EXPLORING THE SOCIO-CULTURAL IN EATING DISORDER TREATMENT: ADVANCES, POSSIBILITIES, CHALLENGES

SU HOLMES (UNIVERSITY OF EAST ANGLIA) SARAH DRAKE (UNIVERSITY OF EAST ANGLIA/ NEWMARKET HOUSE CLINIC) AND JON WILSON (UNIVERSITY OF EAST ANGLIA/ NEWMARKET HOUSE CLINIC).
The ‘social’ in biopsychosocial:

Eating disorders are now often seen as biopsychosocial problems – so combining biological, psychological and social factors.

But concern has been raised about how the ‘social’ aspects of this equation may be marginalised in treatment (relegated to contributory/secondary or contextualising factors) (Bordo, 1993, Malson, 1998, Warin, 2010, Holmes, 2016).
Reflective task (5 mins)

• What constitutes the socio-cultural aspects of EDs?
• What do we mean by this term?
The ‘social’ in biopsychosocial:

This work has largely emerged from:
• 1) socio-cultural perspectives on EDs
• 2) feminist approaches to EDs.

Although these are overlapping fields of enquiry, there are also meaningful differences.

• 1) **Socio-cultural models** largely suggest that exposure to Western ideals of appearance – especially the internalization of the thin ideal – ‘leads to body dissatisfaction and subsequent negative effect and dieting behaviours which increase the risk for eating disorder development’ (Vander Wal et al, 2007).

• Preventative interventions – primarily been aimed at girls and young women - have targeted risk factors such as the internalisation of the thin ideal and wider body dissatisfaction.

• Aspects of this focus can be found in ED treatment under the category of body image work (which may be variously socio-cultural or cognitive)
The ‘social’ in biopsychosocial:

2) Feminist approaches to EDs

- Feminist approaches to EDs have framed such problems in relation to the wider social expectations surrounding western femininity, ranging from gendered constructions of appetite, female sexuality, and social roles.

- The significance of the media in propagating a slender ideal has certainly been recognised here. But some feminist scholars have also been wary of over-emphasising ‘the inscriptive power of cultural images of thinness’, and thus the characterisation of EDs as ‘body image’ problems (Malson, 2009, see also Katzman and Sing, 1997, Bray, 2005, Saukko, 2008).

- In discussing qualitative interviews and larger clinical group studies in which girls/women talk about their experience of an ED, feminist work has emphasised how disordered eating may not necessarily be motivated by the drive for pursuit of thinness or any distortion of body image, but rather by wider experiences of ‘restricted agency’ that are structurally gendered (Piran and Teall, 2012, see also Malson, 1998, Holmes, 2016)
The ‘social’ in biopsychosocial:

That is not to suggest that socio-cultural factors in EDs are limited to issues of gender, nor to girls/women, and femininity is in any case cut across by intersectional discourses of ethnicity, class, sexuality and age.

Despite the rising numbers of male and transgender individuals diagnosed with an ED, female gender remains a key predictor of risk (Schmidt et al, 2016).
Study (2015): the role of gender in the treatment of EDs

‘Not eating whilst doing my A-levels was like a form of endurance training – doing it with a ruck-sack on my… back.

[SH: what were you training for? ]

‘Um... being a woman? The fact that so many opportunities are being opened up to women is great... but there are lots of kind of conflicting demands and I think I felt a lot of pressure with those opportunities. ... I also had the sense that those things wouldn’t be that easy to access and I’d still have to fight for them... I was trying to fight for some kind of independence but still trying to achieve’ (19, experience of anorexia).
Study: the role of gender in the treatment of EDs

‘In my treatment it was never really raised about gender. I think there was some talk about media images but even this wasn’t [related to] gender specifically…. I was just told, um, to try and not notice images of bodies’ (27, experience of bulimia).
Study: the role of gender in the treatment of EDs

- Understandings of gender and/or sexuality were felt to be pivotal to the development and experience of an ED

- This context was not often reflected nor addressed within treatment practices

- That exploring questions of gender and sexuality would have been beneficial within clinical settings.
UK treatment survey

- Out of 86 treatment sites (private/ NHS), none said that they had systematic or explicit ways for addressing the ‘social’ aspects of the equation.

- Out of the 86, only 23 did body image work, and not all of these explicitly addressed the societal context for body ideals.

- Some treatment contexts asked ‘how would you incorporate socio-cultural issues into treatment (and why would you want to)?’

- The push toward evidence-based practice in ED treatment is clearly both valuable and important, but it has also rendered certain types of evidence more valuable than others.
Qualitative interviews with health professionals (East Anglia region):

‘We work generally with females, but I don’t think we refer to it, in a conscious … way…. I don’t necessarily bring [gender]… up but I think it does come out, in subtle ways, in terms of when they are talking about what they are doing to themselves – whether they are punching their chest because they don’t like their breasts or even when people kind of strap themselves so that their chest looks flat. So they are all things that mark a progression towards womanhood that they are trying to step back from… It does make sense but I suppose I never really stopped to think about it, or think about it in terms of how I might … approach it’ (P10).
Reflective task (10 mins):

How are socio-cultural factors currently integrated into treatment?

To what extent do you address them in your own practice? How?

Are such approaches systematic aspects of treatment, or just drawn upon when it is felt they are ‘needed’?
What we trialled....

