

## **CHAPTER SEVEN**

### **CONCLUSIONS**

## 7.0 Conclusions

It has been proposed that women are particularly at risk for eating disorder during periods of social transition (Katzman and Lee, 1997) such that eating disorders have been described as 'barometers of social change' (Nasser and Katzman, 2003). The acculturation hypothesis argues that the apparent increase of eating disorders in non-western women has been underscored by stress encountered during the process of socio-cultural change, particularly the stress of conflicting cultural demands and role expectations (culture-clash), which may create cultural identity confusion and stress.

Difficulties associated with research in a trans-cultural context, have, however, limited research in non-western contexts and the association between socio-cultural transition and eating disorder remains unknown. Nasser and Katzman (2003) argue that research which examines the similarities and differences between non-western samples may identify risk factors and contribute towards our understanding of the development of eating disorder.

Following Nasser and Katzman (2003) and Le Grange et al., (2004), the current research systematically explored the association between socio-cultural transition and eating disorder in a sample of black females within the rapidly changing socio-cultural context of post-apartheid South Africa. In an attempt to overcome the above methodological difficulties, the current research used a combination of quantitative and qualitative analyses and a two-stage approach, where the EAT26 was used as an index of risk for eating disorder and the EDDS was used as a proxy for follow-up clinical interview. This combination of techniques assisted the current research to achieve the following objectives:

Qualitative analyses provided a framework for systematic comparison of similarities and differences within the sample as a whole, and between particular subgroups (schools) which were sampled in an attempt to represent a cross-section of subjects in various levels of social

transition. This technique assisted the current research to evaluate the construct of acculturative stress offered by Rodriguez et al., (2002) as a relevant component of social transition in the South African context, and the existing Multidimensional Acculturative Stress Inventory (MASI; Rodriguez et al., 2002) as a valid measure of acculturative stress in this context.

In accordance with qualitative and quantitative research findings, a modified version of the MASI as the MASI-R was constructed for use in the current South African research setting and was evaluated as an adequately reliable and valid measure of acculturative stress in this research context. To date, this appears to be the first attempt to systematically operationalize and measure acculturative stress in the rapidly changing context of post-apartheid South Africa. Although the MASI-R requires further development and refinement, the current research has, therefore also laid the ground-work for future research on acculturative stress in South Africa.

Using the MASI-R, the current research also identified the presence of acculturative stress in the black female South African research sample, particularly in multicultural school contexts. This stress appeared to be modified by specific conditions of multicultural integration, suggesting that further research on acculturative stress in South Africa is necessary to provide a better understanding of multicultural integration and inform strategies aimed at identifying at risk populations and implementing preventive programs.

Using the Eating Attitudes Test (EAT26) and the Eating Disorders Diagnostic Scale (EDDS), the current research study also indicated that 24.5% of a sample of black female adolescents in South Africa demonstrated dysfunctional eating attitudes and behaviors (obtained a positive score on the Eating Attitudes Test26) and that 13.9% of this sample qualified for a diagnosis of clinical eating disorder on the Eating Disorders Diagnostic Scale (EDDS). These rates are higher than most rates recorded for western adolescents and closer to prevalence rates recorded in other non-western, female research samples, undergoing rapid socio-cultural transition.

Quantitative results of the current research also indicated a strongly significant interaction between the EAT26 and the MASI-R in predicting the presence of eating disorder (on the EDDS) such that subjects scoring positively on both the MASI-R and the EAT26 were 29.408 times more likely to qualify for an eating disorder than those scoring negatively on these scales; while subjects scoring positively on either the MASI-R or the EAT26 score were 4.917 times more likely to have an eating disorder than those scoring negatively on both of these scales. These findings support research hypotheses and suggest that acculturative stress may be a significant risk factor for eating disorders in the current South African context.

