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MEDIA MESSAGES AND WOMEN'S BODY PERCEPTIONS IN EGYPT

by

SHAIMA RAGAB

Under the Direction of Jaynette Atkinson

ABSTRACT

This study explores the association between media exposure and women's body perceptions in Egypt. The thin ideal perpetuated through the media, eating disorders and body dissatisfaction and drive for thinness were thought to be a culturally linked phenomena confined to Western societies. This study has contributed to the debate on cultural determinism of eating disorders and body dissatisfaction in women as it has shown that these concepts are on the rise in non-Western societies in general and Egypt in specific. When exposed to media messages, women in Egypt demonstrated eating disordered attitudes, body dissatisfaction feelings and also chose other compensatory behaviors such as veiling, fasting, and following diet.

INDEX WORDS: Egypt, Thin media ideal, Eating disorders, Body dissatisfaction and drive for thinness, Compensatory behaviors, Veiling, Fasting, Dieting, Plastic surgery.

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SHAIMA RAGAB

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Master of Arts

in the College of Arts and Sciences

Georgia State University

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2005

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Chapter 1

Background and Importance

Harrison (1997) asserted that the growing prevalence of eating disorders in the United States and other industrialized societies, coupled with the prevalence of conspicuously thin models and actors featured in the media, have become cause of alarm among those concerned with how women use social information to construct body image and develop healthy eating habits. Everyone needs food to survive. But for some people, food can become an overwhelming and destructive force that can completely dominate their thoughts, feelings and actions. People can be said to have eating disorders when their life revolves around food and they take extreme measures to control what they eat. Anorexia nervosa and bulimia nervosa are two common eating disorders and affect women in particular. Anorexia nervosa and bulimia nervosa threaten the physical and mental health of an alarming number of women today. The American Psychiatric Association estimates that the prevalence of disordered eating is threatening more than 40% of the general population of women in the Western world.

Brunch (1982) stated that the two main eating disorders associated with the attainment of the thin ideal are anorexia nervosa and bulimia. Anorexia nervosa is characterized by the refusal to eat enough to maintain body weight over a minimal norm for age and height, an intense fear of gaining weight, body image disturbance, and possible amenorrhea (temporary cessation of menstruation). Anorexia is an illness that occurs mainly in teenage girls. People with anorexia are obsessed with being thin and are terrified of gaining weight. As a result, they starve themselves (especially avoiding high-calorie foods), and exercise obsessively until they become extremely thin and well below the normal weight for their age and height.

Bulimia nervosa is characterized by a pattern of bingeing (eating large quantities of food over short periods of time) followed by attempts to compensate for this excessive caloric intake by vomiting, using laxatives, severe restrictive dieting or fasting, or overexercising (MacGillivray, 2001). Bulimia usually affects women in their early to mid-twenties. People with bulimia are also terrified of gaining weight, but they can usually keep within a normal weight. This is because they eat very large amounts of fattening food (called 'bingeing'), but then get rid of that food by vomiting or by taking laxatives.

It is not exactly known what causes anorexia or bulimia. Many explanations have been suggested, although the precise reasons may be different for each person according to Turner (1995). A fear of not being able to cope or feeling overwhelmed is common among people with anorexia or bulimia. For instance, adolescence is full of major changes – both physical and emotional – and some teenagers may be confused or uncertain. Denying themselves food may be one way to establish some control in their lives. Others may resort to food to block out disturbing feelings. People with bulimia are often unsure of themselves, lack confidence in their abilities or suffer from depression. Binge eating may be one way to cope with these unhappy, unsettled feelings. Today's “thin is beautiful” image may be a contributing factor. The waif-like ideal promoted through the media can put pressure on women of all ages to diet, sometimes to excess.

Eating disorders are reactive forms of cultural pressures aimed towards promoting a desirable image based on a cultural aesthetic ideal, that of thinness (Nasser, 2001). This interplay between societal factors and weight issues made this concern over weight evolve into a culture-bound phenomenon. It is based on the societal mandates of thinness that are considered firmly rooted in the Western cultural values and beliefs. This culture specific notion was strengthened by the apparent absence of eating disorders in other non-Western cultures.

The predominance of eating disorders to women added yet another significant dimension. The gender specific aspect was nonetheless related to the predicament of modern women in Western societies. The pursuit of thinness was seen as reflecting the Western/modern woman's inner conflict torn between traditional and modern social definitions of femininity. Her effort to achieve a new body form is seen as echoing a deeper effort to formulate a new identity (Gordon, 1990). Those gender specific conflicts continued to be seen as exclusive to Western women, of which other women remained largely immune.

Stoutjesdyck and Jevne (1993) found that the general consensus among clinicians is that the incidence of disordered eating has risen steadily over the past 30 years, and disordered eating has begun to change from a disease of young, white, middle class girls and women to a more equal opportunity affliction, especially in Western societies. In addition, eating disorders are finding their way to other non-Western cultures such as China, Japan, Iran, Israel, United Arab Emirates and Egypt (Lee, Ho, & Hsu 1993; Mukai, Crago & Shisslak, 1994; Shroff & Thompson, 2004). In Japan, Mukai et.al. (1994) suggested that concern with weight and disordered eating patterns are emerging in the Japanese society, and the prevalence of this disturbance could be even higher in Japan than in the West. In India, Shroff and Thompson (2004) found that the levels of body image disturbance, eating disorders and fear of fatness are similar to the levels found in the West.

Until recently, eating disorders were reported to be rare among the Chinese. Lee, Ho, et al (1993) reported that eating disorders were seldom encountered by clinicians in the 1970s and 1980s among the Chinese population in Hong Kong; rather the Chinese preferred plumpness in women as a symbol of attractiveness. However, in the past two decades, eating disorders among

young Chinese women have increased. All the above studies cite urbanization or westernization as a contributing cause of the increase of disordered eating behaviors for women.

Research on India, Japan and China reveal that there is eating disordered behavior outside the Western World. However the available literature (Nasser 1997; Nasser, Katzman & Gordon 2001) indicate that eating disorders are infrequent in the Arab world. In the Arab world, for long time thinness has been regarded as socially undesirable, whereas plumpness is regarded as a symbol of fertility and womanhood (Nasser, 1988). Despite the widespread acknowledgement of the importance of cultural factors in the development and expression of body image and eating disorders, few studies have explicitly explored relevant cultural factors such as the political, medical, religious, and any other sociocultural perceptions that may affect the eating habits in a given society. The relative rarity of eating disorders in non-Western societies raises the question: are eating disorders a culture-bound syndrome? This study addresses the gaps in the body image research among women of non-Western cultures by focusing on Egyptian women. Egypt is rarely studied and generally considered to have low incidences of eating disorders. As a representative of the Arab world, Egypt's geographic position in the middle of the Arab world and the Middle East, its historic roots as well as its recent phases of women's education, economic liberalization makes it an interesting place to base this study.

Egypt: Body and History Overview

While best known for its pyramids and ancient civilizations, Egypt has played a central role in the Arab region in modern times due to its strategic location. It is strategically located at the corner of both Africa and Asia. It is the entertainment capital of the Middle East and Northern Africa, as well as a power broker and regional peacemaker. Throughout the ages,

Egypt opened its eyes to the world and foreign influences, while other countries in the region were allowed to sleep a little longer according to Grimal and Shaw (1988).

The time of the Pharos, Islam and modern Egyptian history shaped women's general image in society and personal body image as well. The Egyptian history revealed how women, since the pharonic times, were prominent in both the public and the political life. Nefertiti, the wife of Akhenaton a great Egyptian King, was known for her power, her beauty and slim bust. Cleopatra, to stay as Egypt's Queen, had to use her sexuality to influence the powerful men of the era. Historic records revealed how she was obsessed with her weight and looks and described how she bathed in milk baths and had favorite diets of pearls dissolved in wine (Nasser, 2001). With the passage of time, Islam became the primary religion in Egypt posing on women certain rules of body veiling and covering.

The second half of the nineteenth century, Egypt experienced its first feminist movement that was ushered with the publication of Amin's books *Tahir el-Mar'aa (Women's Emancipation)* (1899) and *El-Mara'aa El-Gadida (New Woman)* (1901). Contrary to the Islamic era, the government began to listen to women's voices and as a result the first entry of female students to the Cairo University was in 1928. Laws were passed to protect women against discrimination and gave them equal right to education, employment and promotion. The change in women's position reflected itself in their clothes and appearance. Observers argue that by the 1970s, there was not a single veiled woman among the urban female population in Egypt; women adopted the latest European fashion with revealing gowns and mini skirts.

The liberation of women continued in the twentieth century. Women's place in public life was assured as a result of the *open door policy* introduced by President Anwar Sadat. Sadat regime introduced *the open door policy* to liberate Egypt. Literally open door works by relaxing

government controls on the economy so as to encourage the private sector and stimulate the inflow of foreign funds. The result of this new policy was the emergence of a new upper wealthy class as well as a movement towards a free market economy and a changed perception of women in the Egyptian society. However, according to Wassef (1989), economic pressures started to hit the Egyptian economy again and enterprises started to see women as a liability and the Islamic ideology was taken as a reason for not employing women claiming that her natural place should be at home taking care of the kids. With these changes, a great number of women started to wear the veils again. However, women who took up the veil were mostly young students with mothers and grandmothers still adopting the Western look (“Innovations,” 2001).

This Islamic revival resulted in a huge conflict of choice for the Egyptian woman. Women were torn between two choices: to have an unattractive look and wear the veil to abide by the ongoing cultural trend, or not wear the veil, but be criticized for not conforming to the cultural and Islamic laws. These cultural practices posed gradual pressures on women’s body perceptions and the way they handle themselves and their bodies. In the early 80s, very few studies were done to address weight concern issues in the Egyptian societies. At first, Nasser (1986) found no evidence for eating disorders, and then in a follow up study, Nasser (1988) started to find that 3.4 % of her sample showed signs of weight concerns, dieting and eating disordered attitudes.

As time passed, more pressure on women increased their disordered eating attitudes. The exposure to Western media and Western eating habits pose the risk of increased weight consciousness and disordered eating for Egyptian women. For example, Egypt is experiencing the global spread of the Western aesthetic ideal through the disseminating power of the Western media according to Becker and Hamburg (1996). In addition, within the context of a global

economy and increased urbanization in Egypt, private multinational firms now employ many of the city dwellers. There is evidence of a significant change in both work and living patterns. Dietary changes now include increased exposure to American, trendy fast food. There are now 180 KFCs, Hardee's, Subways and Pizza Huts in Egypt alone, according to Cox (2002). The dietary change, combined with shifting of meal times and less opportunities for physical exercise are all bound to an increase in the rate of obesity, which in turn would heighten weight consciousness and predispose women to increased risk of disordered eating patterns (Abou Saleh, Younis, & Karim, 1996).

