

Body Image Distortion and Pathological Eating Behaviors: Sociocultural Contributions

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Body image distortion is often cited as a causal factor contributing to the development of eating disorders or pathological eating behaviors. Sociocultural factors, such as the societal preference for thinness and sex-role stereotypes, are considered to be closely related to one's body image. This paper reviewed empirical studies examining females' negative body images, explored sociocultural factors shaping stereotypes about female body images, and discussed the importance of the perspective of feminist psychology for the treatment of body image distortion. The need was found for a multi-dimensional approach to body image encompassing perceptual, cognitive, and behavioral aspects. Consistent results concerning the relationship between body image distortion and pathological eating behaviors were observed in previous studies. Given an argument of an eating disorders continuum, body image distortion among the non-clinical population must be examined as a risk factor in the development of pathological eating behaviors. Explanations about the relationships between body image, sex-role stereotypes, and other sociocultural factors were presented. Different approaches to the treatment of body image distortion, such as cognitive behavioral and feminist therapies, were presented.

Key words: body image, pathological eating behaviors, sex-role stereotypes, societal preference for thinness, feminist perspective.

Introduction

Body image, the picture of the body, is often discussed in the context of the etiology of eating disorders. The increase in the prevalence of pathological eating behaviors has been linked to the increasing societal pressure placed on women to be thin. Body image distortion has been recognized as the most characteristic feature of eating disorders and the core factor in the continuation of pathological eating behaviors. A number of attempts have been made to examine the relationship between negative body image and pathological eating behaviors. However, in spite of the prevalent notion that body image distortion is a causal factor of eating disorders, definitions of body image distortion vary among researchers. Accordingly, instruments measuring the degree of body image distortion or disturbance to focus on different constructs.

In discussions of the relationship between body image disturbances and the development of eating disorders, sociocultural influence is always included. However, it has not been included in psychological research, probably because of the difficulty of quantifying individuals' endorsement of the culture. Sociocultural influences related to body image disturbances are frequently expressed as the societal preference for thinness which is considered to be specific to Western cultures. Additionally, researchers have tried to discern the desire for thinness among women in relation to feminine sex-roles and expectations.

Interventions focusing on body image disturbances have tried to correct body image distortions through cognitive behavioral or behavioral approaches. Some studies of these interventions reported improvement in body images both of women without eating disorders and women with

eating disorders; other studies indicated that the recovered anorexics continued to show more distorted attitudes toward food, eating, and body weight than the non-eating disorder controls (Mukai, 1996). It is speculated that the impacts of sociocultural factors on individuals' body images have to be taken into consideration for interventions and the prevention of body image distortions.

The purposes of this paper are to review empirical studies examining negative body images of females, to explore sociocultural factors shaping stereotypes about female body images, and to discuss the need for a feminist psychology perspective in the approach to body image distortion.

1. Body Image Distortion and Pathological Eating Behaviors

The Conceptualization of Body Image Distortion

First reported by Bruch in 1962, body image distortion has received much attention from psychologists and mental health professionals as a factor responsible for the onset and continuation of eating disorders. Although body image distortion is a common phenomenon in the body of literature on eating disorders, definitions of it vary among researchers (Cash & Brown, 1987). Traditionally, body image referred to the mental image of the physical appearance of one's own body (Rosen, Srebnik, Saltzberg, & Wendt, 1991). In this sense, body image implies imagery. However, body image distortion in the context of eating disorders does not always mean mental image or picture. For example, Garner and Garfinkel (1982) defined it as overconcern of body shape and overestimation of body size. From their perspective, body image distortion has two dimensions. DSM-III-R (1987) and DSM-IV do not make such a distinction regarding the notions of body image distortion. The following statement is of the diagnostic criteria for anorexia nervosa (AN), as stated in DSM-III-R:

Disturbance in the way in which one's body weight, size, or shape is experienced, e.g., the person claims to "feel fat" even when emaciated, believes that one area of the body is "too fat" even when obviously underweight" (p. 67).

