating disorders are interested in pursuing their true private selves with the eating disorder as a part of

themselves, while girls without eating disorders appear more likely to be interested in their public selves or in enhancing themselves – they do not see losing weight as a success in and of itself. Girls with eating disorders may have begun their eating disorders in order to possibly gain certain external rewards, but now they view their eating disorder as a compulsion. It drives their actions. It has even replaced the drive to eat. Therefore, girls do not necessarily use eating disorders as a way to achieve a certain persona or even as a way to develop personal identity. Eating disorders, instead, may be seen as a *part* of their personal identity. At some point, the eating disorder may take control. The girls, therefore, are seen as trying to appease it rather than themselves.

## CHAPTER 6

### DISCUSSION AND CONCLUSIONS

Girls with eating disorders do not appear to strive for status goals more than girls without eating disorders. Therefore, status goals may not contribute to the development of eating disorders among adolescent girls. The importance of romance did not significantly differ between ED and NED girls. While ED and NED girls do not differ significantly in terms of number of friends, NED girls were found to rank friends higher on the Song and Hattie scale. ED girls had relatively the same mean career score as NED girls. These findings suggest that ED girls do not necessarily strive to be thin as part of a persona. Rather, other factors may be involved in who gets eating disorders.

Some aspects of personal identity development appear to be more important among ED girls than NED girls. Girls with eating disorders were found to have less of a diffuse-oriented style of identity processing than girls without eating disorders. This finding suggests that girls with eating disorders find self-empowerment to be more important than other girls. One reason for the difference in self-empowerment could be from lack of control, as ED girls rated their sense of external control significantly lower than NED girls. Girls with eating disorders were also found to rate family values higher in importance than other girls. In the follow-up interviews, the ED girls claimed a feeling of duty or attachment to family. This attachment may not be a sign that girls with eating disorders form their identities based on their families alone; rather, their attachment suggest that ED girls want family support in order to develop

independence later in life. ED girls did not differ significantly in terms of normative style of identity processing, which suggests that they are no more likely to base their identities on other people's viewpoints of who they should be.

While informational-oriented style of identity processing suggests that the adolescent forms her identity based on information and strives for independence, ED girls were not found to be more likely than NED girls to have an informational-oriented style of identity processing. However, ED girls differed from NED girls in their answer to the follow-up interview regarding future-orientation. ED girls appear more future-oriented than NED girls, which suggests that girls with eating disorders are more focused on future goals than present goals. They may therefore want autonomy more than NED girls as they focus on a time in which they will have more autonomy. Thus, both self-empowerment and autonomy are possibly more important to girls with eating disorders than girls without eating disorders. ED girls, therefore, may be striving more for personal identity development than NED girls.

Girls with eating disorders may wish to attain both an independent and intelligent personal identity. While they did not rate "schoolwork" higher in importance than NED girls, ED girls ranked it and intelligence higher by one interval on the Song and Hattie scale. Therefore, ED girls may wish to develop a personal identity as an intelligent person. However, ED girls surprisingly note a lack of control in how they think. This lack of control could contribute to them wanting more self-empowerment. The eating disorder may become a vicious cycle in which lack of control both outside and from the disorder contributes to wanting more control through further weight loss. The eating disorder, therefore, may not make them feel stronger in terms of mental strength, but may cause them to strive more for it.

BMI was used to explore the possible effects of malnutrition on answers between groups.

ED girls had a significantly higher mean family values score and a significantly lower external control score. If malnutrition was a factor in their answers, then quite possibly their answers are a result of the eating disorder, rather than as factors that came before it. However, there was not a significant correlation between the importance of family values scores and BMI. There was also not a significant correlation between external locus of control and BMI. Malnutrition, therefore, does not likely relate to the importance of family values or rating of external control. ED girls appear to rate family values higher and external control lower than NED girls regardless of BMI.