The above discussion highlights that there are a plethora of changes in the Egyptian culture that impose pressures on women's perception of their bodies. In the Western world, research has shown that disordered eating behaviors in the past decades result from the abundance of the attractive portrayal of thin models in the media (Chernin 1981; Gagnard 1986; Hargreaves & Tiggemann 2002). The international globalization and influx of Western culture and media around the world poses the threat of development of eating disorders in Egypt as well. However, cultural factors may lead Arab women to react differently to the western media exposure and adopt different strategies of coping with body dissatisfaction and drive for thinness, i.e. veiling, body covering, plastic surgery, liposuction and professional dieting plans. This study will address the strategies used by women to adapt to surrounding socio-economic pressures. Will the western media influence the Egyptians women's body perceptions and be linked to anorexia and bulimia or will the Egyptian women choose alternative behaviors to protect their bodies and look good at the same time?

Chapter 2

Review of Literature

Societal standards for beauty, perpetuated through different media channels such as television and fashion magazines, have posed pressures on women to maintain a thin body figure. Most women accept those standards and thrive to achieve them despite the impossibility of this goal (Harrison, 2001). In the Western world, women adopt disordered eating behaviors; anorexia and bulimia as reactive forms of dealing with the thin ideal perpetuated by the media. However, the reactions of Egyptian women to the same pressures are still unknown. Therefore, this study will explore how different media channels (TV and magazine) influence women's body image and the consequent behaviors that women engage in to achieve those goals in different parts of the world.

This section will highlight the influence of western media influences and cultural pressures on women's body image and eating behaviors through a review of social learning theory. Second, the specific influence of television exposure and magazine viewing will be discussed to understand the influence of different media channels on women's body perceptions. Last, a review of Arab women's reactions to the thin ideal perpetuated by the Western media demonstrates the strong role that the western media plays in affecting body images and eating behaviors in that part of the world.

Social Learning Theory

The mass media operate as important influences on disordered eating through their impact on values and the thin ideal embraced by women. Garfinkel and Garner (1982) state:

“The media have capitalized upon and promoted this image of thinness and through popular programming have portrayed the successful and beautiful as thin. Thinness has thus become associated with self-control and success” (p.145). The process by which media impacts women’s body image can be understood in terms of the social learning process of modeling (Bandura, 1977). The social learning theory emphasizes the importance of observing and modeling the behaviors, attitudes, and emotional reactions of others. Bandura (1977) states:

Learning would be exceedingly difficult, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action. (22)

Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences. The component processes underlying observational learning are: (1) Attention, including modeled events (distinctiveness, affective valence, complexity, prevalence, functional value) and observer characteristics (sensory capacities, arousal level, perceptual set, past reinforcement), (2) Retention, including symbolic coding, cognitive organization, symbolic rehearsal, motor rehearsal), (3) Motor Reproduction, including physical capabilities, self-observation of reproduction, accuracy of feedback, and (4) Motivation, including external, vicarious and self reinforcement.

Social Learning theory provides an explanation for how young women may come to believe in the thin ideal and become motivated to engage in extreme dieting behavior to meet this ideal. Television and magazines contain an abundance of explicitly thin models and characters that are portrayed as attractive and competent. Social learning theory stipulates that the more attractive an observer finds a social agent, the more the observer will strive to emulate that agent,

other things being equal. From a modeling point of view, it is reasonable to expect that explicitly thin television characters and magazine models, which are portrayed as attractive and competent, should have especially high modeling attraction; that is, young women should be motivated to engage in behaviors that enable women to emulate these characters and models (Harrison & Cantor, 1997).

Young adolescents spend almost 25% of their awake time watching television (four hours per day; e.g., Liebert & Sprafkin, 1988). Therefore, television has the potential to create and reinforce particular social values, stereotypes and behaviors as well as alter young viewers' perceptions of reality (Liebert & Sprafkin, 1988; Sipiora, 1991). One area of recent concern has been the "ideal" female body attractiveness stereotypes presented in television advertising and programming. For example, Ogletree, Williams, Raffeld, Mason and Fricke (1990) found that the vast majority (86%) of appearance enhancement advertisements on television target young female viewers. In 1980, Kaufman reported that relatively few prime-time TV characters were overweight (12%) and under-represented the proportion of overweight individuals in the general population. Six years later, Silverstein, Perdue, Peterson and Kelly (1986) found that 5% of female TV characters were rated as "heavy," whereas 69% of female characters were rated as "thin." This suggests a trend towards an increasingly thinner stereotype of the female body on television.

Exposure to these stereotypes reinforces the association between thinness in women and characteristics such as physical attractiveness, desirability, personal self-worth, and success (Garner, Garfinkel & Olmstead, 1983). Researchers suggested that this may lead some young women to internalize the thin ideal stereotype and form a distorted mental construction of themselves which results in dissatisfaction with their bodies (Ogletree 1990). Myers and Biocca

(1992) found that watching only 30 minutes of TV programming and advertising can alter a young woman's perception of the shape of her body, indicating that body image is malleable and can be influenced by observing ideal body shapes. Levine, Smolak and Hayden (1994) found that ideas about having an attractive body shape, the drive to be slender, and dieting were related to television viewing and magazine reading for many females.

Repeated exposure to female characters' modeling the thin ideal may be particularly detrimental for individuals predisposed to developing an eating disorder such as anorexia and bulimia. Not only do thin models present body images that young viewers may internalize and use to judge and motivate themselves, they may also model the means (e.g., dieting) for achieving unrealistic body shapes. For example, Hamilton and Waller (1993) found that exposure to female fashion images contributed to overestimation of body weight by young women with eating disorders. Similarly, Stice, Schupak-Neuberg, Shaw and Stein (1994) found a positive relationship between overall media exposure (TV and magazines combined) and eating disorder symptomatology.

Changes in eating disorder behavior over the past decades are moving hand in hand with the changes in the mass media representations of women's body image. Chernin (1981) found that the female figure has slimmed down dramatically since the 1950s. Gagnard (1986) discovered a huge increase in the representation of thin models in magazine advertisements, and the results of the study showed that a sample of popular women's magazines contained a 10% increase in dieting articles and advertisements. Another study by Garner, Garfinkel, Schwartz and Thompson (1980) revealed that women's weight and body figure measurements significantly decreased over time in American beauty pageants. Therefore, television viewing and magazine exposure endorse the thin ideal required for women to be socially accepted which, therefore, may

pressure women to engage in dieting behaviors like anorexia and bulimia to reach a desired image.

Television Exposure

Television viewing, Body Dissatisfaction and Disordered Eating. The relationship between TV viewing and eating disorders is the focus of much research. Hargreaves and Tiggemann (2002) investigated the effect of viewing images of attractiveness on the immediate mood and body dissatisfaction of young women. The study showed that viewing appearance related TV commercials, those that portray thin attractive models, in women led to decreased confidence and increased anger and body dissatisfaction. Posavac, Posavac and Posavac (2002) also showed the relationship between TV viewing and body image disturbance that leads to eating disorders. It showed that the extent of the discrepancy women perceive between their own attractiveness and body image and images representative of ideal feminine attractiveness presented in TV predicts how concerned women are with their weight.

Multiple researches suggested that several factors can mediate the effects of TV viewing to television thin ideal. Studies by Harrison (2001) and Posavac, Posavac, and Weigel (2001) both found a relationship between TV viewing and eating disorders. However, the study by Harrison (2001) used self-discrepancy theory to show that exposure to a thin-rewarded portrayal activated ideal discrepancies, while exposure to fat-punished portrayal activated ought discrepancies. They concluded that activation of both types of discrepancies is associated with eating disorders. Thus, the study by Harrison (2001) showed that individual differences play an important role in mediating the adverse effects of exposure to thin media idea. On the other hand, Posavac, et al. (2001), used social learning theory to show that intervention can prevent women

from experiencing body image disturbance when exposed to media images. The results showed that the interventions used can be useful in combating media-induced body image disturbance.

Television Viewing, Attraction to Media Personalities and Disordered Eating. Television viewing can lead to interpersonal attraction to media personalities which in turn can encourage disordered eating and body enhancement behaviors. Harrison (1997) found that interpersonal attraction to thin media personalities in TV is an important element in the relationship between consumption of Thinness Depicting and Promoting media (TDP) and disordered eating. This study argued that interpersonal attraction to thin media personalities has a significant negative influence on disordered eating beyond the influence of mere media exposure. Moreover, a recent study by Harrison (2003) concluded that exposure to ideal body television images predicted women's idealization of a smaller waist, smaller hips and a medium sized bust. Specifically, women personally related to media personalities and agreed on the ideal body dimensions and made every effort to achieve those thin television body proportions through disordered eating and surgical procedures.

Magazine exposure

Researchers have examined the effects of other forms of media exposure on women's body satisfaction. Harrison and Cantor (1997) used social cognitive theory as a framework for studying the relationship between college women's media use and disordered eating. They found that for women, thin ideal media exposure predicted disordered eating, with magazine reading acting as a stronger and more consistent predictor than television viewing. Tiggemann (2003) found that the amount of magazine reading, and not television viewing, was positively related with the internalization of thin media ideal. Thus, it would be important to measure the effect of magazine exposure on body dissatisfaction and drive for thinness in women.

Fashion magazines have been the focus of much research attention. Tiggeman (2003) found that the more women read fashion magazines, the more they internalize the concept of thin ideals. Some correlation studies (Stice & Shaw, 1994) have shown magazine consumption to be related to body dissatisfaction. The results of the study found through experiments that viewing photographs of attractive models can lead to adverse effects on both mood and body dissatisfaction, particularly on heavier women and low self-monitors. In addition, Heinberg and Thompson (1995) demonstrated that college women exposed to ideal-body advertising, such as magazine dieting advertisements, were subsequently more depressed and dissatisfied with their bodies than women exposed to neutral advertisements.

Research shows that increased exposure to magazines increases the internalization of thin ideal by women. Rabak-Wagner, Eickhoff-Shemek, and Kelly-Valance (1998) found that exposure to images of fashion models in magazines indicated a significant change in the women's beliefs that models in advertisements have the ideal body size and shape. The study also showed a significant change in women's behavior and decisions to base dieting and exercising more on looks rather than on health status. A recent study by Harrison (2000) found that exposure to sports magazines in particular increased body dissatisfaction among women and led to increased bulimia and anorexia levels. It is evident from the studies discussed above that magazine viewing contributes to the perpetuation of a thin ideal among women and encourages disordered eating behaviors.

The above studies provide evidence that media exposure, whether magazines or TV, is related to body image disturbance in women and can influence disordered eating behavior. Researchers tried to control other variables such as individual differences, self-esteem (Harrison, 2001) and other interventions (Posavac et.al, 2001) to determine if disordered eating in women is

a direct result of media exposure. However, this relationship may be confined to the American culture in specific and westernized societies in general (Hesse-Biber, 1996). Women in other developing countries may not respond similarly when exposed to the media thin ideal. Thus, culture is an important variable and will be discussed in the following section.