The latest version of the DSM (1994) offers a slightly different description:

Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight (p. 545).

In addition to these two dimensions, other dimensions are proposed by other researchers. In his review, Rosen (1992) identified dimensions such as body dissatisfaction and body image avoidance. According to Rosen, body dissatisfaction refers to "the devaluation of physical appearance relative to some ideal, such as thinking that one is too heavy, too big, and too wide and that because of this discrepancy appearance is unattractive or unpleasant" (p. 161). Depending on which dimension of body image researchers focus on, body image distortion has different meanings, such as affective, perceptual, or cognitive disturbance, respectively. In fact, Cash and Brown (1987) suggested that body image should be described as comprising multi-dimensional aspects: perceptual, cognitive, affective, and behavioral aspects.

Instruments to measure the degree of body image distortion also assess different aspects of the phenomenon. In the past, two sets of instruments have been developed. The first set of measurement techniques objectively measure perceptual body image distortion. Slade and Russel (1973) developed the movable caliper method to assess the body image disturbance in which subjects move markers to represent the width of different body parts. Ben-Tovim, Whitehead, and Crisp (1984) measured body image distortion by asking subjects to estimate the size of various parts of their bodies with movable markers on a table. The other set, comprising various questionnaires, has been developed to assess both the way individuals think or feel about their body shape and/or weight, and behaviors related to body images. Given inconsistent definitions among researchers, the constructs these questionnaires focus on also vary. The Body Cathexis Scale (Secord & Jourard, 1953) measures the degrees of satisfaction with each body part and function. The Body Shape Questionnaire was designed to measure body shape concern (Cooper, Taylor, Cooper, & Fairburn, 1987). Additionally, the sub-scale of the Eating Disorders Inventory (Garner, Olmstead, & Polivy, 1983) indicates global

body dissatisfaction.

Although body image distortion may have multi-dimensional aspects, the empirical studies that assess body image distortion are not always aware of this issue. Therefore, findings on body image distortion from previous studies must be interpreted with caution because researchers tend to use different dimensions interchangeably. A feminist psychologist, Hutchinson (1994), viewed the confusion in defining body image distortions differently than the abovementioned scholars. Hutchinson claimed that body image:

is the image of the body that allows a person to know about emotions, sensations, bodily needs, and appetites, and to negotiate the physical environment; it is the image of the body that a person hears about as she listens to her inner speech. I use the term "body image" in a broad way to describe the psychological space where body, mind, and culture come together – the space that encompasses out thought, feelings, perceptions, attitudes, values, and judgments about the bodies we have.

Body image, a product of the imagination, is not to be confused with the actual physical body or with the image that the body projects to an outside observer. The term "body image" is an unfortunate one because it echoes this confusion.... Although "body image" describes an internal and subjective sense a person has of her own body, the term easily jumps from the subjective to the objective (p. 153).

In short, Hutchinson thinks that confusion is natural when we focus on the issue of body image distortion because it reflects both the actual body and the image of the body projected to others. For Hutchinson, body image is both subjective and objective. Additionally, Hutchinson stated that body image reflects the continued social objectification of female bodies.

Thus, whereas empirical studies have attempted to analyze body image into different dimensions in order to quantify the phenomenon, feminist psychologists view body image as a more inclusive construct. In the following section, I will review empirical studies exploring body image distortion and pathological eating behaviors.

