Women, Eating Disorders and Self-Esteem

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“... the goal I try to achieve through my self-discipline is virtually unattainable. I cannot be perfect looking—not that I want this for the sake of vanity—I want it to compensate for other faults I have not be able to rectify such as my inability to get close to people, my consistently making people angry and my fear of being completely on my own.”

This young woman emphasizes that self-discipline in eating and exercise may be used to shield oneself from dealing with other areas of importance. Most women with anorexia and bulimia share a hope that focusing on appearance may improve their self-esteem. Unfortunately, when weight and shape are the only measures of self-esteem, each binge episode or a single pound of weight gain may result in harsh self-criticism, depression and anxiety. Certainly, the value that contemporary western culture places on a slim figure for women has contributed to the increased incidence of eating disorders in the past three decades. However, not all women who diet develop eating disorders. Women with low self-esteem may be particularly sensitive to meeting society’s expectations and may go beyond dieting to develop eating disorders. Our level of self-esteem indicates how much we like or approve of ourselves in general. Self-esteem may increase through involvement and satisfaction in various areas including relationships, education, work, sports, personal interests and appearance. Someone with high self-esteem tends to experience a sense of control over the direction of her life and feels content and fulfilled in most areas of her life. Whereas, many women with anorexia nervosa have been found to suffer from a paralysing sense of ineffectiveness and experience little or no control over their lives (Bruch, 1978). Often, women with anorexia nervosa and bulimia attempt to control their lives through the discipline imposed on their bodies from the “pursuit of thinness.”

One’s level of self-esteem is usually determined by early relationships within the family. The way we are treated by others as we grow up teaches us whether we are cared about and worthwhile. Receiving approval from others is important to maintain and enhance self-esteem throughout life. Yet based on early life experiences and their social roles, women often seek approval more than men. Women with eating disorders may have so much difficulty accepting themselves that approval from other becomes extremely important. The male-female differences in need for approval may in part be due to the greater relatedness that girls usually have with their mothers than boys do (Chodorow, 1978). This greater capacity for relatedness is often strength for women, as it ensures they share important emotional experiences and seek support at times of stress. However, girls who have had overly close or enmeshed relationships with their caregivers in which their own needs were not responded to, may learn to orient themselves exclusively to the needs of the other. They will tend to be more dependent on others for their self-worth and may develop little or no awareness of their own needs, talents and interests. In fact, women with eating disorders describe feeling that they were never “good enough” and feeling as
thought they could not live up to the expectations of others. Perhaps because their own needs were not appropriately responded to, they are uncertain of their own value and become preoccupied with satisfying the image they believe others have of them. In particular, they may respond to the societal expectation of slimness which has represented sexual and social freedom and success. However, the ideal may become oppressive, as one can never be “slim enough” and because slimness becomes the only source of self-esteem and positive feedback.

Not only are early relationships important to the development of healthy self-esteem, but during late adolescence self-esteem typically improves and stabilizes as the sense of being in control of one’s own destiny begins to increase. By age 16, more girls than boys begin to report low self-esteem. Bruch suggests that the increased options for women in work and sexuality may be experienced by some girls as demands that they fear, particularly when they do not feel autonomous enough to formulate their own goals.

Steiner-Adair (1990) found that adolescent females with disturbed eating attitudes identified society’s ideal image of the independent, autonomously successful “super woman,” as their own ideal image. However, they may not recognize that such ideals are not achievable and not “real.” Several hundred pictures and numerous touch-ups are needed for one model in a magazine advertisement to look perfect. In contrast, Steiner-Adair found that female adolescents with normal eating attitudes were able to take a stand apart from the new societal values and valued believing in themselves, their relationships and self-fulfillment through their own goals.

Striving for an unattainable ideal of thinness may compound someone’s feelings of inadequacy. In addition, if a pattern of avoidance of other goals develops, then areas in which self-esteem might grow are extinguished. Women with eating disorders may avoid dating, friendships, school activities, work or developing personal interests. These areas may be avoided because they seem difficult or because we feel awkward and make mistakes when we first involve ourselves in something new. However, we learn about others and ourselves through these efforts. The friendships or new interests that develop, i.e., music, reading, painting, writing in a journal, may result in greater self-acceptance and less of a need to find self-acceptance through weight. The first step to dealing with difficulties with self-esteem is recognizing the extent to which it is influenced by weight and shape.

Women with eating disorders may be encouraged to ask themselves, “How preoccupied are you with your weight or shape?” Further, “How important is your weight or shape to how you feel, compared to the importance of friendship, work education, family and personal interests?” If weight and/or shape are of a central importance and thinness is considered the solution to difficulties in these areas, situations which enhance self-esteem may be avoided. Thus, feelings of low self-esteem and inadequacy may be perpetuated. For some, it may seem to frightening to abandon the efforts devoted to one’s weight and shape and to venture into pursuing interests in other areas. In that case, therapy may be necessary to deal with the sources of low self-esteem and for the necessary encouragement to confront desired changes.
Finally, those with low self-esteem may be more inclined to believe negative responses to themselves, while invalidating positive feedback. People with high self-esteem tend to accept positive feedback and minimize negative responses. Starting to believe positive feedback and diminishing self-criticism may be significant to improved self-esteem. Since eating disorders are often associated with secrecy and shame, seeking out treatment may appear frightening, but may also be an important step to removing a source of self-criticism.

References


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