Culture

The above discussion showed how media, both television and magazines are regarded as powerful transmitters of unrealistic beauty ideals for women, and are often held responsible for the high proportion of women and girls who are dissatisfied with the bodies. However, very little research has been done to account for how culture affects women's ideas of body dissatisfaction and drive for thinness. The available body of research focuses on Western culture even more specifically on the American culture and blames it for the slenderness and eating disordered behavior in women (Hesse-Biber 1996). However, relatively few studies have examined the other parts of the world, including the Arab world.

Western Culture. In her book, Hesse-Biber (1996) argues that thinness is an American cult. Young American women start their lives by investing in thinness with the same intense and day-to-day involvement as religious cult members. Unlike religious cult members, young women bow to powerful cultural forces that define females in terms of their physical attributes.

The author asserts that American women are exhorted to strive for a physical ideal that is laden with moral judgment. Slenderness, for women, represents restraint, moderation and self control which are the virtues of the American culture. She states that the American culture considers obesity bad and ugly. For Americans, fat represents moral failure, the inability to delay gratification, poor impulse control, greed, and self-indulgence (Hesse-Biber, 1996). The American culture has stressed the fact that slim figure has come to represent health as well as

beauty. The slim figure ideal is promoted in advertisements for the multimillion-dollar beauty industry, the pharmaceutical industry, and the food industry, which are all part of the capitalist American society that strives to maximize profits, growth, concentration and control. The author describes how the American bookstores are full of advice on losing weight, flattening the stomach, getting rid of cellulite and dressing to be more slender. Diet books are now viewed as “sacred texts” (Hesse-Biber, 1996. p.10).

History has shown that the thin ideal perception is perpetuated by the American society. Hesse-Biber (1996) asserted that since the 1960s, the ideal body type has become steadily slimmer and less curvaceous than in the 50s, which had idolized Marilyn Monroe beauty. Between 1958 and 1988, Playboy centerfolds and Miss America contestants have become more and more slender and the actual Miss America winners are the thinnest of all. In addition, Davis (1995) discusses how factors of the American culture lead to anorexia and bulimia and recently to plastic surgery that is now operated by a \$5 billion dollar industry with blurred lines between health and profits. Davis (1995) added that surgery, such as liposuction, as self improvement is increasingly becoming an option, even a mandate, for American women. The author concluded by stating that the media are the vehicle used by the American society to perpetuate the thin ideal for females. It is therefore safe to conclude that disordered eating habits that result from exposure to thin media ideal is a phenomenon of the American culture.

It is widely believed that culture, along with psychological and biological factors, plays a significant role in the development or prevention of eating disorders. In particular, stringent Western standards of beauty have been implicated in leading to preoccupation with thinness and an epidemic of body size dissatisfaction (Polivy and Herman, 1987).

Inside the American culture, findings for White Americans are different than findings of African and Latin Americans. The existing body of research has exclusively used measures that are developed and validated among predominantly White, Northern American, and Western European samples which have resulted in the limited understanding of the diverse experiences of eating disorders (Davis & Yager, 1992). Indeed the clinical significance attributed to eating disorders among other populations may be misguided. And may in fact obscure other important protective and risk factors for eating disorders in ethnically diverse populations. A study by Franko and Striegel-Moore (2002) reported that body dissatisfaction differs across different ethnic groups inside the Western culture. The authors' findings suggest that black girls are significantly more satisfied with their weight and shape and engage in less disordered eating than White girls. Black girls may be protected from body dissatisfaction by powerful familiar and peer influences as well as the role of culture in acceptance of larger body size.

Research suggested that attention has to be redirected from focusing on body aesthetics to body ethics in both the Western and Arab culture. Rubin, Fitts and Becker (2003) found out that African American and Latino participants had an emphasis on body ethics not aesthetics that suggested a need for reframing the presumed core orientation towards the body, one that is perhaps recognizable and dominant among Euro-American cultures but is by no means universal. The authors also reported that the body ethics espoused by African American and Latino participants promoted self-acceptance and body nurturance and rejected the dominant cultural ethos that encourages women to reshape their bodies to emulate the cultural ideals. Instead, focus group participants responded to these images by contesting, resisting and rejecting ideologies that define thinness and whiteness as inherently beautiful. The participants cultural values such as being "true to oneself," "To love myself unconditionally" and "whatever feels good in my

soul” provided high emphasis on body protection and protected participants from dangers of disordered eating (Rubin et al. (2003), 70). The above study demonstrated how African Americans and Latino women in the American culture have different reactions to the cultural pressures that focus on a thin ideal ideology. More studies need to test women’s body attitudes and reaction to cultural pressures in non-western societies.

Arab Culture. Examining eating disorder symptoms in cultures with minimal access to the West may be useful in assessing the role of the Western ideals in the development of eating disorders. Research on non-western cultures like India, Japan and China reveal that there are eating disordered behavior outside the Western world; however the available literature indicates that eating disorders are rare in the Arab culture. In the Arab culture, thinness has been regarded as socially undesirable, whereas plumpness is regarded as a symbol of fertility and womanhood (Nasser, 1988).

The Gulf region with its oil rich countries has undergone rapid and extensive economic and sociocultural modernization in the last two decades. These changes have altered the lives of both the city dwellers and the Bedouins, with the influx of a large expatriate population of the Arabs, Asians, Europeans, and Africans comprising 80% of the populations of the Gulf countries. In the United Arab Emirates (UAE), Abou-Saleh, Younis and Karim (1998) provided the first evidence of the occurrence of anorexia nervosa by documenting the occurrence in 3 females and 2 males. The authors’ report indicates that the increasing globalization of the UAE society had led to the emergence of eating disorders in the United Arab Emirates.

Abdollah and Main (2001) examined the body image of Iranians living in Iran, a culture that has outlawed the influx of Western media since the Islamic revolution in 1978. The findings indicated that Iranian women display evidences of eating disorders and body image concern, but

these findings were not related to the exposure to Western media. The culture of Iran serves as a contrast to Western norms. Access to Western media is illegal in Iran. In addition, women are mandated by law to wear some form of hejab, or full body covering while in public. The covering make it difficult to observe the size and shape of the female body, thereby reducing the emphasis on these features and possibly acting as a protective factor against eating disorders and body image concern. The authors found that women who covered their bodies starved themselves and were preoccupied with exercising. Thus, the resulted showed that body coverage does not protect from body image concerns or eating disorders.

Arab schoolgirls were investigated in a study conducted in Israel. Alan and Mohammed Abdu's (1994) objective was to examine the eating attitudes of Arab and Jewish Israeli schoolgirls. The Eating Attitude Test (EAT) was used after translation into Arabic and Hebrew. It was found that the schoolgirls' eating behavior depended on the degree of exposure to Western body ideals and the presence of conflict between what is modern and traditional in relation to the female role. Interestingly the Kibbutz population followed by all the Arabs, showed abnormal eating attitudes. The female Kibbutzim – who are similar to other Western populations in their behavioral tendencies and attitudes related to eating and physical build had the highest EAT scores followed by the Arab Muslims. The authors argued that the Arabs showed strong Western influences in their attitudes, particularly to body images, which could make them prone to eating disorders.

In Egypt, Nasser (1986) compared two matched samples of Arab female students attending London and Cairo Universities. EAT was used and showed that 12 % of the Cairo group and 22% of the Arab-London group displayed concern over their weight. Six cases of bulimia were identified in the London-Arab group but none in Cairo. The study showed that

concern with body weight existed in a society presumed to have different values. However, identification with western cultural norms in relation to body weight was thought to be partly responsible for causing the eating disordered behavior.

In view of the unexpectedly high percentage of EAT positive scores in the above study, Nasser (1994) surveyed 351 secondary school girls in Egypt and found only 3 cases of bulimia nervosa. All the girls who had positive scores on the EAT admitted to repeated dieting and had knowledge of various diets and slimming pills on the market. Their reason for dieting was a desire to be slimmer and more attractive. A total of 3.4% of them showed enough concern about these issues to make them qualify for eating disordered behavior (Nasser, 1994).

Women in the Arab world show less eating disorder symptomatology than the women in the Western world. Abdel-Aziz (2002) found that media in Egypt are also giving an unrealistic and unfair representation of female body image through perpetuation of thin media ideals in programs, sitcoms and advertisements. However, Abdel-Aziz (2002) showed that women in the Arabic culture would not resort to bulimia and anorexia nervosa as solutions to losing weight. A narrative analysis of 200 Egyptian women revealed that women in the Arab world have a tendency to prefer dieting, exercising and in some cases plastic surgery rather than disordered eating behaviors. Thus the study suggested that there can be a cross cultural tendency for women to be concerned with their body shape; however the degree of concern may be culture bound. The concept of anorexia and bulimia is mainly known to the Arab women through the Western media. Since harming one's body is not acceptable in the Arab culture and actually considered a sin in religion, it is predicted that Arab women would not follow the Western eating disorder path.

Following that logic, the following hypotheses are proposed:

H1: Amount of media exposure in Egypt will be positively associated with body dissatisfaction and drive for thinness but not associated with eating disorder symptomatology.

H2: Body dissatisfaction and drive for thinness in Egyptian women will be positively associated with body compensatory behaviors (e.g. veiling, body covering, professional dieting, religious fasting and plastic surgery)

H3: Body dissatisfaction and drive for thinness in Egyptian women will not be associated with eating disorder symptomatology.

Chapter 3

Method

This study is seeking to fill the gap in the literature and examine the association between women's eating attitudes and exposure to Western media in the Arab world, especially in Egypt. This study used survey as its research design to examine associations between five variables: TV exposure, magazine exposure, eating disorder symptomatology, body dissatisfaction and drive for thinness and body compensation methods. According to Earl Babbie (2001), survey research is the best method available for social researchers to collect original data. Babbie (2001) adds that surveys are excellent vehicles for measuring attitudes, perceptions and behaviors. Therefore, survey research was the most appropriate method to study the association between women's exposure to the Western media thin ideal in Egypt and body perceptions and eating behaviors. This chapter discusses in details the method used to test the hypotheses, specifically an overview of the participants, information about the questionnaire, and details about the procedure used to examine the variables of this study.

Participants

A convenience sample of 181 undergraduate female students aged 18-23 ($M = 20$ years old) participated in the survey in Egypt. Female students were recruited from classes at the Academy of Arts and Design on a volunteer basis. While administering the survey, classes' instructors announced that students would receive extra credits toward their course.

Participants' majors varied and included Graphics (40.3%), Décor (26.5%), Advertising (25.4%), Fashion (7.2%), and Computer (.6%). Places of birth also varied with the highest concentration (49.7%) in Cairo. Place of residence was distributed among Cairo (20.4%), Haram (16.6%), Heliopolis (9.4%), 6th of October City (7.7%), and Maadi (6%). To get an idea about the social standard of participants, questions were asked about the highest degree earned by participants and by their mothers and fathers. The majority of the participants had high school as their highest degree 98.3%. The majority of the mothers had a college degree 75.1%, 2.8% had a master's degree and 3.3% had a doctoral degree. As for the participants' fathers, 85% had a college degree, 1% had a master's degree, and 7.7% had a doctoral degree.