Malnutrition may also not be a factor in internal locus of control, since internal control scores do not change significantly with BMI. However, there is a strong trend for internal locus of control scores to increase as BMIs decrease ( $p=.088$ ) when controlling for eating disorders. Internal locus of control was found to be lower on both ends of BMI than in the middle range. Girls with eating disorders may feel the same amount of internal control as girls who are overweight or obese. This finding was not expected. However, girls with eating disorders in this study also mentioned a lack of control over their disorders as they compare it to compulsions and their mindsets. Girls with eating disorders, therefore, may not feel as in control as they would necessarily wish to be, no matter their level of weight loss.

Gender identity was also examined in this research to further explore possible differences in goals between ED and NED girls. If girls with eating disorders were found to be more feminine than masculine, then they may also be attempting to meet the feminine beauty ideal of thinness. If, however, they feel they are more masculine, then perhaps they are less affected by the feminine beauty ideal and are therefore not concerned with the persona attached to it. Given the small number of participants in the follow-up group, the findings may not be accurate.

However, ED girls did not rate more on the masculine side than feminine side of gender roles, while a few NED girls did. Still, a difference in gender roles does not necessarily suggest girls with eating disorders wish to attain the persona associated with the feminine beauty ideal. ED girls were found to strive more for personal identity development than status goals. Furthermore, by appearing more masculine by shedding their feminine physique, girls with eating disorders could be seen as wanting to attain a higher career, which is not a personal identity goal, but one of social status.

Body awareness was also measured in the follow-up to further explore the idea of persona versus self. If girls with eating disorders are disembodied, as Bordo (1993) claims, then they possibly strive for persona rather than personal identity development. Personae likely detach the person from their true private selves. Gooldin (2003) argues that the body is the psychological boundary of self; therefore, disembodiment would suggest such detachment. Having more body awareness would suggest that self is important. While little can be determined from the small sample size, ED girls appear to have similar body awareness scores as NED girls, which would suggest that they are neither more nor less likely to be disembodied and are thus not more likely to pursue a persona.

This research was used to compare personal identity goals versus social status goals between girls with and without eating disorders. The findings suggest that girls with eating disorders strive more for personal identity development than other girls. While there was not a significant difference found in social status goals, girls with eating disorders may nevertheless differ from girls without in terms of wanting a certain persona. The follow-up interviews suggest that NED girls focus more on outer appearance than ED girls. NED girls also likely strive more

for current goals as they appear to be less future-oriented than ED girls. Therefore, girls with eating disorders possibly are more interested in their true private selves and less interested in personae than other girls.

## **Agency**

The conflicting literature on eating disorders suggests that girls may either wish to achieve a better self-concept or a higher social status. The difference in goals can also be seen as whether girls with eating disorders have agency or are playing the victim. It could be that the girls have fallen victim in their lifetime to external events over which they state they feel they have less control. This lack of control is possibly one explanation for a girl wanting to feel like an agent in her life.

Some girls with eating disorders mentioned that losing weight made them feel in control, successful, or accomplished. This idea of success suggests that the result of the lost weight is proof of their ability. The losing weight in and of itself, therefore, is what matters to feeling successful. It is not linked to what possibly follows the weight loss. They do not, for instance, say, as do the controls, that they feel “light” or “prettier.” Thus, the action is what is important. Weight loss symbolizes proof of their agency.

Another interesting point, however, is that girls with eating disorders, while possibly feeling a lack of control over external events, feel a bit like their own victim. When asked why girls have eating disorders more than boys, girls in the ED group stated that girls tend to care more about what other people think. When asked why some girls were more prone than other girls, girls with eating disorders expressed either a heightened concern for people and events around them or a certain personality or mindset. While I do not wish to leave out the possible

societal aspects influencing why girls may care more, this insight among girls with eating disorders suggests that the eating disorder itself is the perpetrator. This insight may also be from the fact that these girls are in treatment for their eating disorder, and they realize that, as much as they want self-empowerment, the eating disorder takes that away from them. The problem then becomes how to help girls with eating disorders feel like they know who they are and can make certain things happen, so they do not fall back on habits that just end up taking away their agency.

