The Eating Disorders Inventory in Developing Countries: the Ethics of Research on Subjects in Cultural Transition

Commentary on a Case Study in the Ethics of Mental Health Research

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Wassenaar and Mamotte (2012) address key ethical concerns with research on eating disorders in developing countries, focusing on the vulnerabilities of female university students as research participants. I address two further issues, which arise from the fact these students were chosen as participants because they are undergoing a process of acculturation or “Westernization” (Wassenaar and Mamotte, in 2012). First, some of the population in the case study might be vulnerable also because they are a culture in transition. Second, the results of the study may not be easily generalized as data for South Africa or other developing countries. Qualitative research may resolve these issues.

The authors have thoroughly considered the vulnerabilities of female university students and how researchers might effectively address them for this particular group in South Africa. The cultural context of this group should also be taken into consideration. The process of acculturation itself can influence the experience of eating disorders in a population (Anderson-Fye, 2004). Furthermore, conflict between cultural values in a transitional population can increase the risk factors associated with eating disorders at the level of individuals (Levine and Smolak, 2010). Individuals are likely to experience “acculturation stress,” an additional risk factor for eating disorders (Jackson et al., 2006). Acculturation is a reciprocal process, including both the acceptance of an individual within a broader culture and the acceptance of a culture’s values by the individual herself. For example, racial teasing has greater effect on the body image of South Asian women living in Western cultures than the degree to which they have adopted local values (Iyer and Haslam, 2003). Populations in transition are therefore vulnerable in ways above and beyond those of other female university students.

The validity of the research described in this study is threatened by the limitations of student samples (Wassenaar and Mamotte, 2012); the sample is also problematic because some of these students might be in cultural transition. The results are not easily generalized even to other transitional groups; each group experiences different patterns of influence and respond differently to similar influences (Anderson-Fye, 2004; Jackson et al., 2006; Levine and Smolak, 2010). Therefore, the social value of the study’s potential quantitative contributions is further threatened (Wassenaar and Mamotte, in press). The authors of the case study have also addressed the implications of acculturation for research on mental disorders in developing countries in previous work (Nyika et al., 2009; Wassenaar et al., 1998; Wassenaar et al., 2000).

Including qualitative research about local culture alongside quantitative research would better address the ethics of using subjects in transition. Qualitative studies describe how sociocultural contexts influence risk factors for eating disorders (Becker and Fay, 2006). Considering preparatory qualitative research may reframe future research questions so that results are justifiably generalizable. Assessing the effectiveness of tests such as the Eating Disorders Inventory requires that the local cultural context in which the test is being conducted be well understood (Arnold and Matus, 2000; Canino and Alegria, 2008). Research results would then contribute to the development of effective cross-cultural testing instruments, increasing social value. In addition to the recommendations made already by Wassenaar and Mamotte, qualitative research may resolve some of the ethical difficulties raised by this research.

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REFERENCES