Body Image and the Eating Disorders Continuum

Previous studies have reported that body image disturbances are the most prominent characteristics in both anorexics and bulimics. Williamson, Kelly, Davis, Ruggiero, and Blouin (1985), for example, compared the psychopathology of bulimics with normal and obese subjects. In their study, bulimics demonstrated a distorted body image in that they perceived themselves as significantly larger, and desired to be significantly smaller, than did their matched controls. In order to assess body images, Williamson et al. utilized the nine body image cards, each of which contains a drawing of a female figure. Body sizes of these figures ranged from very thin to very obese. Subjects' perceptions about current body shapes and ideal body shapes were rated by their responses. Corresponding numbers to each card were given as subjects' scores. The difference between the two scores, current minus ideal, was scored as a body image discrepancy score. Univariate analyses for current body image, desired body image, and body image discrepancy and post hoc comparison were performed. It was revealed that both bulimic and obese women perceived themselves to be large. Bulimic females desired to be much smaller whereas normals indicated much smaller discrepancy between ideal and current body image. Omori and Sasaki (1998) reviewed a similar line of studies and found that body image plays an important role in the development and continuation of eating disorders. Adolescent girls in particular are at risk due to rapid physical changes. This relationship between body image disturbances and pathological eating behaviors may be explained by the continuity model of eating disorders.

Body dissatisfaction among women seems to be normative rather than pathological--a phenomenon which has been confirmed by recent studies. A survey conducted by Cash, Winstead, and Janda (1986) shows that 69 % of female respondents reported negative feelings about their appearance, whereas 24 % of male respondents indicated negative feelings about their body. This survey aimed to determine whether there had been any changes in body image between 1972 and 1985. Using the Body-Self Relations Questionnaire and additional items dealing with weight concerns, eating pat-

terns, and feelings about their own sexuality and psychological being, Cash et al. analyzed responses from 2000 adults. It was revealed that women paid more attention to appearance and health than did men. In addition to descriptive analyses of individuals' evaluations of different bodily aspects, such as appearance, health, and fitness, Cash et al. conducted an analysis of the relationship between the subjects' experiences as children and their adult body images. They found that those who had experiences of being teased by peers about their appearances when in childhood assessed their appearance more negatively than those who did not have such experiences. A casual survey for *Psychology Today*, this study provides a rough picture of how people evaluate their own body and how men and women differ from each other in evaluations about different aspects of the body.

Furthermore, it has been suggested that women's negative body images coincide with the prevalence of eating disorders or pathological eating behaviors among women. A number of studies have concluded that body dissatisfaction or overconcern about body shape is characteristic to females. Mintz and Betz (1988) categorized female subjects' eating behaviors as normal, chronic dieter, binger, purger, subthreshold, and bulimic. Among 643 females, only 33 % were categorized as normal. This small proportion of "normal" eaters suggests that the majority of women are dissatisfied with their bodies. A study exploring reasons for engaging in exercise revealed that women were more often motivated to engage in exercise related to weight and tone than men (McDonald & Thompson, 1992). These studies support the assumption that pathological eating behavior is a result of intense body dissatisfaction, although no direct causal evidence has been provided.

When comparing body images between the clinical and nonclinical population, the argument about an eating disorders "continuum" must be considered. Nylander (1971) first conceptualized a "continuum" of eating disorders, reporting that a majority of respondents perceived themselves as overweight or fat, and that nearly 10 % of the subjects exhibited more than three symptoms of anorexia nervosa. This argument involves two models: the continuity and discontinuity models. In

general, the continuity model presumes that individuals who exhibit the extreme manifestations of BN will develop BN; it refers to a continuum along which eating disorders exist and on which the difference between diagnosed entities and other states is quantitative. In contrast, the discontinuity model emphasizes individuals' predisposing characteristics such as depression and impulse control problems (Lowe, Gleaves, DiSimone-Weiss, Furgueson, Gayda, Kolsky et al., 1996); this model emphasizes qualitative differences between diagnosed individuals and the non-diagnosed population. Given the prevalence of body dissatisfaction among the general population, body image problems are not limited to the clinical population. The relationship between body image disturbances and the development of pathological eating behaviors among the general population must be carefully examined.

2. Sociocultural Factors and Body Image

It has been suggested that body image may be affected by sociocultural factors. The societal preference for thinness has been focused on as a factor explaining the phenomenon of increasing body dissatisfaction or negative body image. Wiseman, Gray, Mosimann, and Ahrens (1992) demonstrated the shift of preference regarding the ideal female body, examining body measurements of *Playboy* magazine centerfolds and Miss America contestants. Their study discovered a drastic increase in the number of diet and exercise articles, accompanied by a decreasing percentage of expected weight, in *Playboy* centerfolds and Miss America contestants between 1959 and 1988.

