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Sociological aspects of body, eating and gender roles' expectations in females suffering from eating disorders

Extended summary

There are two scientific contributions of this thesis: conceptual and empirical contribution. In the theoretical part of the paper, the main theoretical concepts from eating disorders field are presented, which include the conceptualization of eating disorders as a culture bound syndrome; the universalist perspective, offering the arguments for presence of eating disorders in all societies and epochs, and the theory of social change, with the view that eating disorders are more present in periods of rapid cultural change associated with modernization and westernization.

A detailed review of the socio-historical development of discourses and practices related to anorexia and bulimia indicates the key relationship of these phenomena with the social context, and encourages a more precise aetiological positioning of anorexia and bulimia between socio-cultural theories of these disorders and biological-medical model. In this study, we advocated a combined approach to the aetiology of eating disorders (Keel and Klump, 2003) by accepting anorexia as universally present in most societies throughout history, while understanding bulimia through the prism of culture-bound syndrome (Keel and Klump, 2003).

We also presented the most influential socio-cultural theories of eating disorders: the tripartite model, the double path model, and the objectification theory, which emphasize the influence of the ideal of thinness on self-perception in girls and women. We presented various environmental influences on the development of low self-esteem, poor self-image and body dissatisfaction, which are closely related to the shaping of normative femininity and the experience of socialization into the gender role of girls in Western society. The internalization of lean body ideals and frequent dietary behaviours link eating disorders to the average female population, allowing interpretation of the "crystallization of culture" (Bordo, 1993): the intensification of common gender-specific practices to the pathological extent of eating disorders. We have also presented previous researches that have led to contradictory results on the connection between the adoption of femininity norms and the incidence of eating disorders.

In the empirical part of the paper, we present the results of a thematic analysis on the data collected by in-depth semi-structured interviews on a sample of thirty adult women with anorexia and bulimia. Major themes have been singled out: Diverse Experience of Growing Up, Magical Food, Insecure Femininity, Despised and Idealized Man, The Body as the Foundation of Identity, and the Slippery Road of Healthy Living.

The results of this study contribute to elucidating the gender identities of women with eating disorders. From the obtained findings included in the Uncertain Femininity theme, it is clear that most of the interviewees do not have a pronounced femininity, and they express a conflicting and ambivalent attitude towards social expectations related to the female gender role. The findings of our study continue on the line of research that indicates that patients with eating disorders largely belong to the group of gender-undefined (Bem, 1974), which would certainly be good to verify in future quantitative research.

From the collected data, we singled out two basic stereotypes of the female role: the woman-victim and the superwoman. The woman-victim is a stereotype that corresponds to the traditionally positioned female role, as a woman submissive to a man, focused on maintaining the household, on caring for her husband and children, a person who is vulnerable and emotional. The stereotype of the woman-victim is unanimously rejected by the participants and they distance themselves from it. The superwoman is a stereotype associated with an emancipated woman in a capitalist neoliberal economy, who is a winner in all fields: she has a career, a husband and children, financial independence, and higher education. In addition, the superwoman is thin and beautiful, takes care of herself, eats healthily and exercises regularly.

These unrealistic and idealized expectations related to the gender role of the superwoman simultaneously create admiration and rejection among the interviewees, and they are conflicted and ambivalent towards this stereotype.

It is possible to propose that the girls and women with eating disorders are torn between the negatively perceived traditional stereotype of the female role and the (too) perfect stereotype of the new emancipated neoliberal woman, who represents a "winner takes it all" attitude: a success at work and in the family, together with physical beauty and "self-care".

Feminist critique may yet to deconstruct this relatively new stereotype that imposes a vision of normative femininity as equally damaging as the traditional female role: a gender role of a superwoman seemingly powerful and equal to a man, but similarly hegemonic and annihilating authentic human experience, weakness, or the right to diversity. This interesting line of further research could take into account the fact that eating disorders have flourished in a capitalist society, at the time of the greatest women's emancipation, and that belonging to the traditional societies for women is a protective factor in the development of eating disorders.

Most of the interviewees "do not know how or/and do not want to grow up" by verbalizing resistance to the offered gender roles. In the theme Despised and idealized man, it is evident that some interviewees choose masculine values and idealize male gender role, believing that it would be easier for them to live as men. Men are most often perceived as privileged, stronger and more aggressive. Other interviewees reject both the female and male gender roles, wanting to remain an adolescent or a child because they do not feel ready to take on responsibilities and meet adult expectations. A group of participants with experiences of sexual trauma stands out, especially strongly rejecting the female role. They do not want to accept female sexuality, and cannot identify with the male gender either, since the man is perceived as a "sexual predator".

The predominant male gender stereotype is the traditional stereotype of a strong man who does not show emotions, but there are indications for possible conceptualization of other stereotypical male gender roles: modern emotional guy (egalitarian parenting and financial equality), narcissus (man dedicated to the ideal of muscularity), sexual predator and weakling (incompetent man leaning on a capable woman).

