

Hacettepe niversitesi Edebiyat Fakltesi Dergisi
2003 / Cilt: 20 / Sayı: 2 / ss.41-60

***A Sociological Analysis on Eating Disorders Among Anorexia
and Bulimia Nevrosa Patients and Primary School and
University Students As Risk Groups in Turkey
I: Gender***

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zet

Anorexia ve bulimia zellikle bir kadın hastalığı olarak grlmektedir. Toplumsal yaşamda kltrel mitler kadınsı ve erkeksi zellikleri birbirinden ayırıştırarak stero tipik imajlar yaratmaktadır. Fiziksel ekicilik ve gzellik daha ok kadınlarla ilgili olarak deęerlendirilmektedir. Bu baęlamda arařtırmamız hasta grubu ile risk grubu olarak grdğmz ergenlik ve genlik dnemindeki ğrencilerin toplumsal cinsiyet farklılaşması temelinde zellikle aile iinde kilo problemi konusunda ne tr bir cinsiyet endeksli kltrel vaziyet alıř ile karřı karřıya kaldıklarını saptamaya yneliktir.alıřmada anket ve mlakat teknikleri kullanılarak bilgi toplanılmıřtır.Sonuçta, toplumdaki gzellik ile ilgili olan mitlerin toplumsal cinsiyet farklılaşması temelinde kadınları erkeklere gre ok daha fazla oranda etkiledięi saptanmıřtır.

Anahtar Szckler : Cinsiyet ve yeme bozukluęu, cinsiyet ve dřk benlik algısı, cinsiyet ve fiziksel grnm, kltr ve beslenme bozukluęu

Abstract

Anorexia and bulimia are generally considered as diseases specific to women. The cultural myths create stereotype images by separating feminine and masculine features in social life. Physical attraction and beauty are basically regarded as feminine features. Within this framework, the aim of this study is to determine the case of patients suffering from these diseases and students at adolescence and young adulthood periods, which are accepted as risk groups, regarding their cultural features on the basis of gender differentiation especially in family about weight problem in order to obtain the data we used questionnaire and interview technics. As a consequence, it is seen that the cultral myths about beauty on the base of gender differantation influences women much more than men.

Key Words : eating disorder, gender differentiation, physical attraction of women, lower self perception, cultural features.

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1.Introduction

World Health Organisation (WHO) defines health as physical, mental and social well-being. In this sense, health is a subject not only of biology but also of sociology for the fact that matters of health also affects the social structure. Cultural patterns determine the criteria for health. Health standards change from one society to another. For example, a contagious skin disease called “yaws” was so widespread in Sub-Saharan Africa that it was accepted normal at the beginning of the 20th century. However, in modern societies, ways of life are based on competitive forms. This way of life is considered to be “healthy” because it is thought to be convenient for the present societal structure. However, it is known that stress raised by competitive situations causes arteriovascular problems and many other diseases (for example, psychosomatic or psychological diseases, etc.) as well. Another example might be given in relation with sexual choices. Although homosexuality is considered biologically normal, it is defined as asexual deviation in many instances and these people are considered abnormal.

Cultural health standards are also subject to change from time to time. Although being overweight was considered to be a sign of health, beauty and wealth in the past century, it is now regarded as a sign of poverty symbolising carbohydrate-based nutrition as well as an unhealthy and ugly look.

Moreover, modern technology used in our daily lives also affects human health. It is a fact that technology has risen the standards of human life. On the other hand, dangerous effects created by technology should also be taken into consideration. For example, although frozen food industry provides a variety of tasty alternatives, it causes harmful bacteria to spread across countries.

The place of an individual in the social structure may also affect the standards of health. No society in the world has an equal distribution of resources among its members. So, it is a known fact that social inequality has a direct effect on making use, for example, of nutrition, hygiene, health technology, etc., which have direct relations with health.

In sum, in all areas where microbic, biological, physical and psychological factors are primarily considered in relation to human health, sociological factors should also be considered because they have great importance in curing diseases and even in preventing them. It is with this insight that in this study, among many other sociological factors, we focus on the gender role in the development of anorexia and bulimia nervosa, two of eating disorders increasingly spreading among young people.

2. Eating Disorders and Relationships Between Society and Culture

Eating disorder is a way of going on a diet severely or a kind of unhealthy control of weight with the intention of becoming slimmer (Macionis 2001: 546). Bulimia is a problem concerning eating. Repeated over-eating is followed by vomiting as an action of emptying the stomach. A continuous diet, over exercising, drowsiness, use of laxatives and diuretic drugs are generally observed in this situation (Hall and Cohn 1992: 19).

American Psychiatric Association puts forward certain criteria for bulimia. These are

- a. frequent eating,
- b. lack of control on the behaviour of eating behaviour during eating something
- c. individual's regular intention to do severe exercises, to go on a diet and to vomit voluntarily in order to prevent putting on weight,
- d. continuation of this situation for at least three months
- e. being over-anxious about body form and weight (Hall and Cohn 1992: 20).