## **Identity**

Seeing as how identity is a central theme of this paper, I will expound upon the term and how it can possibly relate to eating disorders in more ways than one. Identity in the anthropological literature deals with not only a personal identity, but also social identity (Ross 2004, De Munck 2000). Some authors claim that personal identity is more important than status to girls with eating disorders. However, there does not seem to be a study yet conducted on girls with eating disorders that compares the importance of defining oneself to the importance of portraying oneself.

One important point to consider is that most people who get anorexia are in their teens and most people who get bulimia are in their early adulthood, both times that are considered important to identity development. According to Van der Werff (1990) self-concept is still forming throughout adolescence as the brain continues to develop. Girls are often seen as having issues with physical development that make them vulnerable to eating disorders. What almost seems to be taken for granted is the fact that girls are also changing cognitively during adolescence. While other people's brains may undergo changes during adolescence, there is

evidence that they do not react in defiance the way teens do in the West (Mead 1928).

Adolescent girls in the US may be more prone to eating disorders due to the idea of adolescence as a time of defiance and independence. Girls may feel that they need to define themselves. Since there is turmoil in society over identity at large over what a girl should or should not be, there is possible conflict within girls regarding who they are. Some girls may struggle so much that they develop eating disorders, which can be seen as a physical display of their inner turmoil as well as a display of the societal conflict over female identity.

### *Ethnic Background*

One aspect to consider in terms of identity is ethnicity. According to Kelly and Maine (2005), there are eating disorder behaviors found across ethnic lines. In this study, I found that while the vast majority of participants with anorexia or bulimia are Caucasian, African-American girls appear more likely to be sympathetic to girls with eating disorders than Caucasian girls. When asked why girls are more inclined to get eating disorders than boys, the Caucasian NED girls answered:

Participant 14: Girls care more about appearance (than boys).

Participant 1: (Girls are more likely to get eating disorders) because girls care about what they look like.

Participant 2: Girls care more about what they look like.

Participant 3: Girls feel pressure from everyone else.

Participant 16: It's about the weight.

Participant 13: Girls have more emotions (than boys).

African-American girls answered the same question in a similar way, but gave more detail:

Participant #11: There are more social pressures. You run into more evil girls.

Participant # 18: Girls eat when they are sad and depressed.

Participant #9: Girls get eating disorders because of low self-esteem, or they feel different. Boys don't care how they feel. Boys look better for themselves, not others.

There were similar answers among whites without eating disorders, but perhaps subtle differences exist among them. For instance, Participant 3 who is white noted pressure coming from everyone, whereas participant 11 who is African-American sees the pressure specifically from certain girls. Participant 13, who is white, states that girls have more emotions, but does not specify exactly how those emotions affect eating disorders. Participant 18, meanwhile, claims that girls eat when sad. Participant 9 claims that girls get eating disorders due to low self-esteem issues as well as having to look better for others. The other girls without eating disorders who were white also mentioned caring about how they look, but did not hint or bring up emotions as playing a role. Participant 11 also stated that some girls are more likely than others to get eating disorders due to “stress about other things, just stress,” while most of the white participants in the NED group claim girls with eating disorders are simply insecure or do not care about their health.

The answers among African-American participants appear more sympathetic. They also mention eating as a response to emotions, rather than not eating or purging. The question was framed in terms of “eating disorder.” Their responses suggest that when they heard “eating disorder,” African-Americans thought of bingeing. The white participants without eating disorders may have also thought the same thing, but they do not claim eating when sad.