Table 1
Distribution of Participants' Residence in Greater Cairo Area

	Frequency	Percentage
Cairo	37	20.4
Haram	30	16.6
Heliopolis	17	9.4
Nasr City	18	9.9
6 October City	14	7.7
Giza	14	7.7
Maadi	11	6.1
Shobrah	9	5
Dokki	5	2.8
Mohandseen	5	2.8
Helwan	4	2.2
Kaliobia	4	2.2
Mattariah	2	1.1
Mokattam	2	1.1
Abbasiah	1	.6
Agouza	1	.6
Banha	1	.6
Embaba	1	.6
Meet Okba	1	.6
Midtown	1	.6
Monofeiah	1	.6
Sharkiah	1	.6

Zaitoon	1	.6
Total	181	100.0

Participants of this study were all females. Harrison (1997) indicated that women outnumber men 10 to 1 in the prevalence of disordered eating and 4 to 22 of college aged females report eating disordered behavior. The American Psychiatric Association (2000) indicates that women are more prone to be affected to the thin media ideal than men. The association adds in its report that strivings for beauty and acceptance according to the stereotypes that women perceive in global-cast media are leading increasing numbers of women around the world to develop attitudes and eating behaviors associated with eating disorders. Therefore, studies are needed to reflect women's struggles and personal experiences about what it means to be feminine and what it means to be perfect in the modern world. In addition, studies should be sensitive to and inquire as to how weight and shape concerns are experienced by women, especially those who are minorities, from non-Western or other cultural backgrounds, or are transitioning and assimilating into Western societies. Therefore, this study chose to measure women's but not men's attitudes and reactions to the exposure to thin media ideal in Egypt.

Questionnaire

The questionnaire took approximately 30 minutes to complete and included several measures such as the amount of TV viewing, magazine readership, dieting beliefs and demographics. The survey examined the association between five variables: TV exposure, magazine exposure, eating disordered symptomatology, body satisfaction and drive for thinness, and approval for body compensation methods. The survey consisted of five parts (See Appendix A).

TV exposure. Participants were asked to estimate the number of hours per week they spend watching the following types of programs: sitcoms, drama, video clips, news, talk shows, movies, and fashion programs.

Magazine exposure. Magazine exposure was measured based on Harrison's (2001) model which used the following question: "In an average month, how many magazines do you read? This includes magazines that come to your classroom or home, and magazines you buy or borrow from friends." Participants were asked to estimate the number of issues they regularly look at or read each month in five categories: (a) news and current events, (b) health and fitness, (c) fashion, (d) entertainment and gossip, and (e) sports and activities. Response options ranged from 0 (none) to 7+ (7 or more).

Eating disorder symptomatology. The Eating Attitude Test is a 26-item Likert type scale (EAT; Garner & Garfinkel, 1982) also cited by Harrison (1997) was used to provide an overall index for disordered eating for women. Representative items from this scale include "Am I preoccupied with a desire to be thinner" and "Do I exercise strenuously to burn off calories." Respondents indicated their agreement with the statements on a Likert type scale ranging from "never" (1) to "always" (6).

Body dissatisfaction and drive for thinness. The Body Shape Questionnaire (BSQ; Cooper, Taylor, Cooper &, Fairburn, 1987) was used to provide an overall index for body dissatisfaction and drive for thinness. The BSQ is a 34-item Likert type scale questionnaire. Representative items from this questionnaire include "Have you been so worried about your shape that you have been feeling that you ought to diet?" and "Have you thought that your thighs, hips or bottom are too large for the rest of you?" with possible responses ranging from "never" (0) to "always" (5).

Body compensation methods. In the next part of the questionnaire, women were presented with the following item: “If cost and culture were not an issue, how likely will you be to do each of the following to improve your appearance?” Response options ranged from 1 “highly unlikely” to 5 “I have already done this.” There were 6 methods listed including: wearing fluffy coats, liposuction, following a specialized diet with a doctor, engaging in religious dieting, wearing veils, and performing plastic surgery.

Demographics

Participants were asked at the end of the questionnaire to state their age, highest level of education achieved by them as well as their mothers and fathers, place of birth and place of residence in Cairo.

Procedure

Participants in Egypt responded to self-administered questionnaires delivered to them by graduate assistants at Cairo University. A team of three to five researchers visited participants in their communication classes at Cairo University. Assistants took five minutes to lead them through the questionnaires and answer their inquiries. Participants completed the consent forms (See Appendix E) then the questionnaires. Assistants then collected the questionnaires, made sure that they were complete, and sealed them in an envelope. Research assistants took 10 minutes to explain the details of the study and the variables measures; then they thanked participants and left.

Chapter 4

Results

This chapter outlines the results of the statistical analyses used to examine the research hypotheses of this study. Reliabilities of the scales will be presented first. Second, the results of correlations between media exposure, body dissatisfaction and drive for thinness and eating attitudes among Egyptian women will be reported. Finally, results analyzing the relationship between body dissatisfaction, appearance compensation behaviors and disordered eating attitudes in Egyptian women will be discussed at the end of this chapter.

Reliability of Scales

Eating Attitude Test (EAT). The Eating Attitude Test (EAT) is a widely used self-report measure of eating disorders. It was developed by Garner and Garfinkel (1979) to examine symptoms of anorexia nervosa. The EAT-26, used in the present study, was modified and simplified by Garner and Garfinkel in 1982. The EAT-26 achieved good reliability ($\alpha = .80$). Following Garner and Garfinkel (1982), in the present study, participants who scored 20 or above were considered to have abnormal eating behavior and those scoring below 20 were considered to have normal eating attitudes. Out of the 181 participants in this study, 20.4% (N= 37) females demonstrated excessive concern with their eating attitudes which indicated the high probability of the presence of an eating disorder.

Body Shape Questionnaire (BSQ). BSQ (Cooper, Taylor, Cooper & Fairburn, 1987) is used to evaluate fear of putting on weight, feelings of low self-esteem because of one's appearance, the desire to lose weight and body dissatisfaction. In the present study, BSQ

achieved high reliability ($\alpha = .95$). Following Cooper and Taylor (1987), the present study classified the scores in 4 categories: not worried about body weight < 81 , slightly worried = $81-110$, moderately worried = $111-140$, extremely worried > 140 . Of the 181 participants in this study, 7.7% ($N=14$) were extremely worried, 12.7% ($N=23$) were moderately worried, 47% ($N=85$) were not worried at all and 32.6% ($N=59$) participants were slightly worried with their body shape.

TV Exposure. The Television Exposure questionnaire was developed for the purpose of this study to measure the average number of hours per week that participants watch television and determine what kind of media participants watched the most. Participants were asked to report the number of weekly hours they watched sitcoms, drama, video clips, news, talk shows, movies and fashion programs. The questionnaire achieved moderate reliability ($\alpha = .67$).

Magazine Exposure. A magazine genres scale was developed following Harrison's (2001) model to assess the average number of magazines participants read monthly and to assess the genres of magazines participants read the most. These included the number of magazines participants' read in or outside their homes including the ones they buy or borrow from friends. Participants were asked to report the average number of magazines they watched monthly of categories like fashion, health, sports, entertainment and news. The scale achieved moderate reliability ($\alpha = .67$).

Hypotheses Testing

H1a: Media exposure in Egypt will be positively associated with body dissatisfaction and drive for thinness. The first hypothesis was tested with Pearson Correlation. Media exposure was significantly correlated with body dissatisfaction and drive for thinness, $r(179) = .12, p < .05$. This

result showed that the more Egyptian participants were exposed to media, the more they felt dissatisfied with their bodies and wanted to look thinner.

In this study, media exposure can be further divided into TV viewing and magazine reading. A separate analysis was run for TV viewing and results showed that the relationship between television viewing and body dissatisfaction and drive for thinness approached significance, $r(179) = .11, p = .07$. A detailed Pearson correlation was run for every television program and results revealed that only fashion programs had a significant relationship with body dissatisfaction and drive for thinness, $r(179) = .23, p < .05$. This result highlighted that the more Egyptian participants watched fashion programs on television, the more they disliked the way their bodies looked and the more they aspired to look as thin as the models in fashion programs. A detailed descriptive analysis was conducted for every television exposure question to find out the kind of television programs most frequently watched by participants. On average, participants watched 6.42 hours of fashion programs per week. Compared to other types of programming, fashion programs were not the most watched or the least watched type of programs. Detailed results of average number of hours watches for the rest of TV programs are listed in Table 2.

Table 2
TV Program Exposure Measured in Number of Hours Per Week

Program	M	Standard Deviation
Movies	16.09	26.54
Video Clips	13.01	28.87
Drama	7.34	8.01
Fashion	6.42	15.52
Sitcom	6.05	8.46
Talk Shows	4.83	5.96
News	3.13	4.57

A separate analysis for magazine viewing and body dissatisfaction and drive for thinness revealed a relationship approaching significance, $r(179) = .12, p = .08$. Results revealed that as media exposure among Egyptian college students increased body dissatisfaction and the desire to be thinner also increased. A separate correlation analysis showed the relationship between each magazine genre and body dissatisfaction and drive for thinness. Results revealed that fashion, $r(179) = .14, p < .05$ and health and fitness, $r(179) = .20, p < .05$ magazines had statistically significant relationships with body dissatisfaction and drive for thinness (See Table 3 for details). This result showed that the more Egyptian participants read health and fitness and fashion magazines, the more they disliked the way their bodies looked and the more they wanted to look thinner. Thus, hypothesis 1a was supported.

Table 3
Correlations Between Magazine Genres and Body Dissatisfaction and Drive for Thinness

	Pearson Correlation	Significance
Fashion	.14*	.03*
Health and Fitness	.20	.00**
Sports and Activities	.00	.49
Entertainment and Gossip	.05	.25
News and Current Events	-.03	.32

** Correlation is significant at the 0.01 level (1-tailed).

* Correlation is significant at the 0.05 level (1-tailed).

H1b: Media exposure is not associated with eating disorder symptomatology. A Pearson correlation was run to test the relationship between media exposure and eating disordered attitudes. Results showed that there was no significant correlation between media exposure and eating disordered attitudes, $r(179) = -.03, p = .33$. Television viewing was not significantly correlated with eating disordered behaviors, $r(179) = -.04, p = .29$. In addition, magazine

viewing was also not significantly correlated with eating disorders, $r(179) = .09, p = .13$. Results showed that there is no relationship between media exposure and disordered eating among Egyptian students, thus Hypothesis 1b is supported.

