The Effect of Thinness Promoting Reality TV Shows on Being At-Risk for an Eating Disorder

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This study examines whether or not college women determined to be at risk for an eating disorder are more prone to watch reality television shows that are thinness-promoting than those women not determined to be at risk for an eating disorder. The participants were 53 college women recruited from undergraduate psychology classes. They were assigned to one of two groups: at risk for an eating disorder or not at risk for an eating disorder. All participants completed a survey designed to determine their reality show viewing preferences and frequencies. While we expected that the at-risk group would prefer watching reality shows that are thinness-promoting and will watch them more frequently than the group containing participants who are not at risk for an eating disorder, these effects did not materialize. Possible explanations for this result are discussed.

In the field of psychology, eating disorders are an extremely popular area of study. Eating disorders predominantly affect women, with less than ten percent of cases being men (Andersen & DiDomenico, 1992). Their incidence for females has increased dramatically in our society over the past 30 years (Harrison & Cantor, 1997), and currently approximately 1 in 100 female adolescents suffer from anorexia, and 4 out of 100 suffer from bulimia (ANRED.com). Because of the dramatic increase in cases, even in non-western countries, researchers have studied them extensively trying to determine the causes and effects of having an eating disorder along with the best way to treat eating disorder patients. Treating eating disorders is of utmost importance, because without treatment up to 20 percent of serious eating disorder cases are fatal. Eating disorders have also been linked to several other problems, such as mood disorders, substance abuse, and abuse as a child (Kirsch, McVey, Tweed, & Katzman, 2007). Often times, those with serious eating disorders will abuse alcohol or prescriptions in an attempt to numb themselves. Up to 50 percent of those with eating disorders also have substance abuse problems (Stice, Presnell, Gau, & Shaw, 2007).

Studies examining the causes of eating disorders identify risk among sociocultural factors, family factors, genetic factors, body image and satisfaction factors. Polivy and Herman (2002) studied sociocultural and family factors contributing to the development of eating disorders. The authors stated that eating disorders are much more prevalent in cultures of abundance, such as the United States. The study also noted that factors such as the media and peer influence can have an effect on whether or not someone develops an eating disorder. According to the authors, one of the largest components in the development and perpetuation of eating disorders is family factors, particularly the mother’s attitude about eating and weight. Other individual factors were also studied, such as abuse, low self-esteem, and the co-occurrence between eating disorders and mood disorders. Many other studies support the findings of the Herman & Polivy study, such as a 2001 study done by Striegel-Moore & Cachelin, which

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studied the same causal factors and came to essentially the same conclusions.

The general consensus in current eating disorder research is that many different factors go into the development of an eating disorder, and that, most of the time, one individual factor cannot trigger an eating disorder. Instead it is presumed that sociocultural, familial, and personal factors must interact in the individual in order for them to develop an eating disorder. This study will focus on the sociocultural aspect of developing an eating disorder, more specifically, the influence of the media.

Much research has been done on the relationship between the media and eating disorders. Most of this research has been done using print media, such as magazines. The most popular type of magazine used for these studies is fashion magazines. A 2004 study conducted by Cameron and Ferraro found a significant decline in body satisfaction in both body satisfied and body dissatisfied groups after exposure to health and fitness magazines, and in the overall study a greater decline in body dissatisfaction was found in the dissatisfied group after exposure to the media. Another study by Joshi, Herman, and Polivy (2003) examined the effect of thin-body images in magazine advertisements on mood, self-esteem, and self-image ratings, and also analyzed whether or not duration of exposure had an effect on any of the previously mentioned scales. There were two groups in the study labeled as restrained eaters and non-restrained eaters. The study found a significant impact of thin-body images with as little as 150 milliseconds of exposure. Research done using as the media of choice has generally shown the same effect as the research using magazines. Tiggerman and Pickering (1996) showed that while the amount of television women watched did not have a significant correlation with body dissatisfaction or drive for thinness, the categories of the programs they watched did. Specifically, watching soap operas and movies predicted more body dissatisfaction, and watching music videos predicted drive for thinness. The studies mentioned are just a few out of a large amount previous research that have shown a link between thinness promoting media and body dissatisfaction and eating disorders. However, it is hard to pinpoint a causal relationship.

