

European Eating Disorders Review

5 (20) 71-74

Getting the difference right: It's power not gender that matters

Melanie A. Katzman, Ph.D.

Institute of Psychiatry , London

and

Cornell Medical College, New York

In an effort to answer “Why women?” “Why now?” I have, along with many others (e.g. Dolan and Gitzinger, 1994; Katzman , Fallon and Wooley, 1994) argued that eating disorders must be viewed as gendered disorders--woman's solutions to the problems exacted by the ravages of sexism, weightism, and lookism. However such conceptualisations have been criticised for privileging sexual discrimination over other societal systems of oppression such as poverty, immigration, and heterosexism.

This would not be unique to our field. For example, studies on the sociology of language which have promoted women's unique modes of communicating and relating (Tannen, 1990) have been reanalysed as expressions of a subordinate status (Lakoff., 1995). Similarly Gilligan's (1982) work on female development has been reinterpreted not as a reflection of female relational styles but rather as a non-gender specific means of adapting to a disempowered status (Hare-Mustin, 1989). It is interesting to note that in matriarchal tribes, men reveal more minor psychiatric morbidity--a finding associated with their familial status rather than gender per se (Cheng and Hsu, 1993)

It is quite possible that studying power differences rather than gender differences may provide a more valuable heuristic for understanding the development of food abuse in varying nations as well as the presentation of eating problems in men.

Studies done in Asia reveal that over 50% of anorexic women sampled do not report a fear of fat, (Lee et. al. 1993). This finding challenges our current “weight obsessed” socio-cultural models of why

one chooses not to eat and opens a gateway for re-examining the role food restriction plays in instrumental efforts to achieve self determination. "Prior to the medicalisation of anorexia nervosa in this century the religious and political nature of food refusal was a starting point for understanding eating disturbance not a caboose to a genetic pharmacological train" (Katzman and Lee, in press, p. 4) The manipulation of one's body as a vehicle to negotiate change (in the absence of any fashion mandate) seems to have been lost in many transcultural studies.

While attempting to document the impact of westernisation or modernisation in the eastern European and Asian communities, questions of what may be changing for women other than media induced appearance norms are omitted. Shifting political and social circumstances affect the power structure of society. In what ways are we missing critical cultural toxins by focusing on gender differences in general and media images in particular? Thompson (1994) has asserted that by emphasising slenderness, the dominant imagery about eating concerns misnames biases against women and their limited access to forms of power beyond corporeal control. However, in reviewing three transcultural studies that dispute the causal role of western beauty ideals, Steiger has posited that as the meaning of self starvation "transcends its local sociocultural context, it cannot so easily be separated from gender" (p.68). From this perspective the predominance of women with eating disorders may more aptly reflect differences between men and women in the opportunity to establish self definition and self control. Where men present with eating issues, similar obstacles to self determination may apply. By focusing on eating disorders as a woman's dilemma we marginalise the experience of men who similarly turn to somatic expression of distress when in disempowered situations.

Studies of men with dysfunctional eating frequently address the association between eating pathology and questions of sexual orientation. The identity confusion expressed as well as demanding appearance norms are cited more often than the potential oppression endured when living a homosexual life. In a comprehensive text on men and eating disorders, power, self determination and oppression are not listed once in the index (Anderson, 1990). In community studies of eating problems in men and women, Woodside et. al. (1996) reported that men with eating disorders did not present life stressors that were all that different from women with eating disorders. This gender parity may upon closer inspection reveal similarities in social position between the two groups that supersedes any chromosomal divergence.

from inequitable roles. Insensitivity to power issues may not only thwart appreciation of potential risk factors but also predisposes us to recreate these abuses in the treatment setting (Williams and Watson, 1997). Along with Glenn Waller (Katzman and Waller, in press) I have argued that debates about the “preferred” gender of the therapist for treating eating and body image problems forces us to consider the sometimes overt (but frequently covert) issue of how one deals with the almost automatic compliance with hierarchical roles in the therapeutic enterprise. Identifying, negotiating, and experimenting with power is vital when treating eating disorders given that issues of control are so paramount (Sesan and Katzman, in press) and allows us to openly discuss potential abuses resulting

Susan Wooley (1995) has described the best contribution of feminism not as the answers it offers but its ability to captures one’s interest in asking new questions. Relinquishing reliance on food and sex as organising schemas for answering “Why now?” frees us to do just that. Rather than examine differences between males and females--an exercise that is purely descriptive, the more significant inquiry is into the way culture arranges the experience of children and adults so that their gender is associated with different experiences, opportunities, and consequences” (Lott, 1997, p.22).