H2: Body dissatisfaction and drive for thinness in Egyptian women will be positively associated with body compensatory behaviors. In this study, body compensatory behaviors were identified as plastic surgery, personal diet, fasting, and veiling, wearing big coats and following diet with a physician. A separate Pearson correlation was run for each compensatory behavior. Results revealed a significant relationship between body dissatisfaction and drive for thinness and plastic surgery, $r(179) = .12, p < .05$, personal diet, $r(179) = .43, p < .05$, fasting, $r(179) = .28, p < .05$, veiling, $r(179) = .17, p < .05$, and following diet with a physician, $r(179) = .49, p < .05$. However, there was no significant relationship between body dissatisfaction and drive for thinness and wearing big fluffy coats, $r(179) = .03, p = .36$. Therefore, results show that the more Egyptian women feel dissatisfied with their appearance, the more they are likely to engage in compensatory behaviors such as having plastic surgery, dieting, fasting and veiling. Dieting was strongly correlated with body dissatisfaction and drive for thinness, as indicated by the high correlation coefficient value, $r(179) = .43$. Wearing big fluffy coats was not correlated with body dissatisfaction and drive for thinness. Therefore, these results demonstrate partial support for Hypothesis 2.

Table 4
Correlations of Body Compensatory Behaviors with Body Dissatisfaction and Drive For Thinness

	Pearson's Correlation	Significance
Surgery	.12	.05
Diet	.43**	.0001
Fast	.28*	.0001
Veil	.17*	.01
Large Cloths	.03	.36
Professional Diet	.49**	.0001

** Correlation is significant at the 0.01 level (1-tailed).

* Correlation is significant at the 0.05 level (1-tailed).

H3: Body dissatisfaction and drive for thinness will be negatively associated with eating disorder symptomatology. Opposite to the study's prediction, results of this analysis illustrated a significant, strong and positive correlation between these two variables, $r(179) = .62, p < .05$. This correlation demonstrates that the more dissatisfied Egyptian women are with their body appearance, the more likely they are to have disordered eating attitudes. This correlation is very strong, as indicated by the coefficient, $r(179) = .62$. Therefore, Hypothesis 3 is not supported.

Summary of Results

As expected, Hypothesis 1 revealed that media exposure is significantly associated with Egyptian females' feelings of dissatisfaction with their bodies and their desire to be thinner. Simultaneously, the first hypothesis also demonstrated that media exposure was not related to disordered eating attitudes in Egyptian females.

As predicted, Hypothesis 2 exposed the significant relationship between body compensatory behaviors and body dissatisfaction and drive for thinness. To be exact, significant correlations were found between body dissatisfaction and all behaviors except wearing big fluffy cloths (i.e., surgery, personal diet, professional diet, fasting and veiling).

Contrary to what was predicted in Hypothesis 3, body dissatisfaction and desire to be thinner was significantly related to the presence of disordered eating attitudes among Egyptian females.

Chapter 5

Discussion

The purpose of this study was to assess the relationship between Egyptian women's attitudes and media exposure. In general, the results illustrated that exposure to thin models of television and magazines was associated with Egyptian women's dissatisfaction with their body image but was not linked to the development of anorexia and bulimia. Instead, young Egyptian women chose to adopt other forms of behaviors to look good without harming their bodies such as veiling, fasting and dieting.

Several significant results were revealed in the analysis of the relationship between media exposure and disordered eating among young Egyptian women. The following discussion will begin by analyzing the findings of this study within the theoretical framework of social learning theory and then will highlight the relationship between television viewing, magazine reading, cultural differences and eating attitudes among young Egyptian women. Finally, limitations of the study as well as directions of future research will be addressed

Media Exposure

Consistent with the predictions of social learning theory, this study revealed a significant relationship between Egyptian women's body image and the waiflike models viewed in the media. Media influence displayed an association to body image dissatisfaction in women in this study. This finding is consistent with past research (Harrison & Cantor, 1997; Stein & Shaw, 1994) who found a direct relationship between overall media exposure (TV and magazine combined) and body dissatisfaction and drive for thinness.

Media exposure affects the observing, modeling and emotional reactions of others according to Bandura (1977). Therefore, the mass media influences eating attitudes of women by altering their values and perceptions of the thin ideal (Garfinkel & Garner 1982). As young Egyptian women are exposed to thin models in the media they not only internalize the models' body images, they also model the means of achieving these unrealistic body shapes such as overestimation of body weight regardless of their actual weight (Hamilton & Waller 1993). Because the media portray thin models as attractive, competent, socially desired and successful, women would strive to emulate thin models behaviors to achieve their social success according to the social learning theory of modeling (Bandura 1977).

Young women spend almost four hours per day watching television according to Liebert and Sprafkin (1988). The present study found that on average Egyptian young women spend about fifty seven hours per week watching television and read about 12 magazines per month. Exposure to this amount of television and magazines would have a great potential to create and reinforce social values, stereotypes and alter perceptions of reality (Sipiora, 1991). Of special concern is the thin ideal stereotype disseminated by television and magazine models since 69% of female TV characters has been rated as thin according to Silverstein, Perdue, Peterson and Kelly (1986) and dieting articles and advertisements have increased by 10% in women's magazines according to Gagnard (1986).

Body Dissatisfaction and Drive for Thinness. In this study, a significant relationship was found only between viewing fashion programs on TV and reading fashion and health and fitness magazines and body dissatisfaction. All other types of TV programs (sitcoms, drama, news, movies, talk shows and video clips) and magazines genres (news, entertainment and sports) were

not significantly related to body dissatisfaction. In addition, there was no significant relationship between disordered eating and any type of TV viewing or magazine reading.

The findings in the present study support those of other studies that show that ideal-body television exposure is linked to women's idealization of thinness (Harrison & Cantor 1997, Harrison 2003). Television viewing causes interpersonal attraction to thin media personalities which has a negative influence of satisfaction with body image. In addition, viewing models in television fashion commercials that portray thin attractive women contributes to decreased confidence and increased anger and body dissatisfaction in women.

The social learning theory contends that basing self-evaluations of physical appearance on unrealistic targets such as models in fashion TV programs have negative implications for body image. The present study offers strong support for this theory. The ideal woman body depicted in fashion TV programs is not only thin, she is thin with specific bust, waist, and hip proportions (Harrison 2003). She represents a sexual ideal, a fantasy, a nonrealistic woman who is nonetheless used by real women as a point of comparison in their efforts to improve their bodies. Repeated exposure to these unrealistic standards is associated with decreased confidence and increased dissatisfaction with women's body image.

This study found a strong relationship between reading fashion and fitness magazines and body dissatisfaction. The more Egyptian women were exposed to Fashion and Fitness magazines, the more dissatisfied they were with their bodies. Commercial advertising through Egyptian women's magazines started in recent years to take the issue of dieting and thinness on board. There is a specialized magazine that was first issued in 1987 called *El Rashaka* (Arabic for slimness) as well as the Arabic versions of international women's magazines such as *Elle* and *Vogue* (Nasser, Katzman & Gordon, 2001). Increased magazine exposure in Egyptian women

increased their desire to be thin, their demand of an attractive body shape. Consequently, more efforts were exerted to model the thin look of models.

The emphasis of producing fashion magazines in Egypt may reflect the hidden intentions of the market advertisers who want to drive up their product consumption. According to Hesse-Biber (1996), magazine advertisers purposely normalize unrealistically thin bodies in order to create an unattainable desire that can drive product consumption. Advertisements in fashion magazines emphasize thinness as a standard for female beauty, and the bodies idealized in the media are frequently atypical of normal, healthy women. In fact, today's fashion models weigh 23% less than the average female and a young woman between the ages of 18-34 has a 7% chance of being as slim as a catwalk model and a 1% chance of being as thin as a supermodel. However, 69% of young women are influenced by the idea of the perfect body shape and the pervasive acceptance of this unrealistic body type creates an impractical standard for the majority of women (Hamburg, 1998). The media markets desire. And by reproducing ideals that are absurdly out of line with what real bodies really do look like, the media perpetuates a market for frustration and disappointment. Its customers will never disappear considering that the diet industry alone generates \$33 billion in revenue; advertisers have been successful with their marketing strategy (Hesse-Biber, 1996).

The more women read fashion magazines; the more they internalized the concept of thin ideals (Heinberg & Thompson 1995, Rabak-Wagner, Eickhoff-Shemek & Kelly-Vance 1998; Stice & Shaw, 1994, and Tiggeman 2003). The present study offers strong support to these scholars who found that Fashion and fitness magazine consumption has been always related to body dissatisfaction, decreases self-esteem and confidence; feelings of guilt, shame, depression, anxiety, and insecurity. The popular portrayal of the feminine physical ideal in advertisements

found in popular fashion magazines is unrealistic, unhealthy, and does not accurately reflect the range of body types and sizes in society. Readers of popular fashion magazines are more likely than readers of other types of magazines to identify a smaller dress size as ideal, to diet and to equate thinness with happiness and success.

Eating Disordered Attitudes. The findings of this study indicated that eating disordered attitudes was not prevalent among young Egyptian women. Only a few cases of eating disorders among young Egyptian women (37 cases) were associated with media exposure. The majority of the study's participants preferred veiling, fasting, and wearing large clothes to be socially attractive. Only a very small percentage indicated preference for plastic surgery ($M=1.5$).

This finding is consistent with a number of important studies (e.g., Harrison & Cantor, 1997; Shaw, & Stein, 1994) have shown that exposure to ideal-body media is linked to disordered eating attitudes among women and the preference, among men, for thinness in women. Where do young women learn about the skinny-yet-medium-busted ideal? Most are likely to have learned about this body ideal through the mass media. Television programs such as Baywatch and Comedy Central's The Man Show are just two of the many outlets that broadcast or illustrate body ideals. Egyptian young women have also learned about the thin media ideal through the mass media. The access to western media has considerably increased in recent years through the spread of satellite channels (Nasser, 1997). There is a tendency to adopt the western look and style that is perceived as popular. This is particularly evident in entertainment programs targeted towards Egyptian young women. Moreover, American shows as Bay Watch and Friends have migrated to the Egyptian media according to Abdel-Aziz (2002) taking with them the thin ideal depiction of female characters and the disordered eating attitudes associated with reaching this thin media ideal.

The findings of this study suggest that exposure to thin models in magazines' commercials is associated with disordered eating attitudes. This is consistent with Heinbergh & Thompson's study (1995) which found that women start to accept the models' body size and shape in magazines as ideal and significantly change their eating attitudes and decide to base dieting and exercising more on looks rather than on health status. This finding can be due to the emotional involvement by readers and deliberate and repeated exposure to the thin ideal (e.g., detailed examination of the models in the ads and rereading articles). Egyptian young women who use magazines in an active desire to look like the models may be the most at risk. In addition, discussion of the contents with peers may reinforce thin-ideal messages in fashion and fitness magazines.