One area of eating disorders study that has not been explored yet is the effect that reality shows could be having on eating disorders. Reality TV shows are a relatively new phenomenon, but have become extremely popular in this country in the past few years. There are reality shows for pretty much every interest you can think of. Ten years ago, barely anybody had even heard of a reality show and now six of the top twenty rated shows are reality shows (zap2it.com), and that’s just on network television. If you took into consideration hundreds of cable and satellite channels that have their own reality shows, I suspect that that number would be even higher. One of the popular topics for reality shows is the quest for the “perfect body”. Reality shows such as Dr. 90210 and Extreme Makeover show women before, during, and after undergoing plastic surgery. These shows often glamorize plastic surgery. They focus on the benefits of plastic surgery, and how much better the person looks after surgery while minimizing the risks that plastic surgery involves. In most of the shows, the women (or men) depicted give a touching testimonial to how much plastic surgery has improved their lives. Another type of thinness-based reality show is the type of show that shows dramatic weight loss. An example of this would be The Biggest Loser, which shows a group of overweight people competing to see who can lose the largest percentage of their body weight. These shows emphasize a preference for thinness.

Considering their sweeping popularity, it is surprising that so little research has been conducted with reality shows as the subject matter. Of the little research that has been done, most of it has tried to address the question of who is really watching reality shows. Reiss and Wiltz (2004) focused on determining what type of person enjoys watching reality TV. They came to the conclusion that there is no “profile” for a reality show viewer. However, one characteristic that separates regular viewers from people who consider themselves fans of a show seems to be a desire for status, and a tendency to be impressed by the perceived importance of the participants on reality shows.

In relation to eating disorders, virtually no research has been done specifically on reality television (note: Here we do not mean daytime talk shows). The current study addresses this gap in the research. The study analyzed the relationship between college women identified to be at-risk for an eating disorder, the reality television shows they choose to watch, and the frequency at which they watch them. The results for this study were expected to go along with previous research conducted using other types of media, such as magazines and television. As discussed above, many studies have been done to try to determine the effect of thin media images on body satisfaction. The consensus of that research is that thin media images do have a negative effect on body satisfaction, even with very brief exposure. It was expected that those individuals identified as being at-risk for an eating disorder would be more likely to watch reality shows that promote thinness, and to watch them more often than those who were identified as not being at risk for an eating disorder, and to show results similar to the previous studies.
Methods

Participants

Two groups of females were tested. The at-risk for an eating disorder group contained 23 participants ($M_{age} = 21 \text{ years, } SD = 6.6$) while the not at-risk for an eating disorder group contained 30 participants ($M_{age} = 19.9, SD = 2.2$). At-risk status was based on the SCANS screening instrument results. The mean BMI for the at-risk group was $23.7$ ($SD = 3.9$). This group also exercised 6.0 hours per week on average ($SD = 4.4$) and had $M = 14.1$ ($SD = .9$) years of education. The mean BMI for the non-at-risk group was $22.4$ ($SD = 2.4$). This group exercised 5.6 hours per week on average ($SD = 3.3$) and had $M = 14.3$ ($SD = 1.2$) years of education. Participants were recruited through the undergraduate psychology classes at a large mid-western university. Class credit was awarded for participation.

