



## Review article

# Body image among eating disorder patients with disabilities: A review of published case studies

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## ABSTRACT

While individual cases of eating disorder (ED) patients with disabilities have been reported, there has been little synthesis of their experiences of body image and thin idealization. This study reviews 19 published clinical reports of ED patients with sensory, mobility-related, or intellectual disabilities and evaluates the extent to which their experiences align with or challenge current conceptions of body image in ED. ED patients with visual impairment reported a profound disturbance of body image, perceived intersubjectively and through tactile sensations. Reducing dependence in mobility was an important motivation to control body size for ED patients with mobility-related disabilities. ED as a way of coping with and compensating for the psychosocial consequences of disability was a recurrent theme for patients across a range of disabilities. These experiential accounts of ED patients with disabilities broaden current understandings of body image to include touch and kinaesthetic awareness, intersubjective dynamics, and perceptions of normalcy.

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## Introduction

A disturbance of body image is considered core to the psychopathology of eating disorders (ED) such as anorexia nervosa (AN) and bulimia nervosa (BN) ([American Psychiatric Association,](#)

[2013; Fairburn & Harrison, 2003](#)). In much of the clinical literature on ED, the typical patient portrayed is an able-bodied female with normal to high intelligence. While individual cases of ED patients with disabilities have been reported, there has been little synthesis of the experiences of body image, body valuation, and thin idealization that these cases describe. By offering a review and qualitative analysis of published case report literature on individuals with ED and disabilities, the present study aims to fill this gap as well as expand the concept of body image in ED.

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Body image is a multi-dimensional concept, encompassing elements of body perception (estimation of physical aspects of the body and its functions) and attitude (body valuation and esteem) (Cash, 2004; Garner & Garfinkel, 1981). In the general population, body esteem and the perceived discrepancy between the self and ideal body are most strongly linked to eating disturbances (Keeton, Cash, & Brown, 1990); both attitudinal and perceptual distortions have been indicated in clinical ED (Gleghorn, Penner, Powers, & Schulman, 1987). An important factor in the development of body dissatisfaction and ED symptoms is the internalization of a “thin ideal”, a societal ideal of attractiveness, as espoused in the mass media, in which thinness is a major factor (Hesse-Biber, Leavy, Quinn, & Zoino, 2006; Stice, Schupak-Neuberg, Shaw, & Stein, 1994; Thompson & Stice, 2001). Multiple studies have shown that female participants’ body image is significantly more negative after viewing mass media images supporting the thin ideal (see Groesz, Levine, & Murnen, 2002, for a meta-analytic review). Others have found that decreasing the extent to which an individual internalizes the thin ideal can decrease body dissatisfaction, confirming that the two are closely linked (Stice, Chase, Stormer, & Appel, 2001; Stice, Mazotti, Weibel, & Agras, 2000). Body dissatisfaction due to overvaluation of the thin ideal can lead to cognitions and practices characteristic of AN and BN. These, in turn, may self-sustain through reinforcement mechanisms, involving temporary enhancement of feelings of self-control and self-worth that emerge from control of eating and weight loss (Fairburn, Shafran, & Cooper, 1999).

Body image, however, is not monolithic. Increasingly, researchers are investigating how social identities, such as ethnicity and sexual orientation, influence attitudes to body image, cultural ideal internalization and disordered eating behaviours (e.g., Alvy, 2013; Brennan et al., 2013; Lovejoy, 2001). Through the lens of intersectionality theory, a conceptual framework that accounts for experiences of individuals with multiple social identities (Crenshaw, 1991; Rosenfield, 2012), these studies have used semi-structured interviews, reviews and surveys to unpack the interactions between different societal identities and attitudes towards the body.

