

Eating disorders among professional fashion models

Antonio Preti^{a,c,*}, Ambra Usai^a, Paola Miotto^b,
Donatella Rita Petretto^a, Carmelo Masala^a

^a Department of Psychology, University of Cagliari, Italy

^b Unit for Eating Disorders, Department of Psychiatry, ULSS 7, Conegliano, TV, Italy

^c Genneruxi Medical Center, Cagliari, Italy

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Abstract

Fashion models are thought to be at an elevated risk for eating disorders, but few methodologically rigorous studies have explored this assumption. We have investigated the prevalence of eating disorders in a group of 55 fashion models born in Sardinia, Italy, comparing them with a group of 110 girls of the same age and of comparable social and cultural backgrounds. The study was based on questionnaires and face-to-face interviews, to reduce the bias due to symptom under-reporting and to social desirability responding. When compared on three well-validated self-report questionnaires (the EAT, BITE, BAT), the models and controls did not differ significantly. However, in a detailed interview (the Eating Disorder Examination), models reported significantly more symptoms of eating disorders than controls, and a higher prevalence of partial syndromes of eating disorders was found in models than in controls. A body mass index below 18 was found for 34 models (54.5%) as compared with 14 controls (12.7%). Three models (5%) and no controls reported an earlier clinical diagnosis of anorexia nervosa. Further studies will be necessary to establish whether the slight excess of partial syndromes of eating disorders among fashion models was a consequence of the requirement in the profession to maintain a slim figure or if the fashion modeling profession is preferably chosen by girls already oriented towards symptoms of eating disorders, since the pressure to be thin imposed by this profession can be more easily accepted by people predisposed to eating disorders.

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1. Introduction

High-risk group studies are a promising area of investigation to discover the most likely factors that may affect the onset, the development and the outcome of mental disorders. In the field of eating disorders, high-risk group studies include investigations on twins, on people born after perinatal complications, and on individuals who suffered severe negative life events in childhood or early adolescence, such as sexual and physical abuse (Dansky et al., 1997; Cnattingius et al.,

* Corresponding author. Centro Medico Genneruxi, via Costantinopoli 42, I-09129 Cagliari, Italy.

E-mail address: apreti@tin.it (A. Preti).

URLs: <http://www.anoressianervosa.it> (A. Preti),

<http://www.anoressianervosa.it> (A. Usai),

<http://www.anoressianervosa.it> (P. Miotto),

<http://www.anoressianervosa.it> (D.R. Petretto),

<http://www.anoressianervosa.it> (C. Masala).

1999; Bulik et al., 2000). High-risk groups might also include people whose behavioural patterns feature as specific antecedents of the future development of an eating disorder, such as excessive dieting, professional pressure to be thin, and excessive exercise. On these grounds, ballet dancers and athletes were extensively investigated to identify the major correlates of the risk of eating disorders (Sundgot-Borgen, 1994; Abraham, 1996).

Professional fashion models are also considered a high-risk group for eating disorders that affect themselves, as a consequence of the professional pressure to be lean (Garner and Garfinkel, 1980; Brenner and Cunningham, 1992), and others, since the image of a model may stimulate unrealistic expectations in female adolescents, who might think that being thin will help them to achieve success and attract attention (Wiseman et al., 1992; Mondini et al., 1996). On the other hand, those individuals who are constitutionally able to maintain low weights, to diet effectively or to vomit easily might be attracted to this profession.

In Italy, young girls applying to modelling agencies to become fashion models are required to meet the standard image of a good-looking person, to be at least 1.70 m tall, and not to wear a size larger than S. Likely enough, the high competitiveness of the fashion world and the pressure to maintain a thin shape favour the development of specific methods for models to control weight, such as dieting, abstinence from food, excessive exercise, self-induced vomiting and/or use of drugs to decrease caloric intake.

Both restrictive dieting and the use of purges to reduce caloric intake have been consistently reported as precursors of eating disorders, and some authors think they are, in fact, the major determinants of the onset of an eating disorder (Garner, 1993). Garner and Garfinkel (1980) were the first to show that modelling students are at risk of eating disorders, though later studies did not replicate their initial findings (Van Hanswijck de Jonge and Van Furth, 1999). Nevertheless, a more recent study, which analyzed the self-report inventories of 63 professional fashion models of international origin, found a higher prevalence of partial-syndrome eating disorders than among 126 young Italian girls from Northeast Italy (Santonastaso et al., 2002). Although this study suggests that fashion models really bear a higher risk of eating disorders than their peers, its results suffer from two major limitations affecting their generalization: data were based on self-report inventories only, which may be biased by social desirability and propensity to hide socially stigmatised behaviours, and the control group was not matched to the index cases on

the basis of social and cultural backgrounds. Since both social and cultural factors are thought to contribute to the risk of developing an eating disorder in a significant way (Dolan, 1991; Crago et al., 1996), the control group composition plays a major role in influencing the reliability of the results of a study carried out to ascertain the prevalence of eating disorders in a high-risk group.

To overcome some of the major limitations of earlier studies on high-risk groups, we investigated the prevalence of eating disorders in a group of female professional fashion models born and living in Sardinia, whom we compared to a group of peers of the same social and cultural background. We selected female friends of the index case as controls, a group likely to include a higher proportion of individuals with shape and weight concerns, since people tend to become friends with people who are similar to them. However, our major aim was to determine whether being a fashion model, per se, is associated with a higher risk of eating disorders, other factors being equal. The study was based on both questionnaires and face-to-face interviews, so as to reduce the bias due to symptom under-reporting and to responding influenced by social desirability (Miotto et al., 2002). We predicted that fashion models would have a higher prevalence of eating disorder symptoms and syndromes than their well-matched peers.

2. Methods

2.1. Subjects and procedure

All three modelling agencies in Cagliari and Oristano (Sardinia, Italy) were involved in the study. All the female models working for these agencies were included, provided that they were professionally working in the fashion field: all those who were working on an occasional basis, or who had been in for less than a 6-month period, were excluded. The initial sample included 62 female models, all born in Sardinia and aged 16 to 34 years. Seven models (11.3% of the sample) did not agree to participate in the study, so the final sample included 55 female fashion models working in the field on a professional basis. We were unable to obtain information such as dates of birth, height, weight, and reason for non-participation from the seven models who did not agree to participate in the study, since informed consent was mandatory to undertake the study.

Upon recruitment, all participants were asked to take at least two female friends with them, provided their friends were neither involved in the fashion field nor

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