Another finding that differed between ethnic lines is that African-American patients

appeared more likely to be obese than the Caucasian NED participants. All three African-American participants were overweight to obese, while only one out of five Caucasian NED participants was obese. It is hard to determine significant difference between Caucasian and African-American participants in terms of BMI due to small sample size. Nevertheless, the differences in their qualitative answers could be representative of how the African-American participants cope themselves with societal pressures and emotions. Evidence that backs this claim lies in the fact that there was a strong trend for internal control to lessen with BMI once eating disorders were held constant. Therefore, girls who are overweight to obese – who, in this study, were mostly African-American – appear more likely to feel the same amount of internal control as girls with eating disorders. Whether the girls are compulsively dieting or overeating, they may feel a lack of control over themselves.

The overweight to obese girls also related losing weight to how they felt, rather than to external gains. While participant 11, whose BMI was 41, stated that she did not know how she felt, participant 18 (BMI 36.5) and participant 9 (BMI 44) claimed that losing weight made them feel “good.” Participant 16, the one Caucasian overweight participant, claimed that it would be better for her to lose weight. Her answer shows another difference in answers between the African-American girls and the Caucasian girls. She does not say how she would feel, but rather looks at weight loss objectively – as another person might view it. She may therefore have a different idea of thinness as somehow relating more to the beauty ideal than to how she would feel. Meanwhile, four out of five of the normal BMI NED girls claimed not to know how they felt about losing weight. One girl claimed that it would make her feel “prettier.” This answer

also relates weight loss to a feeling, but she says “prettier,” rather than “good.” She may find feeling prettier is the same as feeling good, but the reason for this could be that she may be more inclined to want to meet the standard beauty ideal of thinness than the African-American participants.

Some of the ED participants viewed weight loss as good, but thought of it as more of an accomplishment than as a way to feel good in general. Therefore, while ED girls and African-American girls appear more likely to feel less internal control than white NED girls, there is still a difference in terms of how they feel about losing weight and also about why girls are more inclined to get eating disorders. The ED girls also point out societal pressures, but they do not mention emotions as affecting eating behavior as do two of the African-American participants. Nevertheless, emotions have been seen as affecting anorexic and bulimic behaviors (Vogele and Gibson). Girls with eating disorders appear to have more in common with overweight African-American girls than girls with normal BMI. Thus, girls with eating disorders and African-American girls who are overweight may both want self-empowerment – something denied them either for their sex or for both their sex and race.

In the eating disorder group, there was only one participant who had part of a different ethnic background than white. With the low diversity in the group, it is hard to determine any possible differentiating patterns along ethnic lines.

### *Socioeconomic Background*

There is further evidence from this study that girls with eating disorders tend to come from middle-to-upper class backgrounds. This evidence may seem as proof that societal goals are factors in eating disorders. It could be presumed that girls wish to be thin to maintain a

“wealthy” appearance or to exhibit control that an employer may see as important. However, there was not a significant difference in the importance of career among girls with eating disorders versus girls without eating disorders.

### **Limitations**

There are a number of weaknesses and limitations to this study. More questions could have been asked in order to determine whether ED girls had more characteristics of an informational-oriented style on average than NED girls. The questions dealing with the importance of family were garnered from a text used on people either late in their adolescence or adulthood. These questions, therefore, have not been standardized among a teen population. The number of questions pertaining to each variable was decreased in order to allot for less time necessary in both interviews. The measurement of socioeconomic status may not be a fair comparison between ED and NED participants. The regular clinic accepted patients with Medicaid, and most of these patients hailed from the Birmingham area and were on Medicaid. Patients in the eating disorder clinic had private insurance that covered treatment for their eating disorders and some of them came from areas outside Birmingham. The difference in locations of the participants could also be a factor in different answers. A longitudinal study could better determine whether family values become less important among girls with eating disorders as they get better. Finally, there was quite a small number of participants in the study to determine many overall patterns.

