

Please note: This electronic file you are receiving is intended for one-time use only. Reprints may be requested at a charge of \$1 per copy. All materials are copyright protected. No part of these files may be transmitted, distributed or reproduced in any other way without permission from the Wellesley Centers for Women. Please call the publication office at (781) 283-2510 to request additional copies.

Work in Progress

Eating Patterns as a Reflection of Women's Development

Janet Surrey, Ph.D.



Wellesley Centers for Women
Wellesley College
Wellesley, MA 02481

No. 9
2002

Work in Progress

Work in Progress is a publication series based on the work of the Stone Center for Developmental Services and Studies at Wellesley College, and it includes papers presented in the Center's Colloquium Series. *Work in Progress* reflects the Center's commitment to sharing information with others who are interested in fostering psychological well-being, preventing emotional problems, and providing appropriate services to persons who suffer from psychological distress. The publication also reflects the Center's belief that it is important to exchange ideas while they are being developed. Many of the papers, therefore, are intended to stimulate discussion and dialogue, while others represent finished research reports.

For those papers which were part of the Colloquium Series, each document includes the substantive material presented by the lecturer, information about the speaker, and, where appropriate, a summary of the subsequent discussion session.

Jean Baker Miller Training Institute

Founded in 1995, the Jean Baker Miller Training Institute bases its work on the Relational-Cultural Model of psychological development, which grew out of a collaborative process of theory building initiated by the scholars at the Stone Center. The Institute offers workshops, courses, professional trainings, publications, and ongoing projects which explore applications of the relational-cultural approach. At the heart of this work is the belief that the Relational-Cultural Model offers new and better ways of understanding the diversity and complexities of human experience.

The Robert S. and Grace W. Stone Center for Developmental Services and Studies

Creation of the Robert S. and Grace W. Stone Center for Developmental Services and Studies resulted from a generous gift to Wellesley College by Robert S. and Grace W. Stone, parents of a Wellesley graduate. The Center was dedicated in the fall of 1981, and its programs reflect the Stone family's interest in preventing psychological distress. With the creation of the Stone Center, Wellesley College has enlarged its long-established search for excellence. At Wellesley, the Center has the unique advantage of immersion in a community of scholars and teachers who can add the broad perspective of the humanities, sciences, and social sciences to the Center's psychological expertise.

The Stone Center is developing programs aimed toward the following goals: research in psychological development of people of all ages; service demonstration and research projects which will enhance psychological development of college students; service, research, and training in the prevention of psychological problems.

Correspondence and inquiries about the publication series should be addressed to Wellesley Centers for Women Publications, Wellesley College, 106 Central Street, Wellesley, MA 02481-8259.

© 2002, by Janet L. Surrey, Ph.D.,

Eating Patterns as a Reflection of Women's Development

Janet Surrey, Ph.D.

About the Speaker

Janet L. Surrey, Ph.D., is a Research Associate at the Stone Center, Wellesley College, and Director of Psychological Services of the Outpatient Clinic, McLean Hospital, Belmont, Massachusetts.

Abstract

Cultural emphasis on thinness as a mark of ideal body image has fostered a widespread preoccupation with food, weight, and eating patterns among women. Extreme forms of this are seen in the apparent increase of anorexia nervosa and bulimia -- serious disturbances in eating patterns. Normal physiological changes of adolescence which result in increased body fat relative to overall weight for girls seem to contribute to the onset of concerns about weight control. Women who diet chronically or who exercise rigid self-control in relation to food face some danger, psychologically and physiologically, for they tend to lose sensitivity to their own basic needs in efforts to meet external criteria of ideal weight. Serious disturbances in eating patterns as well as "normal" preoccupations with food and weight warrant analysis in the framework of women's psychological development, especially in terms of understanding the understudied nature of women's "relational self." Such an analysis could form the basis for developing effective preventive and therapeutic approaches to achieving genuinely healthy self-perceptions of body image and nutritional needs.

c. 1985 by Janet L. Surrey

Food, weight, eating patterns, and body image have become intense preoccupations in many women's lives today. As clinicians and teachers these topics are important in our personal lives and relationships as well as in our professional roles. Of special concern is the apparent increase in the number of young women suffering from serious, even life-threatening disturbances of eating patterns that are diagnosed psychiatrically as "eating disorders." The *anorexic* and *bulimic* syndromes are characterized by extreme preoccupation with achieving ideal body weight, attempts at rigid control over food intake, disturbances in maintaining body image, and cycles of extreme dieting or fasting followed by severe bingeing and purging through use of vomiting, laxatives, or compulsive physical activity. The scope of the problem, however, is not limited to these extreme instances (estimated very roughly by surveys to affect ten percent of the current young female adult population). Rather, for this paper, the examination of the severe disorders may be suggestive in enhancing our understanding of the "normal-

abnormal" eating patterns characteristic of many women today.