Body Dissatisfaction and Compensatory Behaviors

Consistent with this study's prediction, a large number of participants of the present study have chosen to confine to other compensatory behaviors other than disordered eating to live up to their societal expectations. In response to being dissatisfied with body appearance, 79% reported they either consider or have already gone on personal diet, 45% would fast (fasting for a couple of days a week is a familiar form of religious activity and is unlikely to cause any concern from families), 52% would wear a veil and 60% would follow a diet with a physician.

These results can be explained in light of the changes that Egypt is undergoing. The fast changes taking place in the country towards westernization have been concurrent with a contradictory wave of religious fundamentalism. Veiling and fasting can be used by Egyptian females as means of looking good without harming their bodies (which is considered a sin in Islam; the prevalent religion in Egypt). This is due to the Islamic ideology that swept the nation since President's Anwar Sadaat's time that used religion to favor his system's interest (Nasser,

1997). This Islamic wave directed women's attention to strict Islamic laws that consider it a sin to harm one's body and mandate that a person should accept his/her body as is without altering it in any means like breast augmentation and liposuction (Nasser, 1997). The conflict between Islam and Westernization motivated Egyptian women to adopt other compensatory behaviors as a response to their confused cultural identity. Nasser (1997) viewed these behaviors as acts of resistance to forces of change, modernity and cross cultural communication conditions- a deliberate act of choice in quest for social acceptance.

The choice of compensatory behaviors over disordered eating attitudes reflects the unique paradigm for the position of Egyptian women across time and social change. According to Wassef (1989), women of Egypt belong to Africa and also to the Arab Moslem tradition where women are commonly defined through rigid and mostly negative stereotypes, but Egypt was in fact exposed relatively early to major westernizing forces and showed readiness to assimilate to new ideas (Nasser, 1997). This was clearly reflected in its feminist movement which took place at the same time as that of Europe. In recent times, Egypt experimented with socialism, and the position of its women was subsequently modulated by this experience. Today, Egypt tries to adjust to the new realities of the free market ideologies (Grimal & Shaw, 1988). This influx of changing circumstances developed a confusion of what was expected from Egyptian women. The social disruption and cultural confusion leads some women to resort to eating disorders, while the others prefer to adhere to Islamic laws and adopt other compensatory behaviors to be healthy and look good at the same time.

The adoption of veiling and other compensatory behaviors by Egyptian women redirects the focus from body aesthetics to body ethics as Rubin, Fitts and Becker 2003 put it. It is a message sent by non-Western women to flag the need of resisting and rejecting ideologies that

thinness is linked to beauty and success. Loving one's body and protecting it are needed to encourage women to change the thin media ideal stereotype which will not be achieved through disordered eating attitudes.

The results of this study highlights how cultural changes worldwide have lead women in Western and Middle Eastern societies to adopt forms of resistance to express how torn they are between traditionalism and modernity. In both situations of eating disorders, women appear confused about society's intentions towards their progress and development. The conflict between Westernization and traditionalism has placed contradictory and conflicting cultural messages. The rapid and extensive economic and sociocultural modernization have altered women's social and cultural expectation in the Arab world (Abdollah & Main, 2001, Alan & Mohammed Abdu, 1994). This confusing world has lead women in societies as Egypt to look for means of self definition and validation. The reason however to why a young Egyptian woman would chose to put on a veil instead of developing an eating disorder may be attributed to economic structure and group affiliation. Veil is a legitimate choice taken by Egyptian women from lower and middle class backgrounds. It is still important to be aware of the difficulty in determining socio-economic classes in a country like Egypt which is undergoing major changes from a state controlled to a free market country.

Body Dissatisfaction and Eating Attitudes

Contrary to what predicted, this study found a strong correlation between body dissatisfaction and drive to be thinner and disordered eating attitudes in Egypt. The number of eating disorders in Egypt has risen from 3 cases (Nasser, 1997) to 37 cases in 2005 according to the findings of the present study. A prevalent number of studies used to document and confine the presence of eating disorders to the Western societies (Harrison & Cantor 1997, Harrison

2003, and Posavac & Posavac 2002). The prevalence has been explained at least in part by changing female beauty standards that increasingly emphasize thinness. However, throughout the last decade, cross-cultural aspects of eating disorders have received some attention (Nasser 1986, 1994). This study is one of the few studies, to the researcher's knowledge, that sheds important light on the nature of eating attitudes in Egypt.

Contrary to what was predicted, this study has shown that abnormal eating occurs among non Western populations in general and Egypt in specific. The results indicated that 14 participants were extremely worried about their body appearance and 37 (20.4%) of the participants reported excessive concern with their eating attitudes. Participants showed excessive concern over their body weight, pursued dieting and admitted to periods of over eating which were followed by intense feelings of guilt. These findings indicate the presence of eating disorders like anorexia and bulimia. This study is therefore an extension of the previous body of research on Egypt (Nasser, 1986) who discovered the presence of 3 cases of eating disorders back in 1994.

These results can be thought of as a reflection of the rapid socioeconomic changes that have occurred recently in Egypt. For example, recently there has been an influx of Western clothes into the Egyptian market that fit only slim figure girls. On the other hand, the invasion of multinational firms has increased working and eating habits. In addition, increased exposure to Western trendy fast food has posed dietary changes and increased probabilities of obesity in Egyptian culture (Cox 2002). The combination of these all those factors of Westernization pose pressure on Egyptian women. The shifting of meal times, the dietary changes and the decreased time available for exercise increase the weight consciousness and the risk of disordered eating associated with it.

The rise of disordered eating behaviors in Egypt can be a reflection of the new concepts of beauty and femininity constantly transmitted through imported television programs and magazines. These media outlets regard the beautiful and slim as successful. In other words, the global adoption of free market economic strategies in Egypt and the ready access to the products of global media have led to a standardization of expectations about the proper appearance and behavior of women in Egypt. This standardization is, however, in conflict with many of the central and religious assumptions of Egyptian young women. Therefore, the rising numbers of eating disorders in Egypt are one way that women may attempt to regain control in the chaotic and confusing world around them. Eating disorders are thus metaphors for the compliance of women to societal expectations.

Limitations

This study had some limitations that are worth mentioning. First, the study relied on self-report measures especially in assessing the number of hours of exposure to the media. This process led to overestimation and some unrealistic data from participants. For example, when participants were asked to assess the average number of hours per week they watched fashion programs, some participants indicated that they watched that certain genre for 168 hours per week and also listed additional number of hours for the rest of the programs. This means that they watched fashion programs 24 hours a day, 7 days a week and at the same time still had time to watch other television programs which is impossible. This overestimation and the unrealistic display of data were also revealed from the extremely high standard deviations of the average hours of television programs watched per week.

Another limitation was related to the sample of this study. The sample used can be a representative of the greater Cairo area (Cairo and Giza) but not to the result of the Egyptian

women. Participants from the Academy of Arts and Design are students in a private school and can be considered to be of a higher societal standard than the rest of the Egyptian women population. Therefore, the results of this study can be generalized to the women's population of the greater Cairo area, but not to the rest of the Egyptian women. Further studies are needed to highlight the association between media exposure and disordered eating attitudes in the rest of the Egyptian suburbs.

The most significant methodological limitation is related to the use of the Eating Attitude Test questionnaire (EAT) which was by far the commonest instrument used in all studies discussed in this research. The main source of concern stems from the fact that the questionnaire had to be translated into a different language (Arabic) and administered to groups culturally different from the original groups for which the test was originally validated. Although the reliability of the test proved high, its validity was doubted when it was translated to Arabic as possible linguistic and conceptual misunderstanding of some items were possible. Some of the questions, for example can be culturally misconceived, such as 'like my clothes to fit tight.' While 'tight' is an English word used to describe a sexually attractive attribute of a woman in the American culture, its Arabic translation would be associated with sexually undesired social implications. Tight clothes are not culturally accepted especially for women in the Egyptian culture. In a culture based on Islam, women are encouraged not to reveal any sexy parts of their bodies; otherwise women would have sinned. Even though participants might not agree with these cultural limitations, there would be a great tendency to deny wearing tight clothes even if they do so. Another example was the sentence 'likes to eat slowly.' Unlike the Egyptian culture, the American (Western) culture knows what anorexia nervosa is. Anorexia is a new term for the Egyptian culture and has not been around enough for people to be comfortable discussing it and

admitting to having this disease. Therefore, a positive response to this statement can be thought to attract responses in the anorexic direction which is not socially desirable. This concern draws the attention to the need to improve current methods used in cultural research. Future studies should be undertaken within the context of collaboration between research workers from different cultures and settings. These studies should be able to address the interaction between cultural factors, socio-economic issues and include dietary practices and value orientation.

Despite limitations, this study have nonetheless contributed greatly towards the debate on the cultural determinism of eating disorders since it has indicated that these eating attitudes are no longer confined to one particular society or culture. As predicted, exposure to television and magazine (especially fitness and fashion genres) thin attractive models has negatively affected the satisfaction of Egyptian young women with their bodies. In addition, also as predicted, media exposure was not found to be directly associated to the development of disordered eating attitudes in Egyptian women. On the other hand, partial support was found to the prediction that body dissatisfaction will cause Egyptian women to adopt different reactions to societal and media pressures than their Western counterparts. Egyptian young women demonstrated the tendency to fast, diet and put on veil as opposed to being anorexic and/or bulimic. Finally, contrary to what was predicted body dissatisfaction and drive for thinness was found to be positively related to eating disorders in young Egyptian women. A small percentage of participants demonstrated excessive concern with their weight and eating attitudes. The reason behind this result can be related to Westernization, societal pressures and the conflict between modernity and traditionalism in a rapid changing society such as Egypt.

Suggestions for Future Research

This study contributed the body of research on the associations between media and body dissatisfaction and eating disorders. However, future research is still needed to cover points that were not fully covered in this study. For example, this study used surveys as the primary method of collecting data. However, in-depths interviews would be beneficial in revealing the true feeling of Egyptian young women and their attitudes towards media viewing. Face to face interviews would give more information about the eating habits of the participants and why they choose and prefer certain eating attitudes and compensatory behaviors over others.

This study was conducted the great Cairo area in the Academy of Applied Arts in 6th of October city. Therefore, the results of this study have been confined to residents of the greater Cairo (Cairo and Giza) are. The greater Cairo culture may be different from the rest of Egypt's culture and might differ in its' women's reaction to societal pressures regarding their eating habits. Less exposure to media might be more evident in the suburbs than in the city. On the other hand, the busy life style in the city that is associated with the speedy eating habits might not be found in the suburbs. Therefore, future studies can focus on other parts of Egypt and discover whether living in the city might be associated more with body satisfaction and disorders eating rather than living in the suburbs.

This study is building on the growing body of research needed to discover the associations between cultural factors, socio-economic issues, the role of media and eating habits in the Arabic cultures. Future research in Egypt in specific and the Arab world in general should focus on structured clinical interviews with participants to explore deeply the Arab's attitudes towards media and the exposure to Western cultures. Future research in the areas mentioned above is needed to untangle the escalating phenomenon of eating disorders in the Arab World.