Few empirical studies have examined sociocultural influences on the body images of women. Mintz and Betz (1988) reported that subjects whose eating behaviors were typed as bulimic showed great endorsement of sociocultural mores regarding thinness and attractiveness. It is speculated that sociocultural norms can directly and/or indirectly influence one's body image and self-esteem, and can thus cause disturbed eating behavior. Toro, Salamero, and Martinez (1994) developed a questionnaire, Cuestionario de Influencias sobre el Model Estetico Corporal (CIMEC-40), and compared anorexics to non-anorexic girls. Considering

the fact that thinness is a prevailing aesthetic body shape, Toro et al. assumed that this preference would be transmitted by agents such as friends, family, and mass media. On five factors extracted from original items, the two groups demonstrated significant differences. The anorectic group scored higher on all subscales based on the following factors: (1) distress because of body image, (2) influence of advertising, (3) influence of social models, and (4) influence of social situations. Thus, the Toro et al. study demonstrated sociocultural contributions to body image disturbances among individuals with anorexia. More specific dimensions of sociocultural influences will be presented below.

Sex-Role Stereotypes

The link between appearance concerns and sex-role stereotypes has been discussed in conjunction with the development of eating disorder symptoms (Rodin, Silberstein, & Striegel-Moore, 1984; Striegel-Moore, Silberstein, & Rodin, 1986). Rodin, Silberstein, and Striegel-Moore explain sex-role stereotypes and body image concern by examining current cultural norms and stereotypes. Their claims are as follows: "Obesity is a strongly stigmatized condition" (p. 270); "Being attractive is extremely important in our society" (p. 271); "The female sex-role stereotype prescribes preoccupation with and pursuit of beauty" (p. 275); "Society has long dictated ways for women to alter their bodies to achieve an 'unnatural' beauty ideal" (p. 276); and "Being thin is a central ideal of female attractiveness" (p. 276). According to Rodin et al., beauty has been considered to be associated with femininity. Additionally, beauty is often associated with power and moral goodness. Therefore, women unconsciously seek beauty. Among specific features of beauty or physical attractiveness, weight and body shape were found to be the core determinant of women's perceived physical attractiveness. Given the social orientation toward thinness, Striegel-Moore proposed that the more a woman endorses the traditional female sex role, the more she would value thinness.

Two types of empirical studies have been used to confirm a relationship between sex-role endorsement and pathological eating. The first line of

research examined the relationship between masculinity and femininity, and body image. For example, Striegel-Moore, Silberstein, and Rodin (1985) found that masculinity scores were inversely related to the degree of body dissatisfaction and eating pathology. The second line of research investigated body image distortion among homosexuals (Hefferman, 1994; Herzog, Newman, Yeh & Warshaw, 1992). Gattlemann and Thompson (1993) investigated the body image disturbance and weight and dieting concerns of both homosexual and heterosexual males and females. Greater concerns with appearance, weight, and dieting, and higher body image disturbance, were found among gay males and heterosexual females. These findings indicate that sex-role orientation is responsible for body image distortion.

Regarding the endorsement of sex-role stereotypes, Leon and Finn (1984) focused on sex roles as a factor explaining gender differences in pathological eating behaviors; they also present both direct and indirect influences of sex roles on the eating behaviors of females. According to Leon et al., direct influences of sex roles involve (1) eating in public, (2) sex differences in ideal body shape, (3) sex differences in the importance of physical traits, and (4) cultural differences in standards of physical attractiveness for females. Indirect influences of sex roles on eating disorders comprise (1) emotional expression and (2) sexual conflicts. Sex differences in ideal body shape and in the importance of physical traits, and cultural differences in standards of the physical attractiveness of females, are of interest to us with respect to the relationship between sex role and body image.

