

This Week's Citation Classic

Garner D M & Garfinkel P E. The Eating Attitudes Test: an index of the symptoms of anorexia nervosa. *Psychol. Med.* 9:273-9, 1979; and Garner D M, Olmsted M P & Polivy J. Development and validation of a multidimensional eating disorder inventory for anorexia nervosa and bulimia. *Intl. J. Eating Disorders* 2:15-34, 1983. [Department of Psychiatry, University of Toronto, Canada]

The Eating Attitudes Test is an economical, self-report measure designed to assess symptom severity in anorexia nervosa and bulimia nervosa. The Eating Disorder Inventory is a multiscale psychometric instrument that provides a profile of the psychological, attitudinal, and behavioral traits common in eating disorder patients. [The *SSC*[®] and the *SCI*[®] indicate that these papers have been cited in more than 495 and 355 publications, respectively. The 1983 paper is the most-cited paper published in its journal.]

Self-Report Measures for Eating Disorders

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Both of these psychometric instruments were developed primarily to test hypotheses related to the role of culture in eating disorders. However, the tests have generated more interest than the original studies that prompted their creation.

It may seem obvious today that cultural pressures on women to diet play an important role in the development of eating disorders, but the dominance of biological theory in the early 1970s made "the cultural hypothesis" seem like a radical notion. In casting about for data to document and quantify the trend that role models for physical attractiveness were shrinking as actual weights for young women were increasing, Paul Garfinkel, other colleagues, and I examined (from a strictly scientific point of view) *Playboy* centerfolds and Miss America Pageant contestants.¹ If culture really was a "risk factor" for eating disorders, we thought that this also would be confirmed by data from groups who were exposed to heightened cultural pressures to diet. We needed a standardized, self-report measure of the symptoms observed in eating disorders to assess clinical as well as subclinical variants in high risk groups. This led to the

development of the Eating Attitudes Test (EAT). The EAT was then used in a study indicating that dancers and fashion models were at a substantial risk for eating disorders.² Interest in the EAT as a screening instrument burgeoned and this led us to shorten the original instrument using a factor analysis to eliminate statistically redundant items.³

Our interest in the role of the social climate on the development of eating disorders continued but we wondered if a dangerous oversimplification was emerging whereby eating disorders might be viewed simply as an extreme form of dieting. Were certain symptoms identified in college student surveys, such as extreme weight preoccupation, associated with the same type of psychological disturbance found in clinical samples? Again, to conduct the proper study, we needed to develop a psychometric instrument that not only assessed attitudes towards eating and the body, but also tapped more fundamental psychological deficits commonly attributed to eating disorders. To fulfill this objective we developed the Eating Disorder Inventory (EDI). The EDI was then used in a study showing that weight-preoccupied college women resembled eating disorder patients in terms of intense concern with body weight, body shape, and eating, but they differed from the clinical cases in the depth of associated psychological disturbance.⁴ There has been some confusion regarding the proper use of the EAT and EDI as screening instruments. They are inefficient in rendering a diagnosis, but they can be valuable tools as the first step in a two-stage screening process where high scorers are interviewed to determine whether they meet formal diagnostic criteria.⁵

The clinical utility of the EDI heightened our interests in the instrument itself. The expanding literature on the EDI has been summarized recently and a new version developed (EDI-2) that added three new scales to the original instrument.⁶ Instrument development, which began simply as a means to an end, has become an incredibly gratifying academic endeavor in its own right.

1. Garner D M, Garfinkel P E, Schwartz D M & Thompson M M. Cultural expectations of thinness in women. *Psychol. Rep.* 47:483-91, 1980. (Cited 190 times.)
2. Garner D M & Garfinkel P E. Socio-cultural factors in the development of anorexia nervosa. *Psychol. Med* 10:647-56, 1980. (Cited 175 times.)
3. Garner D M, Olmsted M P, Bohr Y & Garfinkel P E. The Eating Attitudes Test: psychometric features and clinical correlates. *Psychol. Med* 12:871-8, 1982. (Cited 175 times.)
4. Garner D M, Olmsted M P, Polivy J & Garfinkel P E. Comparison between weight-preoccupied women and anorexia nervosa. *Psychosom. Med* 46:255-66, 1984. (Cited 65 times.)
5. King M B. Eating disorders in a general practice population. Prevalence, characteristics and follow-up at 12 to 18 months. *Psychol. Med* (Supp,14):1-34, 1989.
6. Garner D M. *The Eating Disorder Inventory -2 professional manual*. Odessa, FL: Psychological Assessment Resources, 1991. 70 p. Received January 14, 1993