Research into the interactions between disability and body image has so far focussed on physical disfigurement and aspects of appearance directly related to disability. These studies have shown that individuals with visible disabilities or disfigurements are highly concerned with others’ perceptions of their appearance, and experience psychosocial problems such as stigma and feelings of otherness which contribute to low body esteem (Rumsey, Clarke, White, Wyn-Williams, & Garlick, 2004; Taleporos & McCabe, 2002). The size and severity of disfigurement were not straightforwardly related to the extent of psychosocial difficulties (Robinson, 1997; Rumsey, 2002). Instead, patients’ subjective perception of the extent of disfigurement, or the potential negative response of others, was a better predictor of difficulty compared to the estimation of an impartial observer (Harris, 1997; Rumsey et al., 2004).

The emphasis on the relationship between the perceived opinions of others and one’s body esteem echoes the importance of others’ opinions on body valuation in the general population. Specifically, parents and peers strongly influence individuals’ body image and related weight control behaviours both positively, through verbal messages of active encouragement, or negatively, through criticisms and teasing (Cash, 1995; Rodgers & Chabrol, 2009; Thatcher & Rhea, 2003; van den Berg, Keery, Eisenberg, & Neumark-Sztainer, 2010). Body perceptions that arise in interaction with others and from the internalization of others’ judgements or experiences of one’s body generate an *intersubjective* dimension of body image (see also Joas, 1983). Therefore, there may be important interrelationships between psychosocial and intersubjective influences on body image relating to specific

disabilities or disfigurement, and those relating to body esteem more generally.

Few studies, however, have directly investigated the intersection between disability and aspects of body image related to size, weight, thin idealization, or weight control behaviours; in those that have, results have been equivocal. Taleporos and McCabe (2005) explored the association between mobility-related disability (such as spinal cord injury, cerebral palsy, and spina bifida) and body esteem, and found that individuals with severe mobility-related disability were more likely to devalue all aspects of their body compared to controls. Other investigations have suggested, however, that specific disabilities decrease susceptibility to thin ideal internalization and associated body dissatisfaction. For example, women with rheumatoid arthritis, a condition which is both disfiguring and physically disabling, reported a lower intensity of weight and shape salience and felt subjectively less “fat” compared to controls (Ben-Tovim & Walker, 1995). Similarly, studies of women with visual impairment suggest that these women are generally more satisfied with their body and are less likely to engage in dieting behaviours than sighted women, which may reflect differences in exposure to visual mass media and subsequent thin ideal internalization (Ashikali & Dittmar, 2010; Baker, Sivyver, & Towell, 1998). Two studies that investigated body image in individuals with intellectual disabilities suggested a correlation between distortion of body image measured by self-drawings and individuals’ self-esteem (Franklin, 1979; Ottenbacher, 1981). Overall, past research has suggested that having different disabilities may variably increase or decrease body esteem among individuals without ED, and that the relationship between disability and body esteem is complex and not well understood.

There are, then, a number of gaps in our current understanding of body image among ED patients with disabilities. It is important that we attend to the body image experiences of ED patients with disabilities, so that their unique perspectives are not excluded from current discourse. Moreover, attending to the body image experiences described by these patients could improve our understanding of body image in ED generally, by further elucidating contributing factors and routes through which body dissatisfaction may arise in all individuals. Therefore, this study reviews published case reports concerning ED patients with sensory, mobility-related, or intellectual disabilities, focusing on patients’ narratives and reported experiences regarding body image. Through a qualitative text analysis of these case reports, this study reconsiders the concept of body image among people with disability and ED, at the intersection of multiple social and medical identities.

## Method

### Data Collection

We performed a literature search in PubMed and Google/Google Scholar to identify all extant published case studies of ED in patients with disabilities. Key words and phrases from the fields of ED and disability research were combined, including, for example, “eating disorder”, “anorexia”, “bulimia”, “binging”, “binge eating”, “disability”, “blind”, “visual impairment”, “deaf”, “auditory impairment”, “physical disability”, “cerebral palsy”, “paralysis”, “learning difficulty”, “Down syndrome”. We included a wide range of disabilities in our search terms in order to capture all case reports on ED among people with disabilities, both cognitive and somatic, and develop a broad review of body image experience in individuals with ED and disability. Articles that reported on disabilities that occurred as a result of ED were not included (e.g., a case report concerning a patient who became visually impaired as a result of AN-related

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