There is not a known physical origin of anorexia. It is the obsession with having a slim body. It is known in history that very few people such as saints or mystics purposefully preferred hunger due to religious reasons. In today's world, anorexia affects primarily women and it has nothing to do with religious beliefs. Obviously, it is a physical illness. In order to explain such an important disease, it might be thought that it is necessary to look into biological and physical factors. However, health and illness are affected by social and cultural factors as well. Although anorexia is an illness, it is closely related with the idea of going on a diet – this idea is determined by the desire of being physically attractive and having a good look especially among women in modern societies. Whereas in the 19th century, a slim woman figure was highly appreciated especially among middle-class families. It is possible to say that this figure has been widespread also recently. Consequently, the origin of anorexia is found in the woman's wish to change her physical appearance as seen in the near history of modern societies. This disease was firstly defined as an eating disorder in 1874 in France but it remained unexplained in the following 30-40 years. Then it reappeared especially among young women with an increasing rate. (Giddens 1997: 116).

It is not easy to respond the question why people develop bulimia. Generally it is thought to be a psychological and emotional disorder. In some researches, it is supposed that bulimia is basically an emotional disorder and there might be genetic reasons originating from chemical disorders of the body. Medical treatment tries to prevent depression, overeating and then vomiting behaviour. However, it is necessary to emphasize that bulimia is a complex mixture of cultural pressures,

internal conflicts in childhood and lower self- perception (Hall and Cohn 1992: 21).

Signs of eating disorders of individuals are as follows:

feeling overweight although having a low or normal weight,controlling calories of foods continuously before starting to eat,drawing back from social life, a decline in tolerance towards other people, over-anxiety about the physical appearance,lack of ability to concentrate on a subject,feeling an extraordinary anxiety about the performance at school,susceptibility to being criticised (Russel and Ryder 2001).

Exercise addiction is seen among 80% of people suffering from anorexia. Addiction is a forcing behavioural pattern against which an individual cannot stand or cope up with (Giddens 1997:119).

Hilde Bruch discusses in her research that the ‘emotion of insufficiency’ lays down in the foundation of anorexia disease and the ‘body control’ ability becomes to be in relation with the feelings of autonomy and sufficiency at this point. In this way, a decrease in weight is reinforced because it is connected with the ‘emotion of control’. Many definitions of anorexic self are made on specific weaknesses. In many cases, to put an end to the state of being slim is accepted as the disappearance of individualism and as a threat against the self. Another important factor is to do with sexual attractiveness. While a fat and heavy body is associated with being refused and hatred, being slim is associated with drawing attraction and being sexually desirable (Moorey 1991: 46).

Dealing with body weight and shape may cause a similar nutrition pattern observed among the patients suffering from eating disorders. So, conditions under which nutrition patterns may turn into eating disorders are very important (Vervae and Heeringen 2000).

Eating disorders are generally associated with the distorted image of the body, identity conflict or refusing the identity, lower self respect, anger, and feeling of loosing control (Kempa and Thomas 2000:21).

Individuals in social life are addicted to emotions giving them pain and sorrow. Some of these feelings are related to childhood. Lack of satisfaction about body weight and shape is widely seen among teenagers; for example, feelings of timidity, cowardice, inadequacy, incapability, not being admired, or loved. The feeling which is the most destructive is the one combined with lower self respect such as accepting himself worthless, having no goal, feeling always unhappy and incomplete (Hall and Cohn 1992: 21). Such kind of self perception cannot be thought apart from social situations with which the individual has an interaction. Self can only be developed by interaction with other people. Self image of an individual depends on mostly how the others see him/her or on the reflection of the individual’s belief about it. Basically self is a social structure and is made up

within social experiences. Our acquaintances whom we take as references are the building stones used in structuring our selves (Lemert 1993: 243-247).

In this context, the spread of eating disorders in the society points to the social effects more prominently. Body is not only a physical structure that we have and it cannot be thought out of the society in which we live. Body is heavily affected by social experiences and norms of the group to which we belong (Giddens 1997: 118).

Many experimental researches reveal that while rewarded behaviours are repeated, behaviours that are punished or caused negative results are not reiterated. Some behaviours are rewarded in order to prevent unpleasant experiences. This type of behaviours can be said to be fortified negatively. In this sense, over eating and vomiting or losing weight might be thought to be rewarded in some social situations or reinforced. For example, if requirements for success is an important factor of losing weight, escaping from pressure may be an important reward for losing weight. In this situation, losing weight is reinforced negatively. Similarly, the western culture combines individual success, control and value with a slim physical shape. This combination is accepted by an anorexic overstatingly. By this way, the feeling of individual sufficiency or self value is connected with the skill of weight control. Being slim is reinforced by such combinations (Moorey 1991: 45).

Human body is also affected by developments in science and technology creating new dilemmas. For example, counting calories is a result of technological development. Undoubtedly, it is also necessary to mention not only materialistic technology but also 'social technology' as Foucault calls it. Foucault explains with this term that instead of accepting our bodies as they are, we think them as something that we should create (Giddens 1997: 118). According to Foucault, body is the object and goal of the power in the classical period. In this period, it is said that there appeared attention focusing on the body – as something that could be formed, changed, trained and brought under. In fact that body can become the object of compelling and pressing forces goes back to the early times of history. For Foucault, body has always been under the effect of very strict powers bringing it prohibitions or obligations.