Results of the analysis of social meanings that women with eating disorders attribute to food, starving, and feeding are included in the theme entitled Magical Food. Food is perceived as magical since food manipulation has the power to transform one's life completely. For the participants, dietary behaviour is a proof of self-control and correctness, while food causes fear, guilt and stress. There are allowed and forbidden foods, as well as allowed caloric intake, and when the interviewees eat restrictively or when they fast, they feel clean and powerful. Overeating is a forbidden pleasure, and it is experienced as giving in to internal compulsion - like addictive behaviour. The emotional need for food is associated with suffocating emotions through feeding as well as resolving internal tension through feeding. The

interviewees describe binge eating as moments without control and restraint, which- for some- create a feeling of pleasure, relaxation and freedom. The others report feeling dirty, fat and ugly when overeating. Vomiting for the interviewees brings emotional emptiness. In addition to expelling food, the women also expel emotions out of themselves. They also experience the urge to vomit as an internal compulsion. In relation to vomiting, an ambivalent attitude emerges: on the one hand, vomiting is a practice associated with pleasure, relief and excitement.

On the other hand, women feel guilty about vomiting, and they use vomiting as a form of self-punishment. The attitude towards food for the interviewees is very complex and there are many meanings associated with food, very often in dichotomy of clean and dirty. Food control for the interviewed women is an attempt to control life. Many associate their life with the idea of chaos that can only be controlled by rigid rules and restrictive eating.

The meanings attributed to the body (fat and lean) are revealed in the theme Body as the foundation of identity. The goal is a lean female body that is read in three ways: as a sign of success, as a path to physical beauty and attractiveness, and through thinness as a protection against sexual attraction. If a lean body is read as an indicator of success, control and power, it is a source of self-confidence for the interviewees. Again, the participants are divided into those who associate the aesthetic criteria of beauty and sexual attractiveness with a thin female body, and those who also strive for a thin female body but do not expect that they will achieve beauty and attractiveness through thinness. On the contrary, for them thinness is an escape from female beauty and sexual attraction. In this sense, there is denial, negation of one's own body or even hatred towards it, especially towards secondary sexual characteristics (body curves). The fat female body is mostly perceived as repulsive, and negative epithets are mostly attributed to it - it is ugly, unattractive and lazy, and fat women are weak, with a fear of weight gain.

The theme entitled The Slippery Road to Healthy Living reveals the meanings that the interviewed women attach to the so-called healthy eating and exercise. For people at risk for developing eating disorders, eating and exercising can be a trigger for development of anorexia or bulimia. For many participants, orthorexic behaviour (unhealthy obsession with healthy food) was the first step towards an eating disorder. The interviewees perceive the benefits of a "healthy life" regime in a similar, sometimes identical way, as the benefits of anorexic behaviour: a healthy life provides a sense of power, control and purity. For most interviewed women, a healthy body is only a lean body, so many equate health and thinness (with a minority affirming the importance of a fit and firm body). Paradoxically, for some of the participants, orthorexia was at the same time a way out of the disorder. Because it provides a similar sense of control and cleanliness as an eating disorder, an obsession with a healthy diet has helped some women to accept more regular food consumption. Contrary to the so-called "healthy food", there is unhealthy food, which when consumed arouses various disturbing feelings but also brings pleasure. For some interviewees, eating unhealthy food is a revolt against the tyranny of control and against the rigid rules of the so-called healthy living regimes (and/or eating disorder). Exercise is also a part of the eating disorder: an obsessive exercise often accompanies eating the so-called clean food, and also provides a sense of duty and control of one's own life through intense physical activity.

In the theme Diverse Experience of Growing Up it is not possible to single out any typical pattern of attitudes towards food and the body in the childhood of women who later developed eating disorders. However, in the vast majority of interviewees' native families there was an increased focus on food and the physical appearance. Their parents or the extended family members emphasized the imperative of healthy food eating and a lean body appearance. The interviewees regularly received messages that appearance is important, either as a form of parental influence, through peer teasing

or through experts' incentives to lose weight (pressure from health worker, nutritionist or coach). Most of the women started their eating disorders as regular dieting behaviour "just to lose a few pounds". In doing so, they relied on the peer model, imitating close female (friends, older sister, cousin). Sometimes, they heavily relied on dieting information collected from traditional media or via the Internet and social networks.

We conclude that the meanings that women with eating disorders attach to food and body are fully in line with the dominant public health discourse of the "war on obesity", equating healthy body and lean body, and constructing healthy, clean and correct food as opposed to unhealthy, fatty and harmful foods. The binary division of food types and body shapes leads to the exclusivity and stigmatization of that part of life experience that is not "correct and healthy." Thus, the moralization of food, nutrition and body shape is carried out, and the responsibility for a healthy life style rest solely on the individual who proves her moral correctness through healthy daily choices. Exercise can also be part of self-monitoring and self-control technologies, both for the purpose of burning calories and building a firm, athletic body that looks healthy.

The results of this study need to be further tested through quantitative research on a sample of the same or a related population, which would investigate the extent to which certain topics are present in that population and the strength of their association with eating disorder symptoms, and whether they correlate with recovery rate.

Key words: anorexia, bulimia, eating disorders, gender roles, social meanings of food and body, orthorexia, feminism.