

Body images of patients with anorexia nervosa, bulimia nervosa and female control subjects: A comparison with male ideals of female attractiveness

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Abstract

Body images of female patients with anorexia nervosa and bulimia nervosa were assessed against females without eating disorders and compared with male ideals of female attractiveness. A computer program was applied to examine body images of 62 patients with anorexia nervosa, 45 patients with bulimia nervosa, and 40 female and 39 male control subjects. Body size overestimation was most distinct in the two patient groups. Self-ideal discrepancy was highest in bulimia nervosa. Estimation of the society's ideal female body in all three female groups did not differ from men's perception of the most attractive female body. Congruence of ideals of female attractiveness in patients, female, and male control subjects and described differences between patients and female controls support the theory that body image disturbance is a problem of processing self-referential information regarding body image rather than a problem of processing body image related information per se.

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Introduction

Body image disturbances are central to patients with anorexia and bulimia nervosa ([American Psychiatric Association, 1994](#)). An excessive dissatisfaction with one's own body as well as the feeling of being too big, even when underweight or of normal weight,

characterizes patients with eating disorders. An erroneous estimate of the size of one's own body, subsequently defined as low size estimation accuracy, can be differentiated from a negative evaluation of one's own body, often defined as body dissatisfaction ([Cash & Deagle, 1997](#)).

Many patients are preoccupied with their own body weight and at the same time seem to overestimate the actual size of their body considerably. But although it is widely accepted that there is size overestimation among eating disorder patients ([Garner, 2002](#); [Skrzypek, Wehmeier, & Remschmidt, 2001](#)), some studies have challenged this claim (e.g. [Hennighausen, Enkelmann, Wewetzer, & Remschmidt, 2003](#); [Penner, Thompson, &](#)

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Coovert, 1991; Probst, Vandereycken, & van Coppenolle, 1997). Furthermore, few studies have empirically examined whether the degree of overestimation is more pronounced among patients with anorexia than among patients with bulimia nervosa. Although some evidence for a greater inaccuracy in body-size percepts among patients with bulimia than among patients with anorexia exists, findings are inconsistent (Cash & Deagle, 1997; Sepulveda, Botella, & Leon, 2002).

It was a first aim of this study to compare the degree of size overestimation between patients with anorexia nervosa, bulimia nervosa and women without an eating disorder. The first hypothesis was to find greater size overestimation in the clinical than in the nonclinical groups. The comparison of the two female groups was explorative. Understanding the differences might have important implications for comprehending the different factors related to psychological well-being among anorexic versus bulimic patients.

Societal appearance standards transmitted through peers, parents and media seem to strongly contribute to the value young women attribute to their personal appearance (e. g. Shroff & Thompson, 2006). Particularly young adolescent women with a low level of self-confidence often believe that their looks are responsible for any failures they have experienced. Appearance related cultural norms and values suggest the hope to attain a greater feeling of self-confidence by a weight reduction (Tiggemann, 2005). An excessive dissatisfaction with one's own body is considered a main risk factor for the development of a manifest eating disorder (Stice, 2002a). The perceptual aspect of body dissatisfaction has been described as self-ideal discrepancy (Cash & Deagle, 1997) with a big difference between perceived body image and ideal body image indicating a high level of body dissatisfaction. But although similar to the concept of size estimation accuracy, the role of body dissatisfaction in the etiology and maintenance of eating disorders has been studied extensively, little research has examined the relative degree of self-ideal discrepancy and body dissatisfaction among patients with anorexia versus bulimia nervosa (Stice & Shaw, 2002; Tovée, Benson, Emery, Mason, & Cohen-Tovée, 2003).

It was a second goal of this study to compare the degree of self-ideal discrepancy and body dissatisfaction between the two patient groups and a group of not eating disordered women. Again, the hypothesis was to find greater dissatisfaction in the clinical than in the nonclinical groups. For practical clinical reasons, it could be important to know whether one of these groups is experiencing particularly high levels of self-ideal discrepancy and body dissatisfaction.

It is a well-known phenomenon that ideals of female attractiveness are much thinner than they used to be some decades ago. For instance, playboy models have become significantly thinner during the last 40 years (Owen & Laurel-Seller, 2000). Men are influenced by and contribute to societal ideals of the female body. Some researchers focused on the comparison of male and female ideals of female attractiveness. In a number of studies women's presumptions of the female body preferred by men were even thinner than what men actually stated to prefer (e.g. Cohn & Adler, 1992; Forbes, Adams-Curtis, Rade, & Jaberg, 2001; Lamb, Jackson, Cassiday, & Priest, 1993) whereas Tovée and Cornelissen (2001) found no such difference. Little is known about whether and how women with and without an eating disorder differ in terms of these presumptions and, again, differences between patients with anorexia versus bulimia nervosa have not been examined until now. In a nonclinical setting Bergstrom, Neighbors, and Lewis (2004) found that women's inaccurate perception of male ideals of female attractiveness was associated with eating disorder symptomatology.

An application of this finding to a population of patients with eating disorders resulted in the third hypothesis of this study: patients would show a higher overestimation of the degree of thinness men find attractive in women than women without an eating disorder. The examination of differences between patients with anorexia and bulimia nervosa is primarily explorative. The degree of emaciation in patients with anorexia suggests that patients probably sharply overestimate men's ideals of female thinness. But theories of anorexia also point out that the desire to conform to what men find attractive is not the dominant or at least not the only reason why anorexic women desire an extremely thin figure (Garner, 2002). In contrast, women with bulimia nervosa may be primarily motivated by a desire to match what they believe the other sex finds most attractive (Stice, 2002b). If overestimation of the thinness men find attractive is associated with eating disorder symptomatology like Bergstrom, Neighbors, and Lewis (2004) found within a nonclinical sample, this could also be true within the two groups of patients with eating disorders. The degree of overestimation of male ideals of female attractiveness could then potentially serve as a predictor of eating pathology. Such a finding would improve the understanding of the development and maintenance of eating disorders.

The main goal of the study was to apply an information-processing perspective to the traditional concepts of body image research mentioned before such

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