Social technology includes a series of regular interferences to change the function of our bodies such as the behaviour of going on a diet as in anorexia. In fact, anorexia reflects the general features of social change under the effect of globalisation. The development of eating disorders in western societies coincidences directly with the globalisation of food production gaining access for the last 30-40 years (Giddens 1997: 119).

3.The Relationship Between Gender And Nutrition Disorders

Why are mostly women suffering from nutrition disorders (anorexia and bulimia nevrosa)? A simple answer to this question is that mostly women suffer from this disease and eating disorders and it is a symbol for their emotional hunger or emptiness. The relationship between a man and a woman is primarily based on emotional and physical attraction. This attraction continues through childhood, youth and adulthood. For women, how they look is more important than what they think, what they do and how they feel. This starts in the family shaped by a certain culture. Young girls are heavily under the effect of the female body image imposed by mass media and other cultural means. Here 'feminine' features appear as a stereotypical term. Definitions such as of honesty, docility, kindness, and elegance overlap with the image of woman (Hall and Cohn 1992: 25).

3.1. Lower Self Perception

The self perception tends to be lower among women than men. Girls especially during adolescence feel intensively weaker, more insecure than boys and they have doubts about their physical appearance. In these ages, they begin to turn into adult females whose sexuality spouts rather than being little, nice and graceful girls. This means for girls that they are in a situation in which they can easily be hurt by boys and they are in competition with other females. Each girl is in an attempt to be admired and their relation with their selves declines. It results in a lower self perception. Just because of this lower self perception, having a wonderful body is the best solution for every problem. When looked from outside, it is a more valid evaluative criterion than spiritual beauty (Hall and Cohn 1992: 26-27). Generally, the gender, the race and the physical shape of the mother play an important role in the perception of the teenager's weight. Studies show that girls, in comparison to boys, tend to categorise their weight more misguidedly. For example, a research reveals that 52% of girls considering themselves fat have normal weight. On the other hand, only 25.1% of boys claiming that they are fat have normal weight. Moreover, when white girls and boys are compared with black girls and boys, the whites considering themselves fat have been found to be having normal weight three times more than the blacks (Russell 2000).

Researches done in the United Kingdom indicate that 20% of women are caught diseases due to nutrition disorders in different times of their lives, 60% of girls of 13 years go on a diet and this ratio raises up to 80% at the age of 18. A serious and continuous nutrition disorder is getting spread among especially wealthy and famous families. For example, it was learnt in a personal interview with Princess Diana broadcast on TV in the UK in 1995 that she suffered from anorexia and bulimia (Giddens 1997:118).

Women seem to be luckier than man in terms of health during lifetime. Although there is no significant difference among girl and boy babies right after birth, during the process of socialisation, men are made more aggressive and individualistic and are more open to situations carrying risks such as violence. The notion of masculinity puts pressure on adult men in being more competitive and encourages them in some behaviours such as repressing their emotions, smoking, taking alcoholic beverages, etc. (Macionis 2001:544). So, men are under the risk of diseases such as heart attack and stroke. On the other hand, epidemiological researches show that 90-95% of anorexia patients are women. While nutrition disorders sharply increases especially among women in the last 50 years, its frequency among men remains constant (Moorey 1991: 35).

Nutrition disorders are encouraged by the definition of 'femininity' in culture. Researches reveal that there is a close relationship between the definition of 'femininity' and the ratio of female anorexia and bulimia patients raising up to 95%. According to Michael Levin, culture supports the idea of being slim and equalizes it with gaining success against men and being attractive for them. In this context, women considered to be fat are stereotyped as being lazy, silly and even stupid. Many researches state that female university students have some beliefs such as 'men like slim women', 'being slim is a substantial criterion of physical attraction'. Besides, women think that they are not as slim as men would admire. In reality, many female university students wish to be slimmer even though they are actually as slim as the same age men would normally idealize for them. However, men are comfortable with their present weight and think that their bodies are as they want. As a result, being satisfied with the body seems to be closely related with gender. The reason for this situation relates to the beauty standards shaped by culture. So, this idealised norm of beauty forces many women going on a diet even if it becomes risky for their health (Macionis 2001: 547).

Regarding the ideal body image, researches show that boys and girls have contradictory values. While girls think that boys would prefer slimmer girls, boys think that girls would prefer well-built boys. These researches also reveal that when compared with men, women are less satisfied with their bodies (Moorey 1991).

In another research, girl students, models and patients suffering from nutrition disorders are compared regarding their ways of nutrition. Average age distribution of individuals in the three selected groups are different but there are not significant differences among them considering their average and ideal weights. The results show that individuals in each three groups reported that their previous weights were heavier than their present weights and they wished to have lower weights than their ideal forms (Varvaet and Heeringen 2000).

In recent researches, clinical symptoms of eating disorders appear among girls comprising 15.4% of students at girl schools (high schools). Although the ratio of eating disorders among women is high, there is an increasing proportion among men as well (Russell and Ryder 2001).