• Aim- to explore potential relationships between anorexia and cultural ideas about gender (female gender)
• Newmarket House Clinic (independent in-patient facility)
• Structured weekly group programme
• 10 week programme (originally planned for 6 weeks)
• Closed group
• Consent and ethical approval gained
• Pre/ post questionnaires provided
• Interviews conducted two weeks after group completed
• Occupational Therapist/ researcher
• 7 individuals (19-51)
Weeks 1-2

1. **The role of society and culture in shaping EDs** (what often gets treated as ‘culture’ here and how do these ideas make them feel?). **Material:** press articles on EDs and the media.

2. **Gender and ‘appetite’** (the extent to which girls/ women are expected to regulate their appetites differently to men, both in terms of food and sex). **Material:** image bank photography, TV adverts.
Weeks 3-4

3. Gender and emotion/anger: to what extent are girls/women expected to regulate emotion and anger differently to men and why?). **Material:** Disney’s *Frozen*, the character of Elsa.

4. Reflection on groups so far
5. **Reading the female body (1):** explored what the very thin/ starved female body might be ‘saying’ / how it might be ‘read’. Focused on anorexia as a potential ambivalence toward/ resistance to normative ideals of femininity, rather than simply a ‘hyper’ conformity to them. Participants talking about own experience of their bodies here.

6. **Reading the female body (2):** this group involved giving the participants stories from my research participants about how they described their reasons for developing/ maintaining an ED. This involved them drawing on the work we had done so far – seeing how/ whether it related to the stories, and their own experiences.
7. Healthy’ eating cultures and gender: How does the exhortation of ‘healthy eating’ – and the cultural anxiety around the dangers of obesity – impact people with an ED? To what extent are media and public health messages about ‘healthy living’ and ‘healthy weight’ gendered, and still tied to a narrow range of ideal body images? Material: Food blogs/documenary clips.
8. Fitness cultures and gender: how is the contemporary ideal of the ‘fit’ body gendered? To what extent is the fit – as opposed to ‘just skinny’ – body still tied to a narrow range of body types and potentially oppressive self-surveillance/ regulation practices? What do we think about the rise of ‘Athleisure’ wear? **Material:** # Fitspiration images, Fitbit adverts.
Weeks 9-10

9-10: reflections on the group and how we might use it in recovery
Results: Overview

- The participants had experienced little emphasis on socio-cultural issues in previous treatment contexts:

  ‘It was in-patient treatment at the [last clinic] … that they touched on it. But they only touched on it and I think it was like part of one body image group’ (P2).
Results:

The participants suggested that the groups were helpful in enabling them to situate their problem within a broader social/cultural and *group* context.

‘Because I think I’ve always just seen it as, oh, women have small appetites that’s just how it is or … like eating like this is ‘greedy’, that’s just how it is. But when you kind of see where that view comes from or how you’ve just been told that from like a young age it kinda’ makes you think oh, maybe that isn’t true’ (P5).

OR

‘It’s almost like, these social influences … are likely to be there… [so how can I] think about it rationally and ask like ‘what’s my actual view on that, why do people do that? How can I protect myself against that?’ So, yeah, I do think it can be [helpful]’ (P7).
Results:

- The participants themselves perceived the group to be all about media/ body image

‘Obviously a lot of it was around the media and how … that affected people with an eating disorder’ (P1).

The participants would reject ‘media-blaming’ discourses on EDs (seeing them as trivialising and insulting), whilst they simultaneously saw this as a key theme in the group (even though we had aimed to avoid perpetuating this idea).
Results:

At the same time, the culturalist/ feminist models raised potentially difficult questions about autonomy and control in recovery: if the problem is in part located ‘out there’ in society, what can the individual do?:

‘… I think at first I did just think okay, maybe this is all down to me, and I always kind of dismissed the idea as ‘oh society doesn’t really play a part’. But then, as the groups went on its like okay, maybe this society’s norms are quite disordered. But then it’s like … if society’s norms are disordered … then … I don’t know, how am I meant to change kind of thing?’ (P5).
Results:

Finally, the group also confronted and was shaped by ambivalent responses to feminism.

*Whereas some suggested that ‘it’s kind of the way that there are different expectations of men and women around food… and weight loss’ (P7), others felt that the gender focus was extreme:*

*‘People that aren’t female get eating disorders as well… I think that men are also held to quite high standards when it comes to exercise and things like that so…I don’t know, I don’t think eating disorders really are a feminist issue’ (P4).*
Challenges......

• Different stages of treatment- made levels of engagement differ

• It was difficult to challenge the idea that media equals culture in EDs

• Individuals attitudes towards gender politics/ feminism (this could differ greatly depending on the group)

• Individuals wanted a quick fix......... What can I do with this information, wanting a resolution (how does this relate to me)
The results may be different.

- In an out-patient setting; with participants who were further along in recovery;
- With participants whose symptoms were less severe;
- With participants who had different conceptions of feminism/ gender politics
- With later follow-ups.
Reflective task: So what now…..

- What are your thoughts on the group programme delivered?
- Could you use any of this in your own practice, if so how?
- What are your thoughts on what we can do differently?
References


Holmes, S. ‘Blindness to the obvious?’: Treatment experiences and feminist approaches to eating disorders, *Feminism and Psychology*, 2016, DOI: 10.1177/0959353516654503