Let us look briefly at some current national statistics. It has been estimated that 20 million Americans are currently on a "serious diet" for weight reduction. Ten billion dollars a year is spent on the diet industry in America, including books, health spas, diet groups, etc.¹ This is an anomaly in human experience, where hunger and starvation haunt much of the world population. It has been viewed as a function of an affluent society -- overfed, overstimulated by food, physically inactive, nutritionally unbalanced, and stressed. Truly the obsession with dieting is a national problem. More discouraging are the reports which suggest that 90-98 percent of those on "successful" weight-loss diets will regain the lost weight or more when a careful 2-to-5-year followup assessment is made. Frankly, the picture represents a major cultural *denial of reality*.

Looking at the statistics in further detail, we can begin to see the implications for women. Although there are few good epidemiological studies, a Nielson survey in 1978 showed that 56 percent of all American women aged 25-54 were "dieting."² According to current medical definitions (as reflected in life insurance tables) more than 50 percent of American women are considered overweight. Self-report studies indicate that between 50 percent and 75 percent of American women consider themselves to be overweight.² There is some variation by ethnic and age group, and in the degree of concern over reaching ideal body weight. Further, the degree of preoccupation, the attempts at serious dieting, and the disturbances of self-esteem associated with perceived failure to meet ideal body weight varies significantly for individual women. However, if 50-75 percent of American women are living with day-to-day worry about weight control, I believe it must taken as a *norm*. Those of us who are concerned with understanding the psychological development of women in this society must give serious attention to the implications of such a widespread phenomenon.

Adolescence a turning point

It appears that puberty and adolescence are critical times for the developing preoccupation with body weight. The adolescent growth spurt, the normal tendency to gain weight, and the significant increase in body fat relative to overall weight associated with pubertal development in girls are important factors.³ This weight gain and the experience of the body as "getting fatter" seem to initiate the psychological disturbances in body image and the tendency toward attempts at weight reduction in affluent countries where thinness is highly valued. Careful studies in the United States, the United Kingdom, and Sweden suggest an increase in eating disorders among the young adolescent group. The mean age for onset of anorexia is thought to be between 17-19 years. Nylander⁴ did an excellent survey of all adolescents (2,370 Ss) in a Swedish town in 1970. Most girls reported feeling "fat" at some time during this period. Of 14-year-old girls, 26 percent reported feeling fat; by age 18, the proportion was about 50 percent. In contrast, 7 percent of the boys "felt fat" at age 18. For the girls, the

2 Work in Progress

percentage attempting to curtail their food intake was 10 percent of 14-year-olds and 40 percent of 18-year-olds. In contrast, boys seldom reported dieting.

For boys, puberty brings an increased percentage of muscle to overall body weight, and this is viewed by the culture as highly desirable—again, a contrast to the normal adolescent changes in women's bodies. Normal adolescent boys generally experience the changes associated with the growth spurt as positive, self-affirming events. Clearly, much more research is necessary to understand the subtle interactions of genetic predispositions toward a probable variety of body weights as well as other physiological, psychological, and sociocultural factors necessary to explain the incidence of severe eating disorders which develop within adolescent and young adult populations. We know that eating patterns and associated psychological disturbance originate most often during the teenage and young adult years, and it appears that this is a critical period for researching the physical and psychological development of young women in today's cultural context.