In sum, differences in perceptions of body weight reflect cultural differences on ideal body form. For example, 'Afro-American' women do not accept being fat as being unhealthy. These women have more positive feelings towards their bodies than white American women do and they are less interested in their weights (Russell 2000).

However, a 'muscular body' is accepted as the ideal form among men. For this reason, 'body building' becomes a compelling and addictive behaviour among them (Giddens 1997:120).

Moreover, anorexia and bulimia nervosa are seen as the disease especially of working and intellectual women. Anorexia and bulimia are reflections of social values emphasizing 'physical appearance' quite independent from social roles and status of women. 'Eating disorder' is originated from the feeling of being mortified with the body. The idea of 'being slim' becomes a fixed idea and losing weight turns into a means of putting everything in the world in order (Giddens 1997:120).

So, social conditions are also effective in this type of diseases. In this framework, gender should be considered as one of the important reasons for this disease.

4. Method of the Research

Since the basic aim of the research is to determine sociological risk factors effective in the process ending with the disease of nutrition disorder, the sampling groups of the research consist of basic risk groups including teenagers, young adults at universities and patients suffering from this disease. The focus of the research is only anorexia nervosa and bulimia nervosa among the other diseases mentioned in the definition of nutrition disorder as a contemporary problem.

The sampling risk group of adolescents consists of students selected from the 8th grade students at Beytepe primary school, Hacettepe University. For the second sampling risk group including university students, informants are selected from students of the Faculty of Letters and the School of Economics and Management at Hacettepe University, and the School of Economics and Management at Başkent University.

A questionnaire is applied to 87 8th grade students out of a total of 180 enrolled students in 2001-2002 academic year, 356 students out of 8301 students at the Faculty of Letters and the School of Economics and Management at Hacettepe

University and 100 students out of 700 students at the School of Economics and Management at Başkent University. In the process of evaluation of questionnaires applied to primary school and university students, 443 appropriate questionnaires selected out of a total of 458 questionnaires were used and coded.

The most difficult part of the research was to get in touch with patients. In the sampling group for Ankara, as a result of correspondences made with Gazi University Hospital, Numune Hospital, Ankara Higher Specialisation Hospital, Ankara Social Security Hospital, İbn-i Sina Hospital of Ankara University, Başkent Hospital, Bayındır Hospital and Güven Hospital, it was found out that either there was not any application to hospitals indicating this disease or there was not a psychiatry service of the hospital, or permission was not given due to the private psychological conditions of patients. Most probably, suffering individuals did not accept themselves as patients. At the preparation stage of the research in order to get permission from the hospitals, it was seen that there had been limited application. Since it was a widespread behaviour, going on a diet was accepted as very ordinary and usual but it was thought that it could turn into a disease when it continued seriously for a long time. In consequence, the research had to be limited on four patients treated at the Psychiatry Service of Hacettepe University Hospital. A questionnaire including sociological variables indicated in the literature was applied to this sampling group consisting of four patients. Among these sociological variables, effects of the family, peer group, gender and mass media were studied.

The questionnaire for primary school students includes 70 questions, for university students and patients 71 questions which consist of close- and open-ended question types. Independent variable of the research is gender. Relationships among variables are evaluated and a regression analysis is done on gender which is thought to have an effect on the behaviour of going on a diet. The relationships between the variables mentioned below are tested:

- The ratio of behaviour of going on a diet is higher among girl students than among boy students.
- Girls are more sensitive to going on a diet in the transition period from adolescence to youth.
- Those who define their own weights as more than the normal weight are girls rather than boys.
- Mothers warn their daughters, rather than their sons, about going on a diet.

5. Findings

5.1. On Nutrition Disorders Among Patients

Findings resulted from the interviews on nutrition disorders with 4 anorexia nervosa patients treated in the service of psychiatry are as follows:

All of the women patients between 20-24 years of age have a background of higher education. They come from urban middle class nuclear families and have an understanding of egalitarianistic family type in which decisions are generally made together on matters related to the family, and parents are egalitarianistic and pleasantly harsh. They share responsibilities of child raising and carry on these responsibilities together. Besides, traditional household responsibilities belong to the mother but problems about children are solved by parents together. Patients generally share their problems with their mothers and spend most of their times with them.

Although most of the patients are severely slim, they reported their weight as normal. However, they feel anxious about their physical appearance. While they idealise slim people, they like men at normal weight. They are warned by their mothers, friends and boyfriends about going on a diet. Their preferred methods to lose weight are vomiting voluntarily after meals, limiting the amount of what they eat and making exercise continuously.

Although there is not any problem about weight in their families, mothers have a stimulative role. A typical behaviour of the patients is to have a feeling of regret after they have a meal. People around them make jokes about their physical appearance.

The patients believe that being slim is an important criterion for being beautiful and physically attractive. They want their boyfriends/fiancés/spouses to be slim. They generally do not like their bodies. They may be said to have a perfectionist personality.

It is found out that they have experienced sexual harassment and social phobia. They have limited social relations and have difficulty in focusing attentively on a subject, in other words, they have concentration disorder.

5.2. Analysis Of Relationships Among Variables In Primary School And University Student Groups

In this part of the study, sociological factors related to gender which is thought to have an effect on nutrition disorders are analysed.