Materials

In this study, there were three types of surveys used. One survey was used to collect the demographic information from the participants, such as age, year in school, etc. Another survey assessed whether they are at risk for an eating disorder or not at risk, in order to place the participants into the initial groups for the study. This survey was the SCANS (Setting Conditions for Anorexia Nervosa Scale; Slade & Dewey, 1986). The SCANS consists of 40 questions in five areas (general dissatisfaction, social and personal anxiety, perfectionism, adolescent problems, and weight control). It is scored on a five-point Likert scale. If participants scored 42 or higher on general dissatisfaction and 22 or higher on perfectionism they were put into the at-risk group. Participants scoring below these cut-off scores were placed on the non-at-risk group. Participants also were administered a survey that assessed whether or not they are prone to watching reality shows that promote thinness. The survey was designed specifically for this study and was based on current TV shows (2006-2007 season). The survey asked what shows the participants watch, how often they watch them, and the rank order of their favorite shows. The survey contained 39 shows, 20 which were identified as non-reality shows (Grey’s Anatomy, Two and a Half Men, Law & Order, Scrubs, Will & Grace, NCIS, Desperate Housewives, Arrested Development, House, The Unit, Criminal Minds, Without a Trace, CSI: Miami, Lost, Cold Case, The Sopranos, Family Guy, The Simpson’s, The Office, CSI), 10 which were identified as reality shows that do not promote thinness as their central concept (The Bachelor, American Idol, Big Brother, Myth Busters, Trading Spaces, Super Nanny, The Survival Life, Survivor, The Apprentice, Dancing With The Stars), and 9 which were identified as shows that promote thinness as their central concept (I Want A Famous Face, Ten Years Younger, The Swan, America’s Next Top Model, Dr. 90210, The Biggest Loser, Celebrity Fit Club, Extreme Makeover, Beauty and the Geek).

Procedure

The participants were tested individually and were initially asked to read and sign a consent form. They were then given a demographic form, the SCANS, and the reality TV survey. The entire experiment lasted 30 minutes. When they were finished completing the packet, they were given an extra-credit slip for their time. The SCANS score determined which group participants belong to. If they scored a 42 or higher on general dissatisfaction and 22 or higher on perfectionism they were put into the at-risk group.

Results and Discussion

With regard to SCANS performance, the groups differed significantly on Dissatisfaction, $F(1,51) = 88.28, p < .01$, but not Perfectionism, $F(1,51) = 1.80, p = .19$, with the at-risk group more dissatisfied, thus lending credibility to the distinction between at-risk and not at-risk. The two groups did not differ significantly on age, years of educations, BMI, average hours exercising each week, whether they have ever or are currently dieted, and whether they have ever been on or are currently taking weight loss supplements (all $t$s < 1.53, all $ps > .05$). Likewise, and with regard to the reality TV survey, the two groups did not differ on the total number of shows watched, total thinness-promoting shows watched, total shows watched in the past 2 weeks, total thinness-promoting shows watched in the last two weeks (all $t$s < 1.10, all $ps > .05$).

The results of this study did not turn out as expected and the two groups did not differ significantly with regard to their reality TV viewing preferences and habits. However, the at-risk group did watch more thinness-promoting reality TV shows and the at-risk group did watch them more frequently than the non-at-risk group, although not significantly more. While it is tempting to conclude that reality TV shows have no effect on whether or not someone is at-risk for an eating disorder, there is no way for this study to show whether or not the participants were at-risk for an eating disorder before they ever started watching the shows, or if they became at-risk or more at-risk after watching the shows for a prolonged period of time. It would seem logical that reality shows would act like the other media sources, like magazines.

Another alternative explanation for why the study did not obtain the expected results could have to do with the SCANS scores, in that we only displayed a significant SCANS score difference on the Dissatisfaction sub-scale and not the Perfectionism sub-scale. Although
it would have been ideal for the groups to differ on both sub-scales, it would seem that the groups differing of Dissatisfaction would have resulted in greater group differences in reality TV show watching. Likewise, it may be possible that at-risk people start watching reality shows because they think they relate but actually end up feeling a little better about themselves due to the extreme nature of the shows. Thus, it is possible that the viewers start to think “I am not that bad” or “I am not as heavy as that person” and, as a result, become less at risk. If this is the case, the shows would have an opposite effect than the one we had predicted, thereby potentially explaining the null findings. Although not possible in this study, a pre-post-design could potentially address this issue.

Although the present hypothesis that reality TV show viewing would be greater in individuals at-risk for an eating disorder, the extensive research on the effects of thin media images on body image could provide a model for further research concerning thinness-promoting reality TV shows and their effect on society.

References