Concern about weight is the norm

I'd like to mention a few more important studies which indicate the degree to which concerns about weight and disturbed eating patterns are the norm today. Rosenbaum⁵ studied a sample of 30 normal girls aged 11-17. When asked to describe what they didn't like about their bodies, the leading concerns were related to weight. When given three magic wishes for anything they wanted, the number one wish of most girls was "to lose weight and keep it off." Garner and Garfinkel⁵ devised an objective test of anorexic eating behavior, the Eating Attitudes Test. When other investigators gave the test to a college female population, a large group of normal subjects received extremely high scores on the test, as high as anorexics in the clinical population. The authors concluded that anorexic-like behavior seemed to be the norm in many apparently well-functioning college women.⁷

In a pilot survey of eating patterns at Wellesley College, conducted in the spring of 1982, a small sample (n = 106, or 5% of the student population) was studied.³ The research conclusions were:

On the average, there appears to be a significant level of concern about weight issues. Sixty-four percent of students judge themselves to be overweight, and 72 percent express moderate-to-extreme concern about reaching their ideal body weight. Thirty-six percent of students are "significantly" or "extremely" concerned about their eating patterns. Yet the questionnaire also suggested that the average student is within 5-10 pounds of her ideal weight, and eating patterns are

generally within normal limits. This suggests an exaggerated level of psychological concern relative to the actual weight loss desired. Although 58 percent of students reported significant weight gain in their freshman year, by senior year 72 percent reported no weight fluctuation through the year. This survey suggests that although there is a considerable population (22 percent) of students who may have a "serious concern about weight" problem, there is not an "epidemic" of eating disorders on campus. However, the data also indicate that there is a small group of students with severe eating disorders.

The overall level of concern and preoccupation with eating is striking. More than 25 percent of the students indicated that their present weight negatively affects their self-image to a large degree. One-third of the students said that they were always or almost always preoccupied with controlling their eating, and more than half expressed the wish that they could get help in changing their eating patterns. Half of the students surveyed expressed "fear of being overweight," "feeling guilty after eating," and "giving too much time and thought to eating." The young women reported particular difficulty in controlling their eating at night, when alone, and during periods of emotional or academic stress.

A neglected area in theory and research

It is clearly time to begin an in-depth exploration of this current "crisis" in women's self-image related to weight control. New data from biology, physiology, anthropology, and sociology must be integrated into our understanding. But I believe such data must be gathered within the framework of our evolving theories of women's psychological development, so that we may learn new strategies for education, prevention, and intervention. Until recently this apparent "crisis" for young women has been underestimated, trivialized, and personalized. Individuals have been made to feel personally inadequate for failing to achieve ideal body weight; they have been judged, and have judged **themselves**, as weak-willed, passive, and "unconsciously" self-destructive or ~rageful."

There are a number of important reasons for such a characterization:

First, the medical model for understanding obesity and weight loss diets was based on male body types and physiology. Dr. Barbara Edelstein⁹ was the first to begin to point out that the old diet models which posit lower caloric intake and carbohydrate avoidance simply are not appropriate for women's metabolic, physiological, and psychosocial situation. It is also interesting to note the degree to which our whole cultural "fat phobia" reflects the interpretation of

fatness as a voluntary state, chosen by the individual, either due to ~not caring sufficiently" or as indicative of a psychological profile of a weak-willed, docile, passive, dependent individual, unable to control ~oral" impulses. Could it be that these traits are highly c-orrelated with many of the same traits generally considered to be more "feminine"? In the classic Broverman *et al*/ study,¹⁰ these are some of the same characteristics judged by

clinicians to describe healthy adult functioning. Has the lack of research validating women's experience been another instance of viewing women through inappropriate medical and psychological models where women become defined as "deficient"? Has this silence in research reflected the fact that food and eating have been predominantly a "female" domain? As James Hillman¹ has pointed out, "Food is so fundamental, more so than sex and aggression, or learning, that it is astonishing to realize the neglect of food and eating in depth psychology." Could it be that it has been trivialized and neglected because, until recently, women have not begun to speak out and to break this silence? In particular here, I wish to mention my gratitude to five women—along with the works they authored—who have begun to break this silence: Marcia Millman, *Such a Pretty face: The Experience of Being Fat in America*;² Barbara Edelstein, *The Woman Doctor's Diet for Women*;³ Susie Orbach, *Fat is a Feminist Issue*;⁴ Hilda Bruch, *Eating Disorders*;⁵ and Kim Chernin, *The Obsession: Reflections on the Tyranny of Slenderness*.⁶ Although I do not necessarily agree with all of these writers, I am greatly indebted to them for opening up the subject for more critical feminist analysis.