The disciplinary actions of mother or father do not vary in terms of gender of the child among primary school students. Parents together take the same patterns of disciplinary actions for both gender. But it is deduced from the data that mothers

take disciplinary actions for their daughters rather than their sons, it is vice versa for fathers. When the question asking ‘by whom disciplinary actions are taken in the family’ is compared on the basis of gender for university students, it is found out that fathers take disciplinary actions for sons (20.3%), mothers do mostly for daughters (24%). When parents participate together in taking disciplinary actions, gender of children is not important. Daughters are seen to be more intervened than sons when the variables are evaluated (14,7%) (Chi-Square=10.612, $P < 0.05$).

Among primary school students, there is a significant difference between gender and the person whom they want to resemble in terms of personality. Girls want to resemble their mothers, while boys their fathers (Chi-Square=18.898, $P < 0.05$). When the relationship between gender and the person whom they like to resemble is examined among university students, it is found out that 21% of female university students want to resemble their mothers, while 31,4% of male university students their fathers. On the other hand, 41% of females marked uncle, aunt or famous people for the item for ‘other’. As a result, it may be said that close relatives other than parents are also models for students. In sum, females consider their mothers as a model, males take their fathers, so the relationship between these two variables is found significant (Chi-Square= 18.515, $P < 0.05$).

65,1% of primary school girls do not have a problem with their weights. 41,85% of these girls having problem with their weight limit their food, and 4,76% use dietic products. The ratio of girls making exercises continuously is 52,38%. 42,5% of primary school boys have a problem with their weights. 47,5% of them use laxative drugs, 5,88% vomit after they have a meal, and 41,17% make exercises continuously. There seems to be a higher ratio among female university students in relation to problems with their weights (68,7%). Mostly female students prefer methods to lose or control their weights such as limiting food, using laxative drugs and dietic tablets and products, vomiting after meals, or eating very little.

Regarding the relation between gender and feeling anxious about physical appearance, while 41,8% of female university students feel anxious about their physical appearances, only 25% of male university students have the same feeling. So the ratio of the ones feeling anxious about physical appearance among female university students is higher than of male university students. The relation between these two variables is found significant (Chi= 13,395, $P < 0,05$).

The relation between gender and feeling anxious about physical appearance among primary school students is as follows; 39,4% of girls and 19% of boys feel anxious about their physical appearances. Anxiety about physical appearance is higher among girls than boys. The relation between gender and feeling anxious about body image is found significant (Chi= 8,905, $P < 0,05$).

Considering the relation between gender and the behaviour of going on a diet among primary school students, it can be said that mostly girls go on a diet. The ratio is 45,5% for girls, 25,6% for boys.

Regarding the relation between gender and the behaviour of going on a diet among university students, female university students (64,6%) go on a diet more than male university students (30,9%). The behaviour of going on a diet is getting widespread during the transition period from adolescence to adulthood. This may be based on the autonomy gained by the individual during this period.

Counting calories of each meal varies among primary school students in terms of gender. The relation between counting calories of each meal and gender is found significant among university students. When the answers marked as 'sometimes', 'most of the time' and 'always' are combined, 30,3% of females, yet 11,5% of males count calories of their meals. According to these findings, female university students deal with counting calories more than male university students do, and they avoid putting on weight (Chi-Square=16,753, $P<0.05$).

74,6% of primary school girls, but 49,3% of primary school boys reported that they eat when they are bored or sad. The answers for this question such as 'sometimes', 'most of the time' and 'always' are combined. According to these ratios, mostly girls eat when they are bored or sad rather than boys. This result makes the relation between these two variables significant (Chi-Square=8.485, $P<0.05$). It is the same for female university students (Among females: 54,5%, among males:32,5%). In other words, there is a significant relation between gender and eating when boredom or sadness is considered (Chi-Square=29.937, $P<0.05$).

It is found out that primary school girls tend to eat more when they are angry (Among girls: 45,4%, among boys: 15,2%). There is also a significant relation between gender and eating when they are angry (Chi-Square=9.379, $P<0.05$). When the answers, 'sometimes', 'most of the time' and 'always' are combined, it is seen that 56,5% of female university students and 46,6% of male university students eat more when they are angry. Among university students, a significant relation is found between gender and eating when they are angry (Chi-Square=16.176, $P<0.05$).

The behaviour of forgetting everything while having meal does not reveal significant difference in terms of gender among primary school students (Chi-Square=1.075, $P>0,05$). When the relation between gender and the behaviour of forgetting everything while eating is examined, 68% of female university students and 57,9% of male university students are found out that they forget everything when they have their meals. According to these ratios (combined answers), female university students tend to concentrate on eating more than male university students, in other words, they lose control of themselves while eating. It might be

said in this sense that there is a tendency towards thinking nothing else by the help of concentration on eating (Chi-Square=10.544, $P<0.05$).

Another significant result of the research is that mothers control their daughters' weight and warn them in case of a change in their weight. So the relationship between the mother's control of weight and gender of children is found significant (Chi-Square=0.387, $P<0.05$). This relationship among university students can be explained as follows; 59,2% of female university students reported that their mothers control their weights and warn them in case of a change in weight, this ratio is 35,1% among male university students. According to these results, it can be said that mostly females are warned by their mothers about their weight rather than males. There is a significant relation between gender of students and their mothers's warning about controlling their weight (Chi-Square=19.092, $P<0.05$). This significant relation is valid for both study groups.