### **Recommendations for Future Research and Conclusion**

Future researchers may wish to explore how adolescent girls with eating disorders attempt to develop their sense of self through their eating disorders. Longitudinal studies may

illustrate possible relationships between BMI and internal and external loci of control and family values in terms of recovery. Future researchers may wish to explore the possible roles of socioeconomics and gender in terms of identity formation among girls with eating disorders. Lastly, future researchers may explore whether girls develop eating disorders as a way to cope with the feeling of lack of control in the world writ large.

It has been argued here that girls with eating disorders may find a certain agency through their ability to lose weight, deny food, or purge. Eating disorders may develop due to the feeling of lack of control over external events. By trying to control over their bodies, girls with eating disorders may be attempting to gain some sense of control. However, at some point the eating disorder may be more in control of them than they are. The eating disorder, therefore, can be thought of in a sense as a large part of their identity. Findings suggest that girls with eating disorders are more concerned with their true private selves than girls without eating disorders. If girls with eating disorders view their illnesses as a part of their true private selves, then shaping their true private selves apart from their eating disorders could be challenging.

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## **Appendix 1**

### **Interview Schedule**

Participant ID #: \_\_\_\_\_

Date: \_\_\_\_\_ Time Began: \_\_\_\_\_

Introduction: Thank you for agreeing to be in this study. I am first going to ask you a set of questions that you may answer briefly or not. The second set of questions ask you to rank items in importance to you. I will read you the list, and you can let me know which are most to least important. The third set of questions, I will ask you if you agree or disagree with what I say. You can take as long as you wish on each question. You do not have to answer a question if you do not want to. There are no wrong answers. You may take a break at any time if you need one. Do you have any questions before we get started?

1. What is your date of birth?
2. Are you in any sports?
3. Do you dance?
4. Do you have a group of friends or only one or two people as close friends?
5. If you could go as far as you want in school, what is the highest degree would you like to get?
6. Why do you think girls are more likely to have eating disorders than boys?

Prompt: Do you want to go on with the interview?

7. How often have you dated in the past five years? Never Occasionally Sometimes Often
8. Are you dating anyone now?
9. (If not dating anyone now) Would you like to date someone?
10. What does it feel like to lose weight?
11. Who are all the persons who live with you at home?

12. What is your ethnicity?
13. What is your religion or faith?
14. What does your mom do for a living?
15. What is your mom's job title?
16. What does your dad do for a living?
17. What is his job title?

Out of the following, please tell me which is the most important to the least important to you.

18. School work. \_\_\_
- Friends. \_\_\_
- To be very intelligent. \_\_\_
- Family. \_\_\_
- To be sure of myself. \_\_\_
- To be attractive. \_\_\_
- To fit in. \_\_\_

Now out of the following sentences, tell me if you agree or disagree:

19. Being a part of a group of friends is important to me.  
Do you (dis)agree somewhat or strongly?
20. I am not concerned with finding out who I am right now.  
Do you (dis)agree somewhat or strongly?
21. I really don't care about making things happen; whatever happens, happens.  
Do you (dis)agree somewhat or strongly?
22. It is important to me to have a high-paying job in the future.  
Do you (dis)agree somewhat or strongly?
23. It is important to me to be in a romantic relationship.  
Do you (dis)agree somewhat or strongly?
24. Often my friends and family are surprised at the choices I make.  
Do you (dis)agree somewhat or strongly?
25. It is important to me to save money.  
Do you (dis)agree somewhat or strongly?
26. I would like to start getting prepared for my job in the near future.  
Do you (dis)agree somewhat or strongly?

27. I am well-prepared for my future career.

Do you (dis)agree somewhat or strongly?

28. It is important for me to make good grades.

Do you (dis)agree somewhat or strongly?

29. It is important that I do as well as or better than my classmates in school.

Do you (dis)agree somewhat or strongly?

Now I'd like you to think about your family.

30. In ten years, it is important for me not to have to rely on my family.

Do you (dis)agree somewhat or strongly?

31. Right now, family is the most important thing to me.

Do you (dis)agree somewhat or strongly?