Second, the mental health professions certainly have been deficient in bringing adequate attention and serious concern to the subject of eating disturbances in "normal" young women. A recent anthology, *Female Adolescent Development*, edited by Sugar,⁷ has only one article on body image and no references to dieting and weight concerns as serious problems. In her chapter, Rosenbaum,⁸ who found weight concerns to be the most frequent concern for adolescent girls, makes the following statement which clearly invalidates the real meaning of these concerns. Many of my female patients express anxiety and conflict in terms of concerns about their bodies. There is the preoccupation with various body parts and with asynchronous growth; there are many questions about normalcy and the innumerable concerns that come under the guise of weight control. (Italics mine) This reflects a tendency within the clinical profession to underestimate, invalidate and interpret these real concerns as masking "deeper" psychological problems.

Last, the issue of diet and weight control is so embedded in the current dominant values of our culture that it is really difficult to see the magnitude and reality of the problem with a critical eye. Edelstein,⁹ who has clearly recognized that women have unique bodily issues related to weight control, still wrote in 1977 the following advice for dieting: The middle teens are an excellent time to attempt a *serious* diet. Growth in the female is usually complete. Menstrual irregularities have usually straightened out, and fluid retention is not yet a problem. Motivation is often strong, especially if there is an interest in boys. Stubbornness, so characteristic of adolescence, can be harnessed to the service of vanity and become a useful adjunct in diet therapy. (Italics mine)

Social and developmental influences

Today I would like to begin an attempt to describe the current preoccupation with body image and body weight as a major cultural disturbance, or cultural "disease." It is extremely important to examine the underlying meaning of disturbances in eating patterns and to see them as communications about the experience of growing up female in this society. In the context of current ideas about women's psychological development in this culture, there are a number of important issues to be raised:

The cultural pursuit of thinness as a cause, not symptom, of problems

The prevailing norms and standards of what constitutes female attractiveness warrant careful examination. In many cultures, the standards of female beauty suggest the glorification of fullness, plumpness, and roundness, where the female body reflects a symbol of fertility and abundance. Our cultural norms reflect a value shift to extreme thinness, flatness, and smallness in all areas (except the bust—a body type reflective of a preadolescent girl or young man. Perhaps we should wonder if this "fat phobia" in our society reflects a cultural debasing or devaluing of the full development of the adult woman. Perhaps the new cultural body ideals reflect the current cultural obsession with more traditionally male values—stressing linearity over fluidity, definitive ego boundaries over more permeable and flexible boundaries, and the discomfort with, and avoidance of, certain basic human needs for nurturance and contact. The hatred of "fat" seems to reflect a cultural conflict around oral issues, issues of emotional and physical needs, and dependencies.

Standards of ideal body weight, set by U.S. insurance company tables, recently have been adjusted upward, based on research showing that a certain degree of so-called "overweight" is predictive

4 Work in Progress

of greater health and well-being in the overall population. But a study done by Garner, et al.,¹⁶ reviewed the norms for Miss America contestants and *Playboy* magazine centerfolds over two decades and found support for the

impression of an evolution in our society toward a thinner ideal shape for women. Thus, while the medical profession has recently corrected some of the over-valuing of "thinness," at least in its standard tables, the general public's standard for ideal body size has decreased significantly. This suggests that the "ideal" weight encouraged for most young women may be set at a level lower than what is normal or healthy for proper functioning of their bodies.

New research on "set point" theory suggests that appetite and metabolic function are "set" at certain physiological levels of weight and fat/lean body ratio for each individual. 17 If this is true, many young women at puberty may be beginning a lifelong struggle against the needs of their bodies to be comfortable at slightly higher weight.³ This may explain some of the discomfort and obsession with weight control seen in many apparently "normal" weight women. But even worse—for those who are unable to achieve this so-called ideal weight—a whole psychological syndrome of low self-esteem and chronic sense of deficiency may become basic to the young woman's sense of self. This may be reflected and projected in many other significant aspects of her life with negative consequences for her overall psychological functioning.

