

The most compelling lesson of September 11

The *CMAJ* editorial on the events of September 11¹ and the superb piece by Anne Marie Todkill² put into words far better than I can, and better than I have encountered anywhere else, the most compelling lesson of September 11: that the enemy is the perversion of belief to blind fanaticism and that by responding with hyperbole, rigidity, fear and intolerance we threaten to recreate the very process we are trying to defeat. Although the call for vengeance is understandable, our fundamental strength derives from our commitment to democracy and free thought, rather than from superior military technology. Terror is nourished by terror; it can only be defeated by understanding and changing the conditions that breed it.

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References

1. The widening gyre: reflections on September 11 [editorial]. *CMAJ* 2001;165(8):997.
2. Todkill AM. The gaze of history. *CMAJ* 2001; 165(8):1076.

Disordered eating attitudes among Canadian teenagers

It is unfortunate that Jennifer Jones and colleagues¹ did not discuss the results of 2 previously published surveys of maladaptive eating attitudes among school-aged Canadians. In 1982 my colleagues and I surveyed 5150 male and female students aged 12 to 20 years, using the original 40-question Eating Attitudes Test (EAT-40).² Of the 2404 female students we surveyed, 22.3% scored 30 or above on the EAT-40, suggesting that they had significant concerns about their weight and exhibited maladaptive eating behaviours. When

this information is combined with self-reported weights, it can be speculated that close to 1% of these female students could have been suffering from anorexia nervosa and 6% from bulimia nervosa. High EAT scores were dramatically more common for students older than 12 years than for younger girls, a finding that is similar to the results of Jones and colleagues.

In 1993, we surveyed francophone and anglophone students in the urban Montreal region using the EAT-26 questionnaire.³ Of the 181 female students aged 11 to 18 years, 14.2% scored 20 and above, which matches the results reported by Jones and colleagues. This suggests that the prevalence of disordered eating attitudes and behaviours has not increased, but neither has it decreased.

Despite increased awareness among health care workers and the public of the dangers of dieting, girls continue to value thinness. We have traditionally associated this attitude with the values of Western culture. However, a recent study in Iran that showed a similar prevalence of disordered eating attitudes challenges this assumption.⁴ Could it be that self-induced emaciation is in fact common among women around the globe and related to more universal stresses such as inequities in social power and poverty rather than a fear of fat? This possibility adds support to the recommendation by Jones and colleagues that prevention programs should target self-esteem and encourage girls to express their thoughts and feelings.

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References

1. Jones JM, Bennett S, Olmsted MP, Lawson ML, Rodin G. Disordered eating attitudes and behaviours in teenaged girls: a school-based study. *CMAJ* 2001;165(5):547-52.
2. Leichner P, Arnett J, Rallo J, Srikameswaran S, Vuliano B. An epidemiologic study of adaptive eating attitudes in the Canadian school age pop-

ulation. *Int J Eat Disord* 1986;5(6):969-85.

3. Leichner P, Steiger H, Puentes-Neuman G, Perreault M, Gottheil N. Validation d'une échelle d'attitudes alimentaires auprès d'une population québécois francophone. *Can J Psychiatry* 1994;39:49-54.
4. Abdollahi P, Mann T. Eating disorder symptoms and body image concerns in Iran: comparisons between Iranian women in Iran and in America. *Int J Eat Disord* 2001;30(3):259-68.

[Two of the authors respond:]

Pierre Leichner has queried whether there has been a recent change in the prevalence of eating disorders in Western countries such as Canada. Our cross-sectional study¹ was not designed to address this question. However, there is now considerable evidence that there has been a rise in the prevalence of eating disorders, particularly those of the binge-purge variety, in Western and Westernized countries over the past 3 or 4 decades.² As Leichner notes, the extent to which the prevalence has changed in Canada in the past 1 or 2 decades is not clear.

Leichner also raises the interesting question of how cultural attitudes toward women in less Westernized countries may affect the prevalence of eating disorders. There is consistent evidence that the prevalence of eating disorders is on the rise in Asia, Eastern Europe, the Middle East and parts of Africa and that this increase is inversely related to the body mass index desired by women.³ Such attitudes toward female weight and shape are inextricably linked to factors affecting the social roles and perceived power of women in society.⁴ In recent times, a thin body ideal for women has been most often associated with more liberalized and egalitarian attitudes toward women, as well as with increased pressures for them to compete and to perform in diverse spheres.⁴⁻⁶ Further, with more plentiful global food supplies, an increasing prevalence of obesity and a more pervasive influence of the media, cultural determinants of eating disorders may now be tied more to modernity than to specific geographic locations.⁷ The occurrence of clinical eating disorders presumably depends