Closer examination of the data suggested that acculturative stress, as measured by the MASI-R, may mediate the progression from western cultural influences, to dysfunctional eating, to clinical disorder. Pressures to Acculturate (PTA) appeared to exacerbate prevailing western pressures towards thinness and mediate body image concerns, dieting and dysfunctional eating attitudes and behaviors (EAT26 scores); while Pressures against Acculturation (PAA) appeared to place these westernizing subjects in a position of 'straddling' two different sets of opposing cultural expectations, culture-clash, intergenerational conflict and cultural identity confusion (CONFLICT); which appeared to mediate the progression from vulnerability (positive EAT scores) to clinical disorder. Subjects who 'did not know' their cultural identity, scored highest in CONFLICT, and were significantly more likely to have an eating disorder than those identifying with a non-westernized culture; suggesting that those suffering from cultural identity confusion were most at risk for eating disorder.

Nasser and Di Nicola (2001) argue that cultural identity confusion may be expressed by regulating the body towards culturally appropriate bodily symbols, which in western societies, may be towards thinness. Western ideals of thinness may also provide a 'socially acceptable' form of protest or distress in westernizing populations such that eating disorder may be the solution to a wide variety of stressors, including acculturative stress (Katzman & Lee, 1997).

This thesis thus speculates that the process of Westernization may provide a package of 'stressor' (acculturative stress) and 'solution' (ideals of thinness), thereby placing westernizing populations at particular risk for the development of eating disorder and suggesting that the process of westernization and acculturative stress may be an important risk factor in the development of eating disorders in black South African adolescents. The MASI-R was also found to be significantly and independently predictive of eating disorder, suggesting that while some cases of eating disorder may have been associated with traditional paradigms, other cases of eating disorder were independently and significantly associated with acculturative stress alone.

To date, these findings appear to be the first to have systematically established relationships between a specific measure of acculturative stress, dysfunctional eating attitudes and behaviors (EAT26 scores) and eating disorders (as defined by the EDDS) in the South African context.

Use of a two-stage approach also assisted the current study to systematically evaluate the adequacy of the EAT26 as a measure of dysfunctional eating attitudes and behaviors and a screening instrument for eating disorder in the South African context. Research findings suggested that although the EAT26 may have provided an adequate predictor of risk for eating disorder in the research sample as a whole, this adequacy may not be applicable to all subpopulations within the South African context. This suggests caution regarding use of the EAT26 as a screening instrument in all South African contexts and for future research that uses the EAT26 as a proxy for disorder.

Use of the EDDS also allowed for the identification of a large proportion of subjects who displayed clinically relevant eating practices that did not follow traditionally western diagnostic systems and remained undetected by the EAT26 and the EDDS. Qualitative analysis suggested that these patterns of dysfunctional eating may represent non-western cultural practices, which may be blending imperceptibly with traditionally western ideals and forms of pathology; and which may place black South African females at particular risk for eating disorder.

These findings support suggestions that traditional western risk factors (positive EAT26 scores) may not be necessary in the profile of eating disorder and that clinically significant eating disturbances may have a variety of different etiological pathways.

These findings also support suggestions that a large proportion of eating disorders in the current research sample did not conform to any 'known' risk factors or etiological pathway. This research study therefore speculates that the apparent increase in eating disorders in black South African female adolescents may be underscored by several distinct yet potentially interactive factors, including acculturative stress.

Conversely, qualitative results of this study suggest that acculturative stress may be expressed in many different forms of pathology, including eating disorders, within the current South African context. Research that identifies acculturative stress in South Africa may therefore also have implications for the prevention and treatment of other aspects of mental health such as depression, anxiety, suicidal behavior, substance abuse, deviance, and violence.

Finally, while methodological limitations may prevent generalization of the findings of this study to the South African population at large, following Katzman et al., (2004), it is hoped that the qualitative and quantitative exploration of the current research sample may provide 'a window into a society in the process of transition, that tracks the presence and permeations of eating disorder and possible etiological or risk factors that may arise during this process'; and lays a foundation for future research to clarify.