Self-perceptions of primary school students regarding their weight do not reveal differences in terms of gender. The first category consists of boys and girls perceiving their weight normal, the second category includes students perceiving themselves overweight (Chi-Square=1.001, $P>0.05$). The same relationship within the university group is found out as follows; 28,9% of female university students and 14,5% of male university students perceive themselves overweight. As a result, there is a significant relation between gender and perception of the present weight (Chi-Square=10.606, $P<0.05$). Mostly females perceive themselves overweight rather than males.

While a significant relation between gender and making jokes about their physical appearance by the other people around them is not found among primary school students, there is a significant relation between these two variables among university students. 43,3% of female university students and 22,1% of male university students reported that they are made jokes about their appearance. The ratio is higher for females (Chi-Square=16,467, $P<0.05$).

There is not a difference between gender and types of jokes towards the appearance among primary school students (Chi-Square=6.463, $P>0.05$). When types of jokes is examined regarding gender, jokes are made on weights for 58,7% of female university students, this ratio is 36,4% for male university students. A significant relation is found between gender and types of jokes about the body image. Mostly females are exposed to jokes made by the other people around them rather than males (Chi-Square=15,093, $P<0.05$).

Although there is not a significant relation between gender and the idea that men like slim girls among university students, 50% of female university students and 55% of male university students agree with the idea that men like slim girls. This relation is not found significant among primary school students.

Primary school students seek spiritual beauty in their social relations without regarding gender difference (87,5% of girls and 85,4% of boys). The relation between gender and looking for spiritual beauty in social relations is not found significant. Although this relation is not found significant among university students, 95,2% of female university students and 83% of male university students look for spiritual beauty in their social relations (Chi-Square=13,591, $P<0.05$).

Primary school students regardless gender pay importance to physical beauty in their social relations (65,6% of girls and 73,2% of boys). A significant relation between gender and looking for physical beauty in social relations is not found. This relation is found significant among university students. Female university students look for physical beauty in social relations with a low ratio of 37%. This ratio increases upto 70,4% among male university students. It appears as a result that male university students seek majorily physical beauty in their social relations (Chi-Square=34,376, $P<0.05$).

Regardless gender among primary school students, 25% of girls and 23,1% of boys are ashamed of their bodies but it is not significant. Among university students, in terms of the relation between gender and being ashamed of their bodies, 3,5% of females and 13,1% of males reported that they are ashamed of their bodies. According to these ratios, a significant relation between gender and being ashamed of the body is found on behalf of males (Chi-Square=10.998, $P<0.05$).

The relation between gender and wishing the most perfect of everything is not found significant among primary school students (78,1% of girls and 64,1% of boys). On the other hand, this relationship is found significant among university students. 58,9% of female university students and 74% of male university students reported that they have perfectionist personality. Consequently, it may be said that mostly males are perfectionist rather than females (Chi-Square=7,8987, $P<0.05$).

In terms of emotional relations, primary school students regardless gender want their partners to be slim (64,3% of girls and 73,5% of boys). The relation between gender and wishing their partners being slim is not found significant. However, the relation between gender and wishing the partner/spouse/fiancé(e) beign slim is found significant among university students. While 41,6% of female university students wish their partners beign slim, 66,4% of male university students want their partner/spouse/fiancée to be slim (Chi-Square=19,249, $P<0.05$). This finding is in parallel with the idea that men like slim girls.

A significant relation between gender and being harrassed among primary school students is not found. When the results of university students are examined, it is found out that 45% of female university students and 13% of male university students reported that they were harrassed. When the result that mostly females are

harrassed rather than males among university students is taken into consideration, a significant relation between gender and being harrassed can be found (Chi-Square=38,217, $P<0.05$).

5.3. Regression Analysis Among Variables

A regression analysis together with one way and correlation analysis of variables is made on the sampling groups consisting of primary school and university students. A model is tried to be constructed by the help of these three variables: gender (X1) which is thought to be affective on the behaviour of going on a diet, self-perception (X2) in terms of weight and part of the body (X3) where it is thought to be fat. In this constructed model, it is found out that gender (X1), self-perception (X2) about weight and parts of the body (X3) where it is thought to be fat are important factors on the behaviour of going on a diet. They are observed as leading factors on the result.

6. Discussion

The main aim of this study is to find out the effect of gender, one of social factors, on the process ending with anorexia and bulimia nevrosa. The main risk groups of this disease, types of threats that these risk groups are faced with and the intensity of these risks are examined in the scope of this study.

Undoubtedly, it is not implied in this study that the sampling group of the study will ultimately suffer from these diseases. However, the potential risk is tried to be determined. When the demographic features of patients suffering from eating disorders are examined in terms of general literature on this subject, it is emphasized that they are generally teenagers or young adults. Similarly, the sample group consisting of patients in this study is between the ages of 20 and 24. The next sampling group is also selected among adolescents and university students with this background in mind.