Conclusion

Until the early 1990s, it was generally accepted that the thin body ideal and widespread body dissatisfaction were culturally linked phenomena that were limited to Western Europe and North America. Non-Western societies, particularly African and Middle Eastern, were thought to be relatively free from body dissatisfaction, disordered eating, and obsessions with weight. Although it seems increasingly unlikely that body dissatisfaction and disordered eating in non-Western countries were ever as rare as they were once thought to be, there is compelling evidence that by the turn of the twenty-first century body dissatisfaction, the thin body ideal, and eating disorders are on the rise in non Western societies as they are in western Europe and North America.

This study has shed some light on the eating attitudes of young Egyptian women. It demonstrated how small but important number of disordered eating behaviors is emerging between young Egyptian girls. As importantly, other compensatory behaviors such as veiling are being adopted by young Egyptian women in quest for self identity and self control. Egypt is a rapidly changing country. Many economic and social changes are happening at the same time and are posing great pressure on women trying to live their lives there. The body of research on the topic of eating attitudes and compensatory behaviors is still growing in Egypt and the Middle East. More efforts are needed to help explain women's attitudes and behaviors in response to the societal and economic pressures of that part of the world.

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Appendix

Questionnaire

Part I: Informed Consent Form

Georgia State University
Department of Communication
&
The Arts and Design Academy

Title: Effects of Media viewing Women's Body Perceptions in Egypt.

Principal Investigator: Dr. Jaynette Atkinson and Shaima Ragab.

Purpose and Procedures: This study is intended to assess college students' feelings and attitudes about media viewing, eating attitudes, body perceptions and body compensatory behaviors. If you agree to take part in this research, you will be asked to complete a survey and questionnaire. You will be asked to complete the questionnaire and survey today in this location. This will take about 30 minutes.

Voluntariness: Your participation in this research is voluntary. You may refuse to participate, discontinue participation, or skip any questions you don't wish to answer at any time without penalty or loss of the benefits to which you are otherwise entitled. Your decision will not affect your grades or status at this university.

Risks and Benefits: You may experience some mild, temporary discomfort relating to taking a test, about your performance on the test, or associated with the post-test questionnaires, as they concern your feelings and attitudes. If you experience any discomfort from your participation, a referral to the Academy's social worker will be arranged for you.

Other than receiving extra credit in exchange for your participation, you will probably not receive any direct benefits from participating in this research. However, your participation may help researchers and clinicians understand Egyptian women's attitudes toward media viewing.

Compensation: You may not benefit directly from your participation. However, we hope that you will learn about the Egyptian women's reactions to media viewing.

Confidentiality: Only the principal researcher will have access to research results associated with your identity. In the event of publication of this research, no personally identifying information will be disclosed. To make sure your participation is confidential, please do not provide any personally identifying information on the questionnaires and place your signed consent form and completed tests in separate envelopes.

Who to Contact with Questions: Questions about this research study should be directed to the primary investigator and person in charge, Shaima Ragab, or her supervisor, Dr. Jaye Atkinson. They can be reached at 404-651-3633; shaima@gsu.edu and jla@gsu.edu at 404-651-3491 and Dr. Mostafa Kamal at 8352806; 6 October City- First Zone- Giza- Egypt. Questions about your rights as a research participant should be directed to Susan Vogtner at the Georgia State University Institutional Review Board Office at 404-463-0674; svogtner1@gsu.edu; Mailing address 30 Courtland Street, Alumni Hall G-76, Atlanta, GA 30303.

You will receive a copy of this consent form to keep.

I certify that I have read this form and volunteer to participate in this research study.

Please print name: _____

Signature: _____

Principal Investigator: _____

Date: _____

Questionnaire

Part II: Demographics

Please indicate the following:

Age: _____

Sex: _____

Major: _____

Place of Birth: _____

Your Highest Earned Degree: _____

Highest Degree Earned By Mom: _____

Highest Degree Earned By Father: _____

Place of Residence in Egypt: _____

Questionnaire
Part III: Eating Attitudes Test

Please circle the number which applies best to each of the statements below. All of the results will be strictly confidential. Most of the questions directly relate to food or eating, although other types of questions have been included. Please answer each question carefully. Thank you.

	Never	Rarely	Someti -mes	Often	Usually	Always
1. I am terrified about being overweight.	1	2	3	4	5	6
2. I avoid eating when I am hungry.	1	2	3	4	5	6
3. I find myself preoccupied with food.	1	2	3	4	5	6
4. I have gone on eating binges where I feel that I may not be able to stop.	1	2	3	4	5	6
5. I cut my food into small pieces.	1	2	3	4	5	6
6. I am aware of the calorie content of foods that I eat.	1	2	3	4	5	6
7. I particularly avoid food with a high carbohydrate content (i.e.bread, rice, potatoes,etc)	1	2	3	4	5	6
8. I feel that others would prefer if I ate more.	1	2	3	4	5	6
9. I vomit after I have eaten.	1	2	3	4	5	6
10. I feel extremely guilty after eating.	1	2	3	4	5	6
	Never	Rarely	Some	Often	Usually	Always

	Never	Rarely	Someti -mes	Often	Usually	Always
12. I think about burning up calories when I exercise.	1	2	3	4	5	6
13. Other people think that I am too thin.	1	2	3	4	5	6
14. I am preoccupied with the thought of having fat on my body.	1	2	3	4	5	6
15. I take longer than others to eat my meals	1	2	3	4	5	6
16. I avoid foods with sugar in them.	1	2	3	4	5	6
17. I eat diet foods.	1	2	3	4	5	6
18. I feel that food controls my life.	1	2	3	4	5	6
19. I display self-control around food.	1	2	3	4	5	6
20. I feel that others pressure me to eat.	1	2	3	4	5	6
21. I give too much time and thought to food.	1	2	3	4	5	6
22. I feel uncomfortable after eating sweets.	1	2	3	4	5	6
23. I engage in dieting behavior.	1	2	3	4	5	6
24. I like my stomach to be empty.	1	2	3	4	5	6
25. I enjoy trying new rich foods.	1	2	3	4	5	6
26. I have the impulse to vomit after meals.	1	2	3	4	5	6

Questionnaire
Part II: The Body Shape Questionnaire

We would like to know how you have been feeling about your appearance over the PAST FOUR WEEKS. Please read each question and circle the appropriate number to the right. Please answer all the questions.

OVER THE PAST FOUR WEEKS:

	Never	Rarely	Sometimes	Often	Very Often	Always
1. Has feeling bored made you brood about your shape?	1	2	3	4	5	6
2. Have you been so worried about your shape that you have been feeling that you ought to diet?	1	2	3	4	5	6
3. Have you thought that your thighs, hips or bottom are too large for the rest of you?	1	2	3	4	5	6
4. Have you been afraid that you might become fat (or fatter)?	1	2	3	4	5	6
5. Have you worried about your flesh not being firm enough?	1	2	3	4	5	6
6. Has feeling full (e.g., after eating a large meal) made you feel fat?	1	2	3	4	5	6
7. Have you felt so bad about your shape that you have cried?	1	2	3	4	5	6
8. Have you avoided running because your flesh might wobble?	1	2	3	4	5	6
9. Has being with thin women made you feel self-conscious about your shape?	1	2	3	4	5	6
10. Have you worried about your thighs spreading out when sitting down?	1	2	3	4	5	6
11. Has eating even a small amount of food made you feel fat?	1	2	3	4	5	6
12. Have you noticed the shape of other women and felt that your own shape compared unfavorably?	1	2	3	4	5	6
13. Has thinking about your shape interfered with your ability to concentrate (e.g., while watching t.v., reading, listening to conversations)?	1	2	3	4	5	6
14. Has being naked, such as when taking a bath, made you feel fat?	1	2	3	4	5	6

	Never	Rarely	Sometimes	Often	Very Often	Always
16. Have you imagined cutting off fleshy areas of your body?	1	2	3	4	5	6
17. Has eating sweets, cakes, or other high calorie food made you feel fat?	1	2	3	4	5	6
18. Have you not gone out to social occasions (e.g., parties) because you felt bad about your shape?	1	2	3	4	5	6
19. Have you felt excessively large and rounded?	1	2	3	4	5	6
20. Have you felt ashamed of your body?	1	2	3	4	5	6
21. Has worry about your shape made you diet?	1	2	3	4	5	6
22. Have you felt happiest about your shape when your stomach has been empty (e.g., in the morning)?	1	2	3	4	5	6
23. Have you thought that you are the shape you are because you lack self-control?	1	2	3	4	5	6
24. Have you worried about other people seeing rolls of flesh around your waist or stomach?	1	2	3	4	5	6
25. Have you felt that it is not fair that other women are thinner than you?	1	2	3	4	5	6
26. Have you vomited in order to feel thinner?	1	2	3	4	5	6
27. When in company have you worried about taking up too much room (e.g., sitting on a sofa or a bus seat)?	1	2	3	4	5	6
28. Have you worried about your flesh being dimply?	1	2	3	4	5	6
29. Has seeing your reflection (e.g., in the mirror or shop window) made you feel bad about your shape?	1	2	3	4	5	6
30. Have you pinched areas of your body to see how much fat there is?	1	2	3	4	5	6
31. Have you avoided situations where people could see your body (e.g., communal changing rooms or swimming baths)?	1	2	3	4	5	6

32. Have you taken laxatives in order to feel thinner?	1	2	3	4	5	6
33. Have you been particularly self-conscious about your shape when in company of other people?	1	2	3	4	5	6
34. Has worry about your shape made you feel you ought to exercise?	1	2	3	4	5	6
	Never	Rarely	Sometimes	Often	Very Often	Always

Questionnaire
Part IV: Approval for Compensation

Please answer the following questions:

If cost was not an issue, how likely will you do each of the following to improve your appearance?

	Highly Unlikely	Unlikely	Undecided	Likely	I've already done this
Plastic surgery	1	2	3	4	5
Personal diet	1	2	3	4	5
Religious Fasting	1	2	3	4	5
Put on a veil	1	2	3	4	5
Wear long fluffy clothes	1	2	3	4	5
Professional diet with a physician	1	2	3	4	5

Questionnaire

Part V: TV AND MAGAZINE EXPOSURE

TV Exposure

During a typical week, how many hours do you spend watching the following on television:

Sitcoms _____ / hours per week

Dramas _____ / hours per week

Video Clips _____ / hours per week

News _____ / hours per week

Talk Shows _____ / hours per week

Movies _____ / hours per week

Fashion _____ / hours per week

Magazine Genres

Circle the number of magazines you look at a typical month:

Fashion	0	1-2	3-4	5-6	7+
Health and Fitness	0	1-2	3-4	5-6	7+
Sports and Activities	0	1-2	3-4	5-6	7+
Entertainment and Gossip	0	1-2	3-4	5-6	7+
News and Current Events	0	1-2	3-4	5-6	7+

إستمارة الأذن بالموافقة

الهدف:

هذا البحث يهدف الى استقصاء مشاعر الطلبة و انطباعاتهم على المشاهد الاعلامية. اذا وافقت، سوف يتطلب منك ذلك تكملة هذا الاستبيان اليوم. هذا الاستقصاء سوف يأخذ من وقتك حوالى 30 دقيقة.