The magic number syndrome: The attempt to meet external standards

One of the important issues is the shift from internal to external standards. As the emphasis on meeting rigid and extreme external standards increases, there can be a very serious diminution in awareness of and a lack of attention to one's own inner experience. Hilda Bruch, in her brilliant analysis of anorexia nervosa—the girl's loss of ability to be aware of her own inner hunger states. Current research indicates that hunger mechanisms may be very delicate and precarious for all human beings following starvation or any tampering with metabolic function. Perhaps this shift in young women may reflect the tendency for women to be highly responsive to meeting the standards and norms expected by important people in their lives. Pleasing others or giving to others may become more important than learning to listen to oneself. *The loss of the inner voice, of the awareness of one's own needs, desires, or interests in the effort to respond to external expectations is a crucial issue in understanding basic aspects of women's psychological development.* The push toward rigid and

chronic dieting, as well as the emphasis on meeting culturally defined standards, may be an important factor in this critical loss of a basic sense of self. It is reflected in the focus away from inner sensations and perceptions which are the basis of self-knowledge and healthy self-expression. The ability to feel "alive" inside, to feel connected to oneself, is important in all human functioning. Its loss or diminution is central to understanding problematic eating patterns as well as other common occurrences—for example, vulnerability to depression.

Further, the ability to feel "connected" in this way, to feel and enjoy bodily pleasure, may be partially a function of healthy enjoyment of food, since food is so basic to life. One of the dangers of increasing fear and guilt related to eating may be a decrease in the capacity to experience eating as a simple pleasure. I suspect that with less "permission to eat," hunger mounts to an unbearable tension state, and eating or bingeing becomes a response to this state. Such a pattern then institutes a serious basic bodily shift; it makes the ingestion of food or particular foods more like drug-taking behavior than food ingestion. This may contribute significantly to the development of severe eating disorders.

Dieting as a way of life

For many women, growing up female today means becoming a "good dieter." A friend of mine related recently that his 8-year-old daughter (of normal size and weight) announced that she was no longer going to eat potatoes, which had formerly been her favorite food, since they are "very fattening." Competition and comparison among women may become related to the degree of thinness or success at dieting. This creates a "deprivation mentality," where self-esteem becomes equated to how well one is doing in controlling food intake. Being "good" means staying on a diet, and being "bad" means violating the diet. Thus, in a more general sense, self-esteem becomes bound up in controlling and curtailing one's own appetites, instincts, and needs. A sense of effectiveness or agency becomes related to control over one's eating, which then becomes an important index of overall self-esteem. This connection between inner control, sense of agency or effectiveness, and self-esteem reflects a whole arena for the expression of a basic and somewhat hidden aspect of a more general aspect of self-esteem in women. Effectiveness comes to represent the ability to *control* oneself rather than to *express* oneself.

Clearly, the ability to control impulses is a valuable human quality. When there is no emphasis on balancing this control with the expression of needs,

however, the situation becomes tilted in an unhealthy direction. Moreover, this pattern lays the seeds for periods of "loss of control" since the women are attempting a form of inappropriate food control which is slated for failure. This may lead to increased rigidity in setting standards, followed by diminished self-esteem when the controls fail, as they are clearly destined

to do. Cycles of overcontrol (dieting and fasting) are followed by periods of overeating and/or "bingeing" which may then be followed by further artificial means of weight control (vomiting or purging by use of laxatives). Such cycles may become an arena for self-definition which give important insights into the psychology of self-esteem in women. In this model, the whole arena for the development of a healthy awareness and expression of one's own needs becomes diminished and dissociated, leading to unrealistic and confusing self-images and an inability to express one's own needs openly and clearly. Here I am again suggesting that disturbances in eating patterns represent both a vulnerable arena for the expression of psychological conflicts *as well as the actual cause* of more serious emotional and physical problems.

The index of agency defined as self-control is supported by the culture. Historically, there has been a great fear and sense of danger associated with women's acting directly on their own impulses. Consider the myth of Eve, whose temptation leads to eating of the apple, the fruit of the tree of knowledge, often described as knowledge of self; this act was responsible for the fall of all humankind from the Garden of Eden.