Another specific feature of patients mentioned in studies done on this subject is that they come from urbanised regions in parallel with modernisation. So, the patient group of this study and the selected group among adolescents and university students have also an urban origin.

Another important feature of patients stated in studies is that they are educated. Three of patients participated in this study are also university graduates. Regarding this point, university students are selected for the sampling group on purpose.

Although there is a widespread idea that patients come from middle or high level income groups, the patient group of this study does not support this idea. One of the patiens is from the lowest level income group, two of them come from low-high level income group, and one of them is from middle-level income group. In

the sampling group, most of primary school and university students come from middle income group. However, this situation arises from the quality of selected schools. Since the primary school is affiliated with Hacettepe University, either mothers or fathers of students are of academic staff at the University. In this context, another research should be done at schools in regions having lower-level income in order to study the validity of the research. So, the researchers would like to make another research with this aim in the future.

One of the selected universities in this study is a state university (Hacettepe University) and the other is a private/foundation university (Başkent University). As a result, it is not surprising that the majority of the sampling group are from middle-level income category.

The patients stated that they would like to primarily resemble one of their parents. The same can also be said for primary school and university students. This result is thought to be totally the product of socialisation process. Although both parents of patients and primary school and university students are observed to have active roles in raising children, children spend their times mostly with their mothers. These findings emphasize the ‘mother’ as an important figure in socialisation process as it is indicated in the literature.

The patients have individual differences in their body perceptions. Most of them reported that they did not have obsessions on their weight in their adolescence period. 1/3 of adolescent students define their weight as abnormal (fat or slim). Half of the university students indicated that they remembered their weights as abnormal in their adolescence. At this point, their body perceptions may be said to reveal differences as the age increases.

When the answers for the question about the person whom they want to resemble regarding weight and body image are examined, the following points are found out: The patients wish to look like very slim people considering body image. A similar situation is also valid for primary school and university students. On the other hand, the patients and university students primarily idealise men having normal weight. Adolescent girls primarily idealise slim men but boys at the ages of both primary school and university idealise girls having normal weight. In this sense, generally girls may be said to want to be slimmer than boys want.

The patients are warned about going on a diet by successively their mothers, friends and flirts. Similarly, students of primary school and university are warned by their mothers, friends, fathers and flirts. These findings are in parallel with the results of other researches done previously.

Anxiety about physical appearance is higher among girls than boys and it can be said that mostly girls go on a diet. The behaviour of going on a diet is getting

widespread during the transition period from adolescence to adulthood. This may be based on the autonomy gained by the individual during this period.

In three of the sampling groups, mothers warn them when there is a change in their weights and make them go on a special diet even if at a little ratio. It may be said consequently that mothers carrying on the responsibility of feeding are directly interested in their children's weight and the authority in making their children's appearance attractive. Since they have the power in cooking, they use their power in controlling their children's weight.

Patients suffering from eating disorders reported that they regretted after having their meal and even wanted to vomit. Similar approaches are found among primary school and university students even if at a lower ratio. Among other negative feelings of primary school and university students after having meal, they get angry with themselves and regret, then they want to vomit. They either vomit directly or do not eat until they are fed up. These findings are also in parallel with the results indicated in the literature.

While all of the patients reported that they are made of jokes about their body images, a reasonable part of primary school students (45,3%) indicated that they are made fun of their body images. Although this ratio is less among university students (34%), there are students reporting that they come across with the same type of jokes. Eventhough there is not a significant relation between gender and facing with jokes about body image, generally primary school students suffer from jokes about their short height or weight. Among university students, they come across with jokes primarily about their weight (being fat or slim), secondarily about their height. When primary school students are considered as they are in their adolescence, it might be true to say that their height are short. On the other hand, being fat or slim is over emphasized among university students due to the pressure of their perceptions or environment. So this pressure is assumed to be really important by university students.

When the judgements of patients and students about eating and body image are considered, the ratio of defenders of the ideas that 'men like slim women' or 'being slim is a criterion of being physically attractive' seems to be high among primary school students and all of the patients approve these ideas. Although these expressions are accepted by university students, their ratio is lower than of the primary school students. A significant relation between gender and the idea that 'men like slim women' could not be found among both primary school and university students.

The patients look for spiritual beauty in their social relations. A significant relation between gender and looking for spiritual beauty in social relation could not be found either. While half of the patients believe in the importance of physical

beauty, the relation between gender and the importance of physical beauty could not be found significant among primary school students but it is significant among university students. Especially males look for physical beauty in their social relations.

Most of the patients do not find themselves beautiful when they are naked. They are perfectionist and they reported that they hated sudden events and got angry with the other people around them not respecting what they said. A significant relation between gender and being perfectionist could not be found among primary school students, on the other hand, it is significant among university students. Male university students are more perfectionist than female university students. It is accepted as an interesting finding on the contrary of the expected one.

Half of the patients want their flirt/fiancé(e) to be slim. This finding is not valid for primary school students, whereas it is found significant among university students. The ratio of wanting their flirt/ fiancé(e) to be slim among males is higher than the ratio of females.