التطوع:

مشاركتك في هذا الاستقصاء تطوعية. يمكنك الرفض او التوقف فى اي وقت عن المشاركة دون اى عواقب.

الفوائد:

سوف يقوم استاذك بإخبارك بإمكانية حصولك على درجات إضافية مقابل مشاركتك فى هذه الدراسة.

المزايا و العيوب:

من المحتمل أن تشعر بعدم الراحة نتيجة لسؤالك عن عاداتك الغذائية. و لكن مشاركتك سوف تساعد الباحثين على دراسة و معرفة إنطباعات الفتيات المصريات عن المشاهد الاعلامية.

السرية:

نتائج هذا الاستقصاء ستكون متاحة للباحث فقط لا غير. فى حالة النشر، لن يتم الافصاح عن أى معلومات شخصية. الرجاء عدم الادلاء باى معلومات شخصيه.

إذا كان لديك أى أسئلة، نرجو مراسلة:

شيماء رجب على بريد إلكترونى: shaima@gsu.edu

ديجانيت أتكينسون على بريد إلكترونى: jl@gsu.edu

مركز البحوث و الاحصاء بجامعة ولاية جورجيا الامريكية على بريد إلكترونى: irb@gsu.edu

أقر أنا الموقع ادناه بإنى قد قرأت هذه الاستمارة و اننى اتطوع بالمشاركة فى هذه الدراسة البحثية،

إمضاء: _____

تاريخ: _____

بعض المعلومات عنكى:

السن: _____

النوع: _____

التخصص: _____

محل الولادة: _____

أعلى درجة علمية حصلتى عليها: _____

أعلى درجة علمية حصلت عليها الأم: _____

أعلى درجة علمية حصل عليها الأب: _____

محل الإقامة بالقاهرة: _____

إستقصاء
الجزء الاول
إختبار العادات الغذائية

برجاء وضع دائره حول الاجابة الاقرب الى عاداتك الغذائية:

إطلاقا	نادرا	احيانا	كثير	كثير جدا	دائما	
1	2	3	4	5	6	اخاف جدا من زياده وزنى
1	2	3	4	5	6	أتجنب الطعام عندما اشعر بالجوع
1	2	3	4	5	6	أفكر كثيرا بالطعام
1	2	3	4	5	6	عندما لا أستطيع التوقف عن الاكل، أكل بكميات كبيرة ثم أقوم بالتقيؤ
1	2	3	4	5	6	اقطع طعامى الى قطع صغيره جدا
1	2	3	4	5	6	أفحص عدد السعرات الحرارية في طعامى
1	2	3	4	5	6	أتجنب تناول طعام يحتوى على نسبة كاربوهيدرات عالية (خبز، أرز، بطاطس)
1	2	3	4	5	6	أشعر أن الآخرين يحثوننى على أكت المزيد من الطعام
1	2	3	4	5	6	أقوم بالتقيؤ بعد الاكل
1	2	3	4	5	6	ينتابنى الشعور بالذنب الكبير بعد الاكل
1	2	3	4	5	6	تتملكنى رغبة دائمة بالنحافة
1	2	3	4	5	6	أفكر فى حرق السعرات الحرارية عندما أترىض
1	2	3	4	5	6	يعتقد الآخرون أننى نحيفة جدا
1	2	3	4	5	6	أنا دائمة التفكير بالشحم الموجود فى جسدى
1	2	3	4	5	6	أخذ وقت أطول من الآخرين لأكمل طعامى
1	2	3	4	5	6	أتجنب الأطعمة السكرية
1	2	3	4	5	6	أكل أطعمة ذات سعرات حرارية قليلة (دايت)
1	2	3	4	5	6	أشعر أن الطعام يسيطر على حياتى
1	2	3	4	5	6	أقوم بالسيطرة على نفسى فى وجود الطعام
1	2	3	4	5	6	أشعر أن الآخرين يقومون بالضغط على حتى أكل
1	2	3	4	5	6	أعطى كثيرا من وقتى و تفكيرى للطعام
1	2	3	4	5	6	أشعر بالضيق بعد تناول الحلوى
1	2	3	4	5	6	أتبع نظام غذائى فى الطعام

1	2	3	4	5	6	أحب أن تكون معدتي خالية من الطعام
1	2	3	4	5	6	أتمتع بتجربة أطعمة جديدة دسمة
1	2	3	4	5	6	ينتابني دافع أن أتقيأ بعد تناول الطعام

إستقصاء
الجزء الثانى
إختبار الاحساس بالمظهر العام

الرجاء وضع دائرة حول الاجابة الانسب لأحاساسيك تجاه مظهرك:

إطلاقا	نادرا	أحيانا	كثيرا	كثيرا جدا	دائما	
1	2	3	4	5	6	هل الشعور بالملل يجعلك تمنع التفكير فى مظهرك؟
1	2	3	4	5	6	هل تفكرين كثيرا في مظهرك لدرجة إنكى تريدین إتباع نظام غذائى؟
1	2	3	4	5	6	هل تشعرين أن أردافك و مؤخرتك أكبر من بقية أجزاء جسدك؟
1	2	3	4	5	6	هل ينتابك الشعور بالخوف من أن تصبى بدينه أو (أكثر بدانه)؟
1	2	3	4	5	6	هل ينتابك القلق ألا يكون جسدك ممشوقا؟
1	2	3	4	5	6	هل الشعور بالامتلاء بعد تناول وجبه كبيره يشعرك أنكى بدينه؟
1	2	3	4	5	6	هل يشعركى مظهرك بالضيق لدرجة أنكى تبكين؟
1	2	3	4	5	6	هل تتجنبين الجرى لأعتقادك ان جسدكى مترهل؟
1	2	3	4	5	6	هل وجودك مع فتيات نحيفات يزيد من تفكيرك فى حجمك؟
1	2	3	4	5	6	هل تقلقين من مظهر أردافك عند الجلوس؟
1	2	3	4	5	6	هل تتناولك الطعام و لو بكميات قليلة جدا يشعرك إنكى بدينه؟
1	2	3	4	5	6	هل تعتدين أن حجمك أكبر بالمقارنة بالفتيات الأخريات؟
1	2	3	4	5	6	هل يقوم تفكيرك فى حجمك بنشئيت تركيزك (عند القراءه، مشاهدته التلفاز)؟
1	2	3	4	5	6	هل تشعرين أنكى بدينه أثناء الاستحمام؟
1	2	3	4	5	6	هل تتجنبين إرتداء الملابس التى تزيد من إحساسك بكبر حجمك؟
1	2	3	4	5	6	هل راودتكى فكره التخلص الاجزاء البدينه من جسدك؟
1	2	3	4	5	6	هل تناول الأطعمة ذات السرعات الحرهريه العاليه كالحلوى يجعلكى تشعرين بالبدانه؟
1	2	3	4	5	6	هل إحساسك بالضيق تجاه حجمك يمنعك من المشاركة فى المناسبات الاجتماعيه (الحفلات)؟
1	2	3	4	5	6	هل شعرتى أنكى مفرطه السمنه؟
1	2	3	4	5	6	هل شعرتى بالخجل من مظهرك؟
1	2	3	4	5	6	هل الشعور بالضيق من حجمك جعلكى إتبعنى نظام غذائى؟
1	2	3	4	5	6	عندما تكون معدتك خاليه (فى الصباح) هل يشعركى هذا بالسعاده؟
1	2	3	4	5	6	هل تعتدين أن شكل حجمك الحالى هو نتيجة لعدم قدرتكى على التحكم فى

						نفسك؟
1	2	3	4	5	6	هل يبتابكى القلق أن الآخرين سوف يلاحظون تراكم الشحم حول أجزاء جسدك؟
1	2	3	4	5	6	هل شعرتى إنه ليس من العدل أن تكون الفتيات الأخريات أنحف منكى؟
1	2	3	4	5	6	هل تقومين بالتقيؤ حتى تشعرى أنكى نحيفة؟
1	2	3	4	5	6	هل تقلقى من أخذ مساحة كبيرة عندما تجلسى بجانب أحد؟
1	2	3	4	5	6	هل يقلقك وجود ترهلات فى مختلف أنحاء جسدك؟
1	2	3	4	5	6	هل مشاهدة صورتك فى المرآة بشعرك بالضيق تجاه حجمك؟
1	2	3	4	5	6	هل تومين بتفحص أجزاء الشحم الموجوده فى جسدك؟
1	2	3	4	5	6	هل تتجنبى أى مواقف يمكن أن تلفت النظر لحجمك؟
1	2	3	4	5	6	هل تتناولى ملين للأمعاء حتى تشعرى بالنحافة؟
1	2	3	4	5	6	هل يقلقك حجمك و مظهرك خصوصا فى وجود الآخرين؟
1	2	3	4	5	6	هل يحثك قلقك من حجمك عتى ممارسة الرياضة؟

استقصاء
الجزء الثالث
الافعال البديلة التعويضية

الرجاء الاجابة على الاتى:

حددى احتمالات ان تقومى بالاتى لتحسين مظهريك:

اطلاقا	لا يمكن	لا ادرى	محتمل	لقد فعلت هذا من قبل	
1	2	3	4	5	جراحة تجميل
1	2	3	4	5	نظام غذائى
1	2	3	4	5	صوم
1	2	3	4	5	ارتداء ملابس واسعة
1	2	3	4	5	ارتداء الحجاب
1	2	3	4	5	ريجيم مع طبيب

مشاهدة التلفزيون:

الرجاء تحديد عدد الساعات التي تمضيها مشاهدا الاتي على شاشة التلفزيون خلال الاسبوع الواحد:

- مسلسلات كوميدية _____ / ساعة في الاسبوع
- مسلسلات درامية _____ / ساعة في الاسبوع
- فيديو كليبيس _____ / ساعة في الاسبوع
- أخبار _____ / ساعة في الاسبوع
- برامج حوارية _____ / ساعة في الاسبوع
- أفلام _____ / ساعة في الاسبوع
- برامج أزياء و موضة _____ / ساعة في الاسبوع

انواع المجالات:

ضع دائرة حول عدد المجالات التي تقرئها في الشهر الواحد:

7+	5-6	3-4	1-2	0	موضة
7+	5-6	3-4	1-2	0	صحة و لياقة بدنية
7+	5-6	3-4	1-2	0	رياضة
7+	5-6	3-4	1-2	0	فن
7+	5-6	3-4	1-2	0	اخبار