Repetitive polling of people on fat obsessed instruments reveal more about the preoccupations of our field that the potential processes influencing eating behaviour.

Introducing a dialogue about power into treatment efficacy studies broadens the range of questions asked—not just what is delivered but how. Examining social positions as precursors to eating disturbance offers a vocabulary that may more meaningfully translate across cultures. By recognising the similar constraints on male and female behaviour we may open an umbrella that envelopes the men in our treatment programs who have been alienated by constructs that point to the differences not similarities with female patients.

The UK newspaper, The Independent reported that women tend to miss more work than men (Jan. 9, 1997). Women it said, filled more junior positions (for example staffing a delicatessen counter) and could not be expected to work if they had the flu while a senior executive flying a desk at company headquarters would be. They stressed that *this has nothing to do with gender*. It seems so obvious its about position, doesn’t it?

References

- Anderson, A. (1990.) Males with eating disorders. New York; Brunner Mazel, Inc.
- Dolan, B. and. Gitzinger , I. (1994) Why women?. London: The Athlone Press.
- Cheng, T.A. and Hsu, M. (1993). Sex differences in minor psychiatric morbidity among three aboriginal groups in Taiwan: The effects of lineage. *Psychological Medicine*, 23, 949-956.
- Gilligan, C.A. (1982). In a different voice: Psychological theory and women's development.: Harvard University Press: Cambridge, MA.
- Hare-Mustin, R. and Marecek, J. (1990). Making a difference: Psychology and the construction of gender. Yale University Press: Connecticut.
- Katzman, M.A. & Lee, S. (in press) Beyond body image: The integration of Feminist and Transcultural theories in the understanding of self starvation. *International Journal of Eating Disorders*.
- Katzman , M.A. and Waller G.(in press) Implications of therapist gender in the treatment of eating disorders: Daring to ask the questions . In W. Vandereycken (Ed.) The burden of the therapist London: The Athlone Press.
- Katzman, M. A., Wooley, S.C., Fallon, P. (1994). Eating disorders: A gendered disorder. *Eating Disorders Review*, V5(6), 1-3.
- Lakoff, R. (1995). Talking power: The politics of language. Basic Books: NY.
- Lee, S. Ho, T.P. and Hsu, L.K.G. (1993). Fat phobic and non-fat phobic anorexia nervosa: A comparative study of 70 Chinese patients in Hong Kong. *Psychological Medicine*, 23, 999-1017.

Lott, B. (1997) Cataloguing gender differences: Science or politics. In M Roth Walsh (Ed.) Women, men and gender: Ongoing debates. New Haven: Yale University Press.

Sesan, R. and Katzman, M.A.(in press) Empowerment and the eating disordered client: Differentiation within feminist therapy. In C. Heenan and B. Seu (Eds.) Feminisms and Psychotherapies. New York: Sage Publications

Steiger, H. (1995). *Transcultural Psychiatric Research Review*. 64-69.
of Eating Disorders, 12, 725-730.

Tannen, D. (1990). You just don't understand. William Morrow: NY.

Thompson, B. (1994). A hunger so wide and so deep. University of Minnesota Press: Minn.

Williams, J., and Watson, G. (1997) Mental health services that empower women: the challenge to clinical psychology. *Forum* 100, 11-18.

Woodside, B., Garfinkel, P., Lin, E., Goldbloom, D., Kennedy, S. (1996) Eating disorders and eating symptoms in a Canadian community sample. Paper presented at the eating disorders research society meeting, Pittsburgh, Pa.

Wooley, S. C. (1995). What is new in feminist thinking on eating disorders? *Eating disorders journal of treatment and prevention*, 3,4, 368-371.

European Eating Disorders Review

Getting the difference right: It's power not gender that matters

Melanie A. Katzman, Ph.D.

Institute of Psychiatry , London

and

Cornell Medical College, New York

Abstract

The current paper argues that studying power differentials rather than gender differences may provide a more valuable heuristic for understanding the development of food abuse in varying nations as well as the presentation of eating problems in men. Feminist as well as transcultural literature is cited to argue against 'weight obsessed' models of aetiology and recovery.