According to another finding of the present research referring to the question of the person whom they want to resemble most in terms of weight and body image, most of primary school student girls idealise slim men, whereas boys idealise girls having normal weight. Male university students and girls idealise people of the opposite sex having normal weight. In terms of these results, it may be said that both gender imagine people having normal weight, but males want their flirt or fiancée to be slim on the contrary of general belief. This result is thought to indicate the difference between men's imaginary and real worlds.

Two of the patients reported that they were harrassed by people they did not know. There are also patients suffered from physical or oral molestation, exhibitionism, or being raped. There are also some students in the primary school group suffering from molestation. They reported that they came across with physical or oral molestation of people that they did not know, or his/her teacher or friend. The ratio of university students suffered from molestation is higher than of primary school students. Although there is not a significant relation between gender and suffering from molestation among primary school students, this relation is found significant for university students. It is also found out that mostly females suffered from molestation rather than males. Those university students reported that they had to suffer from molestation of unknown people, their friends, teachers, close relatives and mothers successisvely. Types of molestation are reported by university students as physical, oral, exhibitionistic molestations or being raped. The age of being molested among university students is between the range of 15 and 18. This is followed by the ages of 19-24. The researchers of the present study think that molestation may be one of the reasons of eating disorders.

The effect of gender, self-perception in terms of weight and parts of the body which are thought to be fat (such as hip, breast, belly) are found interesting in the designed regression analysis. It is seen that sociological factors have an important effect on the behaviour of going on a diet, especially on gender. Some of these factors such as the family, peer group and media are examined in the next part of the study.

Eating disorder is one of the contemporary diseases. Modernisation movements especially in the west are getting spread by the help of the globalisation of mass media. Consequently, ideas on being slim have changed and it is equalised in meaning with being modern and beautiful.

On the other hand, although going on a diet is perceived as a criterion of physical beauty and attractiveness, continuous diet causes other problems about health. Especially among women, it causes anorexia and bulimia by creating pressure on them.

As a result, it is inevitable for women to have a conflict between cooking and staying slim, because women having the control of food should keep aloof from it. Modern woman should both reveal a strong personality and keep the power on food. So a woman having the power should be able to stay slim. While going on a diet and losing weight are reflected as necessities of being healthy, it is presented as 'modern woman' image on both TV magazine programmes and in magazine press. Sociological factors related to the images presented in popular culture products by the help of the effect of media are seen effective on the woman's behaviour of going on a diet rather than the desire of being healthy or physically attractive. This discourse is not only a reflection but it also emphasizes that the woman image which is idealised by men with a hegemonial understanding imposed by media should be slim and attractive. In this way, men admiring slim women create pressure on women and cause many problems in self-perceptions of women. As they are losing weight, women feel happy thinking that they become more attractive for men rather than aiming at being healthy by going on diet. In this sense, losing weight is considered as something that women do it on their personal purposes. On the other hand, it cannot be disregarded that gender differences improve as a result of patriarchal social learning process. So, these explanations are evidents proving the continuation of male dominant ideology aiming at forming the woman image in modern sense as man desires. The pressure of media on gender in terms of the behaviour of going on diet will be studied in detail in the next step of the present research.

REFERENCES

- Foucault, Michel (2000), *Hapishanenin Doğuşu*. Ankara: İmge Kitapevi.
- Huan, Gail, A.Gunewardene and A.Hayne (2000), "The gender and SES context of weight-loss dieting among adolescent females" *EATING DISORDERS THE JOURNAL OF TREATMENT AND PREVENTION*. 208,147-155.
- Giddens, Anhony (1997), *Sociology*. Oxford: Blackwell Publishers Ltd.
- Hall, Lindsey and L.Cohn. (1992), *Bulimia A Guide to Recovery*. Carlsbad C.A.: Gürze Boks.
- İmre, Hale. (1992). *Bulimia Nevrosa Olgularının Çok Değişkenli Klinik İncelemesi*, Yayınlanmamış Uzmanlık Tezi, İst.Üni.Tıp Fak. Psikiyatri A.B.D., İstanbul.
- Kempa, Maureen L. And A.Jones Thomas. (2000). "Culturally sensitive assesment and treatment of eating disorders", *EATING DISORDERS:THE JOURNAL OF TREATMENT AND PREVENTION*; 8(1),18-28.
- Lemert, Charles. (1993), *Social Theory*, Boulder: Westview Pres
- Macionis, John. (2001), *Sociology*. NewJersey: Prentice Hall
- Moorey, James. (1991), *Anorexia and Bulimia*, Manchester : Manchester Uni. Pres.
- Russell, D.Marx. (2000)." Is there a difference in weight perceptions between girls and boys, blacks and whites" *EATING DISORDERS : THE JOURNAL OF TREATMENT AND PREVENTION*,;8(3), 253-257.
- Russell, Shelly and S.Ryder. (2001)," Bridge : (Building the Relationship Between Body Image and Disordered Eating Graph Explanation) a tool for parents and proffessions." *EATING DISORDERS*;9,1-14.
- Vervaet, M. And C.Heeringen. (2000)," Eating style and wieghet concerns in young females" *EATING DISORDERS : THE JOURNAL OF TREATMENT AND PREVENTION*, 8(3), 233-240.