In order to examine ideal body shape for females, Leon and Finn (1984) first indicated a gap between a gradual shift in the ideal body standard toward a thinner size and an increase in average weight of women, citing a study conducted by Garner, Garfinkel, Schwartz, and Thompson (1980, in Leon & Finn). In other words, dieting is an attempt for women to close the gap between the cultural demands for unrealistic thinness and the social stimuli to eating. Furthermore, Leon et al. cited Chernin, a feminist critic, who provides an explanation of changes in ideal female body shape. Ac-

ording to Chernin, changes in ideal body shape and the changing roles of women are related to each other, and she offers two explanations for this. First, the male-dominant society requires women to be thin and thereby *symbolically* limits their power. Earlier in history, when women apparently took subordinate roles to men, women were allowed to possess round body shapes. However, women in modern times encounter role conflicts of which they are not aware. Consequently, women have ended up emulating the figure characteristic of males in order to attempt to secure social rights. Secondly, women attempt to reject earlier female roles by obtaining a new form of ideal body shape for females; that is, being thin.

In addition to differences in ideal body shape between women and men, Leon and Finn (1984) pointed out that body concept is more clearly defined by women than by men. They present two claims which support this idea. Fisher (1964, cited in Leon and Finn, 1984) claimed that this is explained by the earlier maturation of females and the development of menstruation; and Murphy (1972, cited in Leon and Finn) stated that the linkage between the body, cultural roles, and social definitions of individuals' worth is stronger in women than in men. As a result, women are compelled to pay more attention to their bodies than men do to their own. Leon and Finn quote Murphy's statement that "[w]omen more nearly equate self with body. Man's role and status has typically been defined in terms of his achievement, rather than in terms of body attributes" (cited in Leon and Finn, p. 325). In spite of various explanations about the contribution of sex-role stereotypes to body images, few empirical studies of this contribution have been conducted.

Body image issues should not be confined to body shape or weight concerns. Malson and Ussher (1996) conducted a discourse analysis of amenorrhea, interviewing 23 women. Twenty-one women were diagnosed as anorexics and two were self-diagnosed. Whereas amenorrhea associated with anorexic symptoms is usually considered as a result of undernutrition, severe and/or rapid weight loss, and inappropriate carbohydrate consumption, Malson and Ussher view it as a symptomatic rejection of adult femininity. Their discourse analysis

demonstrated that menstruation was negatively interpreted as a representation of specific aspects of femininity: alien, out of control, highly emotional, sexual, vulnerable, and dangerous. Hence, their study indicated that amenorrhea among individuals with anorexia signifies a rejection of negative facets of femininity rather than femininity as a whole.

Culture and Thinness

Cross-cultural studies may help us to understand whether or not the societal preference for thinness is specific to a certain culture. Reflecting the availability of documentation about body image distortion, authors tend to claim that the societal preference for thinness is specific to Western cultures, more specifically Anglo-Saxon Cultures (Jackson & McGill, 1996; Thomas, 1989).

For example, Thomas (1989) examined the relationship between body-image satisfaction and body weight, self-esteem, and perceptions of significant others among 102 adult black women. Subjects were asked to assess the degree of body-image satisfaction on a 5-point Likert scale ranging from very happy (1) to very unhappy (5) and to rate their perceptions of their body size (too fat, too thin, just right) and height (too short, too tall, just right). Self-esteem was measured by Rosenberg's 10-item self-esteem scale. The results indicated that the proportion of subjects who were dissatisfied with overall body-image exceeded those who were satisfied with their body-image. Approximately two thirds of the women felt too fat. A correlational analysis indicated a modest but significant relationship between self-esteem and body-image satisfaction. Thomas interprets this result, suggesting that "[t]he lack of a stronger relationship may be due to the racial background of the subjects: Black women may not have internalized American society's recent standard of beauty and fashion and thus did not relate their overall self-worth with various aspects of their physical appearance" (Thomas, 1989, p. 111). Other comparative studies confirmed that Western cultures prefer thinness to fatness (Furnham & Bauma, 1994).