The relational self in women

The basic connection between women and food reflects a deep and universal theme in the psychology of women—connection with the mother and connection with the self. The whole expression of the mothering role is reflected in women's relation to food throughout the life cycle. The ability of the woman to mother, to sustain life, to be present and empathically responsive to the physical and emotional needs of the child is actualized and symbolized in the provision of food. Psychologically speaking, this basic theme is reflected in the development of values of intimacy, caretaking, responsiveness to others, and the maintenance of close, empathic connections between people.^{8 '9}

At a former colloquium session we discussed the importance of the development of empathy for women's self-development.²⁰ For women, mutually empathic relationships are essential for a sense of overall well-being and for promoting healthy growth and development. Such relationships are constructed

through mutual understanding, emotional support, and the commitment of all individuals involved to the development of each individual and the collective unit. We have described this core self-structure in women as "self-in-relation"—that is, the "self" is discovered, experienced, and expressed in the context of human bonds and relationships. Theorists have posited "separation-individuation" as the goal and direction of healthy male development and have described this line of development through the boy's movement from early attachment to differentiation from the mother. We have defined the female line of development as relational and the goal of development as "relationship differentiation." In this model, other aspects of development (competency, agency, initiative, industry, etc.) progress within the context of relationships. The "oral stage," then, for women is not "split off" in early childhood, but remains as a basic pathway for female development, and the development of empathy proceeds along this line with further emotional and cognitive elaboration. Without the male-defined oedipal stage, girls maintain a closer, comfortable level of relationship and identification with their mothers throughout childhood. It is in this early mother/daughter relationship that the core self-structure is defined for women. Identity is based on positive identification; connectedness is based on easy, open physical and emotional sharing plus the early mutuality of caring that is found in healthy mother/daughter interaction.

The complex journey of feminine development is only beginning to be understood, but I think such understanding is essential to our analysis of the "disturbances in eating" described as "normative" in young women today. Disturbance in women's basic relationship to food and eating, then, can be viewed in the larger context of the lack of validation and attention given to the importance of relationships to others that women confront throughout life. The basic healthy expression of the need for this connection is met with conflicts and obstacles as girls grow into adolescence and adulthood in this culture.

If the culture is not in basic resonance with fundamental self-structures, attempts at "adaptation" will be disturbed and conflictual. I believe that disturbances in eating patterns reflect critical aspects of discontinuity for women between early childhood self-development and the demands and values of the current cultural milieu through the years of adolescence.

I will mention briefly only two of the major inconsistencies which I see as fundamental:

First, there are discrepancies between the preadolescent mother/daughter relationship and the postpubertal mother/daughter relationship. The ease

6 Work in Progress

and comfort of the early mother/daughter relationship is disturbed by the emergence of sexuality and the growth spurt responsible for weight gain. Mothering adolescent daughters today means beginning to help the daughter

move into the adult female role where physical attractiveness, thinness, and the inhibition of drive states become important tasks. In my opinion, "separation" issues and sexuality are often less conflictual today than the conflicts around food and eating. Mothers often become active in the young girls' attempts to meet rigid standards of cultural attractiveness. The result is conflict, mutual blaming and severe relational discord. Nearly all the women I have seen who have any difficulty around weight control report serious, painful conflicts with their mothers, with whom they basically report loving and caring interrelationships. I do not believe this is just a metaphor for "separation" and "boundary" issues, but a real and critical problem. There is little help or accurate understanding of this in the culture at large. Clinicians do not help when they continue to blame the mothers for "Uooverinvolvement," enmeshment, and failure to tolerate separation, and when they continue to define the major task of adolescence as "separation-individuation . "

Second, there is a significant cultural inconsistency between the pathways of relational self-development for young girls and the current cultural values which stress self-development through academic self-sufficiency, autonomy, "assertiveness," and competition. For example, a young woman in distress felt she needed to talk to her friends, but it was during exam period and the norm at her college was that academic demands override all other needs. The "new assertive woman" or the "new managerial woman" is supposed to be self-reliant, confrontive, "looking out for No. 1," able to compete in a man's world. Emotional openness and sharing, cooperation, attention to and concern for the needs of others, and participation in others' growth are not of direct value in this world. When these basic relational needs are not valued or given outlets for development, there is a sense of being out of touch with oneself, disconnected, and unsupported. Psychologically we could say that the internalized mother/daughter relationship is disrupted, and food becomes an important arena for acting out this disruption. Eating becomes an attempt to reinstate the sense of connection. However, for many reasons, the surrender to these impulses is highly conflictual and tends to create progressive disturbance and disruption, especially in individuals who are physically or psychologically vulnerable to developing more serious disorders.