32. I can't imagine having a fully satisfying life without my family.

Do you (dis)agree somewhat or strongly?

33. My really important relationships are at home.

Do you (dis)agree somewhat or strongly?

Now I'd like you to think about your life in general. Tell me if you agree or disagree with the following statements:

34. I have little control over the things that happen to me.

Do you (dis)agree somewhat or strongly?

35. I often feel helpless in dealing with the problems of life.

Do you (dis)agree somewhat or strongly?

36. I can do just about anything I really set my mind to.

Do you (dis)agree somewhat or strongly?

37. What happens to me in the future mostly depends on me.

Do you (dis)agree somewhat or strongly?

## Appendix 2

### Follow-Up Interview Schedule

Follow-up Interview Questions and Introduction by interviewer, Ms. Carolyn Smith

Note: The questions will be based on expected common responses in the Non-Eating Disorder Group. They may change slightly depending on any common answers that differ from the other group.

Introduction: Hello. Is (participant's name) available? (Once participant is on the phone) This is Carolyn Smith calling about the interview you did at the Adolescent Clinic. You said I may call for follow-up questions about the interview. Is it still okay that I ask you those questions now? I can call later if you wish to answer the questions at a later time.

If the participant does not wish to answer the questions now, Ms. Smith will ask: When will be the best time for me to call? If the participant does not wish to participate in the follow-up at all, Ms. Smith: Thank you again for your time in the interview. Have a nice day.

### Follow-up Interview

Once the participant has agreed to be interviewed at the time, Ms. Smith: There are no right or wrong answers. You may refuse to answer any or all of the questions. You may stop the interview at any time. Do you have any questions now?

Date: \_\_\_\_\_  
Participant ID#: \_\_\_\_\_

1. You rated being attractive as the most important area in your life at the moment compared to school and other areas. Do you think most people at your age would say something different? Why or why not?
2. Why is school important?
3. You mentioned girls feel pressured to be thin and pretty. Where do you think is the main source of pressure?
4. Why do you think some girls get eating disorders while other girls do not get eating disorders?

5. What words would you use to describe your friends?
6. What words would you use to describe yourself?
7. Would you say you are the same, somewhat different, or very different from your peers?
8. (If answer to 8 is somewhat or very different) How are you different from your peers?
9. You said that you used to be in sports. Did you feel pressure to look a certain way? How did that make you feel?
10. You said that you care about making things happen. Why?
11. What do you think about the near future?
12. What does it mean to you to be attractive?
13. What does it mean to you to feel attractive?
14. Would you rather feel attractive or be attractive? Why?
15. Any thoughts about the last interview?

Please tell me if you agree or disagree with the following statements:

1. I am often the leader among my friends.  
Agree/disagree somewhat strongly
2. I am a very considerate person  
Agree/disagree somewhat strongly
3. I am very devoted to others.  
Agree/disagree somewhat strongly
4. I am very gentle.  
Agree/disagree somewhat strongly
5. I am very kind.  
Agree/disagree somewhat strongly
6. I am not easily influenced by others.  
Agree/disagree somewhat strongly
7. I am very helpful.  
Agree/disagree somewhat strongly
8. I can make decisions easily.  
Agree/disagree somewhat strongly
9. I do not give up very easily.  
Agree/disagree somewhat strongly
10. I stand up for my beliefs.  
Agree/disagree somewhat strongly
11. I often feel superior.  
Agree/disagree somewhat strongly

12. I like children.

Agree/disagree somewhat strongly

#### Body Awareness Scale

1. I can always tell when I bump myself whether or not it will become a bruise.

Agree/disagree somewhat strongly

2. I notice specific body changes to changes in the weather.

Agree/disagree somewhat strongly

3. There seems to be a "best" time for me to go to sleep at night.

Agree/disagree somewhat strongly

4. I notice the way my body reacts to different foods.

Agree/disagree somewhat strongly