Whether or not the difference in the societal preference for thinness is attributed to Western cultures was examined by studies that compared

similar nations. Raich, Rosen, Deus, Perez, Requema, and Gross (1992) compared levels of eating disorder symptoms and interests in losing weight between American and Spanish adolescents. They found American girls tend to be more bulimic and the level of pathology was more problematic among Americans than Spanish youth. Additionally, American girls were more interested in losing weight than Spanish counterparts. Although most of the authors of comparative studies performed back-translation of questionnaires, transcultural suitability of these questionnaires is in question. An interesting comparison between West and former East Berlin was made by Steinhausen, Neumarker, Vollrath, Dudeck, and Neumarker (1992). Steinhausen et al. found that individuals with anorexia in East Berlin scored significantly lower on five out of eight subscales of the EDI. A lack of the psychological validity of the questionnaire for East Berlin population was speculated. Their study implies that researchers must be cautious about transcultural suitability, validity, and reliability when conducting or reading cross-cultural studies using self-report questionnaires.

On the other hand, some cross-cultural studies disconfirmed a hypothesis claiming that the societal preference for thinness is specific to Western cultures (Apter, Shah, Iancu, Abramovitch, Weizman, & Tyano, 1994; Davis, & Katzman, 1997; Wardle, Bindra, Fairclough, & Westcombe, 1993). In their study with Israeli Jewish and Israeli Arab female adolescents, Apter et al. demonstrated that Western influences cannot be neglected in adolescent girls' forming attitude toward eating and body image. At the same time, Apter et al. found that role conflict between traditional and modern images of female roles seemed to be related to eating pathology. Their results indicated that school girls residing in Kibbutz where female adolescents are "under the most severe role stress and conflict between being the traditional nurturant female and the self-disciplined, controlled, and sexually liberated new women" (Apter et al., p. 95) scored higher than school girls under different living conditions.

It is speculated that the societal pressure for thinness is closely related to the sex-roles of women and changes in these roles over time. Unless the meaning and social values attached to sex-roles are

considered, a better understanding of women's desire for thinness cannot be obtained. Most of the empirical studies focusing on body image or the relationship between the societal preference for thinness and body image have employed quantitative approaches. Such studies assume that their subjects are homogeneous enough to be analyzed by particular statistical methods, and ignore idiosyncratic experiences about body image or exposure to sociocultural factors. In order to obtain a more in-depth understanding about the relationship between the societal preferences regarding female physical appearance and individuals' body image, qualitative methods have to be utilized.

3. Introduction of a Feminist Perspectives: Toward Treatment and Research on Body Image

Treatment of Body Image

As explained above, there is a general agreement to view body image distortion as a product of societal preference or orientation. In delineating its relation to other psychological dimensions or pathology of eating disorders, mainstream psychology has utilized traditional methodology, quantifying the degree of body image distortion. In the following section, I will review outcome studies focusing on correcting body image distortion, and discuss points of view needed in future research.

With regard to the relationship between pathological eating behaviors and body image, change in body image disturbance has been assumed to be a key for good prognosis for the clinical population and prevention for those eating disorders among the continuum population. Previous studies examined the effects of interventions on women's body images and the self-concept of normal weight females without eating disorders (Dworkin & Kerr, 1986; Rosen, Cado, Silberg, Srebnik, & Wendt, 1990). Dworkin and Kerr employed cognitive therapy techniques, cognitive behavior therapy techniques, and reflective therapy techniques as interventions to change body images in women. Subjects who were assigned to the therapies participated in structured interviews and did homework. Changes in scores on the Body-Cathexis and Self-Cathexis indicated that all

participants improved in body image and self-concept. Rosen, Cado, Silberg, Srebnik, and Wendt (1990) employed behavior therapy with or without training in accurate body size perception. The six-week treatment involved modification of distorted and negative thoughts about physical appearance and exposure to situations that had provoked negative body image. Exercises to correct size and weight overestimation were assigned to one group. Although size perception was not significantly changed, treatment resulted in more positive self-esteem and decreased psychological symptoms, dieting restraining, guilt and concern about eating, and binge-eating.