Preventive and therapeutic approaches

I have attempted to sketch an outline of the psychological background necessary for our understanding of eating disturbances in young women today. This is just a beginning. The need to address these problems with new theories and creative solutions is pressing. The physical and psychological tolls such disturbances may exact are only beginning to be researched. Certainly education and prevention programs are needed, because the problem does not originate in the individual.

It is important to validate and explore the importance of eating habits with all female clients, even those not presenting with serious eating disorders. As clinicians, we have been delinquent in failing to take up these matters in a serious and thoughtful way with our clients.

For treatment programs, more understanding of the psychology of women will help suggest creative and innovative strategies utilizing women's particular strengths and adaptive capacities. It is clear that "dieting" approaches and/or traditional psychoanalytic psychotherapy have not been very helpful. The fact that 64 percent of Wellesley students indicated that a "personal support network" would be useful in helping them with their eating patterns as opposed to a "diet group" suggests that treatment approaches need to offer in-depth understanding of the complexities of the problem and to utilize relational strategies. An example would be to employ mutual self-empowerment techniques such as those found in self-help recovery groups. There is a need to stress re-learning how to eat without fear and guilt and *not* how to perpetuate the diet syndrome. In the Boston metropolitan area, I recommend Overeaters Anonymous (OA), Anorexia Aid Society (ANAS), and "Feeding Overselves," along with new and creative programs now being developed in settings primarily dedicated to the overall health and development of women. Similar groups exist in other cities. Importantly, these organizations have taught us about the deeper meanings of eating disorders, as well as the effective forms for immediate action that are derived from listening to women themselves. We urge that women continue to build research and action programs that are informed by their life experience and by further analysis of the larger societal forces at work.

References

1. Millman, Marcia. *Such a Pretty Face: Being Fat in America*. New York W.W. Norton, 1980.
2. *Who's Dieting and Why?* Chicago: A.C. Nielson Co., 1978.
3. Wooley, S.C. and Wooley, O.W. Eating Disorders: Obesity and anorexia. In: Brodsky, A. and Hare-Mustin, R., Eds. *Women and Psychotherapy* New York: The Guilford Press, 1980.
4. Nylander, Ingvar. The feeling of being fat and dieting in a school population. *Acta Sociomedica Scandinavica*. 1:17-26, 1971

5. Rosenbaum, Maj-Britt. **The changing body image of the adolescent girl.** In: Sugar, Max, Ed. *Female Adolescent Development* New York: Brunner-Mazel, 1979.
6. Garner, David M.; Garfinkel, Paul E. **The Eating Attitudes Test: An index of the symptoms of anorexia nervosa.** *Psychological Medicine*, 9(2):273-279, 1979.
7. Thompson, M., Schwartz, D. **Life adjustment of women with anorexia nervosa and anorexic-like behavior.** *International Journal of Eating Disorders*, 2:47-60,1981.
8. Surrey, Janet. **Survey of eating patterns at Wellesley College.** Unpublished research report, Wellesley College, 1982.
9. Edelstein, Barbara. *The Woman Doctor's Diet for Women.* Englewood Cliffs, NJ: Prentice-Hall, 1977.
10. Broverman, I.K., Broverman, D.M.; Clarkson, F.E.; Rosenkrantz, P.S.; Vogel, S.R **Sex-role stereotypes and clinical judgments of mental health.** *Journal of Consulting and Clinical Psychology*, 34(1):1-7, 1970.
11. Hillman, James. Cited in Chernin, Kim. *The Obsession: Reflections on the Tyranny of Slenderness.* New York: Harper and Row, 1981.
12. Orbach, Susie. *Fat is a Feminist Issue.* New York: Paddington Press, 1978.
13. Bruch, Hilda. *Eating Disorders.* New York: Basic Books, 1973.
14. Chernin, Kim. *The Obsession: Reflections on the Tyranny of Slenderness.* New York: Harper and Row, 1981.
15. Sugar, Max. *Female Adolescent Development.* New York: Brunner-Mazel, 1979.
16. Garner, David M.; Garfinkel, Paul E.; Schwartz, Donald; Thompson, Michael. **Cultural expectations of thinness in women.** *Psychological Reports*, 4(2):483-491, 1980.
17. Polivy, Janet; Herman, C. Peter. *Breaking the Diet Habit: The Natural Weight Alternative.* New York: Basic Books, 1983.
18. Miller, Jean Baker. *Toward a New Psychology of Women.* Boston: Beacon Press, 1976.