Both of these studies concluded that the interventions of cognitive therapy or cognitive behavior therapy significantly improved body image distortion in these young women. Accompanied by the change in negative body image, the improvement of low self-esteem was observed in these two studies. Regarding the maintenance of recovery, Dworkin and Kerr did not include follow-up assessment in their design. Rosen, Cado, Silberg, Srebnik, and Wendt (1990) assessed the improvement at a three-month follow-up. All body image measures indicated a change from the clinical level of eating disorder at pretreatment to the normal range at posttreatment and follow-up.

Although both interventions successfully improved body images of women without eating disorders, it is difficult to apply these findings to women with eating disorders. A review of follow-up studies about eating disorders identified indicators predicting a poor outcome: longer duration of illness, premorbid personality characteristics and social difficulties, disturbed relationship with family, and previous treatment (Mukai, 1996). Furthermore, Mukai reported that dissatisfaction with one's body was one of the predictors of a poor outcome, along with negative attitudes about sexuality and greater restraint in emotional expression and initiative. From this perspective, findings about intervention outcomes must be interpreted with caution. The follow-up assessment conducted by Rosen, Cado, Silberg, Srebnik, and Wendt (1990) was too short-term to determine the outcome of the intervention program. An optimistic conclusion of the Rosen et al. study was based on

a multivariate analysis of variance (MANOVA) with time as an independent variable and body image variables as dependent variables. The Dworkin and Kerr (1986) follow-up assessment also utilized MANOVA to examine the effects of time, therapy, and an interaction of time and therapy. Thus, the ways in which the other psychological variables indicated by Mukai interact with negative body image and its changes were not analyzed.

Feminist Perspective for the Treatment of Body Image

As reviewed in a previous section, body image distortion encompasses not only intraindividual psychological processes but also sociocultural issues. As opposed to cognitive or cognitive behavioral therapies, feminist therapy focuses on such sociocultural matters. It assumes that sociocultural factors cannot be separated from the treatment of body images of women. Srebnik and Saltzberg (1994) suggest a feminist perspective on treating negative body image. Reviewing outcomes of feminist therapy for negative body image, Srebnik and Saltzberg found that feminist therapy targeting body image had resulted in "increased body acceptance, decreased self-destructive behavior, changing gender role behavior (e.g., passive, traditional, superwoman), and shifting the clients' focus from appearance to function" (Srebnik & Saltzberg, 1994, p; 120).

The intervention proposed by Hutchinson (1994) exemplifies feminist approaches to the treatment of negative body image. The primary goal of the intervention is to identify obstacles to positive feelings about the body. An underlying assumption is that dissociation between self and body is central to negative body image. Such obstacles include the body shape learned from peers and family, and internalized ideal bodies. This intervention has several objectives: relieving isolation, heightening awareness of body issues, exploring the roots of body issues, exploring blockages and resistance to change, and re-embodiment.

Emphasizing that a central focus of feminist therapy is on oppression and socio-cultural issues, Srebnik and Saltzberg conclude that the goal of feminist therapy is to show clients the power within themselves to create a positive body image. Thus,

a feminist perspective grants priority to the sociocultural issues and oppression found in patriarchal contexts, whereas mainstream psychology considers these issues only as an afterthought. Although mainstream psychology does admit that sociocultural factors are responsible for women's negative body images, researchers and clinicians are struggling to quantify body image itself and the endorsement of cultures, and have not been able to equate the influence of sociocultural factors to the causal factor of body image distortion. However, a feminist perspective will help us understand women's negative body images, and will provide implication for treatments as well as research methodologies.

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— Received Sept. 30, 1999 —