19. Gilligan, Carol. *In A Different Voice*. Cambridge: Harvard University Press, 1982.

20. Jordan, Judith; Surrey, Janet; Kaplan, Alexandra. Women and empathy. *Work in Progress*, No. 82-02, Wellesley college, 1983.

Eating Patterns 7

Discussion Summary

After each colloquium lecture, a discussion session is held so that students and visitors can exchange ideas with each other and with the speaker. Questions, responses, and highlights of the discussion are selected, summarized, edited, and presented here to expand and clarify the speaker's ideas. In this session, Dr. JeanBakerMiller and Dr. AlexandraKaplan of the Stone Center joined Dr. Surrey in leading the discussion.

Question: Are these eating disorders as prominent in working class women?

Surrey: Even for working class women, cultural values associated with body weight seem to be shifting toward the middle class standards. Among lower social class and poor people, rates for adults are higher for so-called obesity, but not for the extreme preoccupations like anorexia and bulimia.

Miller: The standards of "normal" and "overweight" are being questioned in biomedical circles, and they certainly vary historically and cross-culturally.

Comment: I am interested in hearing more about the connection between eating patterns and the relational self.

Surrey: Food may be a symbol—perhaps even a physical stimulus—that often is used to reinstate the sense of emotional connectedness. For example, in our Search-Research Group, ~ students reported that when they had a chance to talk freely, share honest feelings with someone else, and genuinely feel connected to another person, they were not so likely to eat compulsively. Also studies show (and I have observed) that when women who have had eating disturbances get into satisfying relationships, there seems to be some lessening of the problem, at least initially.

Kaplan: What a profound contradiction! Food is an important means of relating for women; so many lifelong ceremonies and rituals involving food are for the purpose of bonding. Yet you must control your eating for others to accept you.

Surrey: And don't forget that about 50 percent of the articles in women's magazines are on how to cook and 50 percent are on how to diet successfully!

Question: In my work at a girls' boarding school, we

~Search-Research Group refers to a program of shared study and personal exchange for undergraduate students at Wellesley; one of the groups focused on eating patterns. Information about the program can be obtained

from the Stone Center.

8 Work in Progress

often hear of groups of young women who "pig out," then vomit together—in other words, the whole procedure is a social experience. Do you think this is another phenomenon responsible for increasing the level of eating disorders?

Surrey: Yes. The problem is that some people who may start out in this "prosocial" way are vulnerable to developing eating disorders (perhaps for biological or metabolic reasons). Others may join the group but never go on to develop a "disorder."

Question: What are the differences between women who become bulimic and those who become anorexic?

Surrey: Often the same woman is both. Pure anorexics also binge. Primary anorexia nervosa seems to show up earlier, sometimes even prepubertal. There have been attempts to describe differences between anorexics and bulimics according to relationships, family interactions, and other factors, but they have not been very productive. The particular form of control that people adopt does not seem to be as important as the fact that an eating disorder aimed toward thinness is operating.

Question: Are there any efforts to influence the media messages about an "ideal" image?

Surrey: There are some, but not enough. I sincerely think it is important to try to influence mass media messages toward healthier standards.

Kaplan: Dieting and weight loss programs are a multi-million dollar enterprise that will counter any movement that tries to stop the pressure to be thin.

Surrey: Right, but the effort should be made. There are physical and psychological dangers in the current trend, and I think we may not yet know how serious they are for example, in reproductive functioning.

Question: I have heard that people who are underweight, in contrast to those who are overweight, tend to live longer, healthier lives. Yet you said it may be healthier to be a few pounds over the insurance table norms. Why do you say that?

Surrey: There's controversy about those reports and more support for

the idea that thinness, *per se*, is not predictive of health. Further, it has been shown recently that underweight can be negatively predictive. The psychological effect of overweight, especially for women, is extremely stressful, so it's hard to separate the psychological and the physiological factors. The fact is that, based on research findings, insurance companies now are raising their levels for the weight that is considered "normal."