Eating Disorders and Cultures in Transition

Edited by
Mervat Nasser
Melanie A. Katzman
Richard A. Gordon

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Eating Disorders and Cultures in Transition

Eating disorders, once viewed as exclusive to specific class and ethnic boundaries in western culture, are now spreading worldwide. This groundbreaking volume puts to rest the notion that eating disorders are simply appearance-based concerns.

Eating Disorders and Cultures in Transition is written by an international group of authors to address the recent emergence of eating disorders in various areas of the world including countries in South America, Asia, Africa and Eastern Europe. It offers an in-depth analysis of the existing socio-cultural model arguing for the need to extend both our theoretical understanding and clinical work to account properly for this global phenomenon. Eating disorders are seen as reflecting sweeping changes in the social and political status of women in the majority of societies that are now undergoing rapid cultural transition.

This multidisciplinary, multinational volume reflects wide-ranging, intellectually stimulating and frequently provocative viewpoints. It promises to be of great interest to medical and mental health professionals, public policy experts and all those watching for the processes of cultural transformation and their impact on mental health.

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Edited by

Mervat Nasser
Melanie A. Katzman
Richard A. Gordon
To the memory of my father who allowed me to challenge accepted views.

Mervat Nasser

To the memory of my sister Karen E.Katzman who blazed paths, challenged borders and conquered terrain never thought open to women anywhere.

Melanie A.Katzman

To my mother, Fanny Beale Gordon, who showed me how to write and work with other writers.

To my parents-in-law, Larry and Goldie Hill, who helped me develop a global consciousness.

Richard A.Gordon
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# Contents

*Notes on contributors* viii  
*Preface* xi  

1 *Eating disorders East and West: A culture-bound syndrome unbound*  
   **Author:** RICHARD A. GORDON  
   **Commentators:** BOB PALMER AND PENNY VAN ESTERIK  
   1  

2 *Eating disorders and the politics of identity: The South African experience*  
   **Authors:** CHRIS PAUL SZABO AND DANIEL LE GRANGE  
   **Commentators:** LESLIE SWARTZ AND FINN SKÅRDERUD  
   22  

3 *Fat phobia in anorexia nervosa: Whose obsession is it?*  
   **Author:** SING LEE  
   **Commentators:** ROLAND LITTLEWOOD AND HORACIO FABREGA JR  
   37  

4 *Eating disorders: Integrating nature and nurture through the study of twins*  
   **Author:** CYNTHIA M. BULIK  
   **Commentators:** JULIE PARK, AND PHILLIPE GORWOOD  
   61  

5 *Post-communism and the marketing of the thin ideal*  
   **Author:** GÜNTHER RATHNER  
   **Commentators:** NOAH E. GOTBAUM AND KATARZYNA BISAGA  
   86  

6 *Emerging markets: Submerging women*  
   **Authors:** ANA CATINA AND OLTEA JOJA  
   **Commentators:** IVAN EISLER AND CYNTHIA KING VANCE  
   103  

7 *One country, two cultures*  
   **Author:** GIOVANNI RUGGIERO  
   **Commentators:** KLAUS NEUMÄRKER, JHON HEIN, AND BEATRICE BAUER  
   119  

8 *Argentina: The social body at risk*  
   **Authors:** OSCAR L. MEEHAN AND MELANIE A. KATZMAN  
   **Commentators:** NIVA PIRAN AND SNEJA GUNEW  
   138  

9 *Changing bodies, changing cultures: An intercultural dialogue on the body as the final frontier*  
   **Authors:** MERVAT NASSER AND VINCENZO DI NICOLA  
   **Commentators:** ARLENE ELOWE MACLEOD AND DAVID BARDWELL MUMFORD  
   161  

**Author index** 182  
**Subject index** 186
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Preface

In ‘The Unbearable Lightness of Being’, Tereza is staring at herself in the mirror. She wonders what would happen if her nose were to grow a millimeter longer each day. How much time would it take for her face to become unrecognizable? And if her face no longer looked like Tereza, would Tereza still be Tereza? Where does the self begin and end? You see: not wonder at the immeasurable infinity of the soul; rather, wonder at the uncertain nature of the self and of its identity.

New York: Harper & Row

*Why,* after so many books on eating disorders have been published, do we think anyone would care to read another? Well, because we think this one is different. It is the product of an evolving and increasingly sophisticated quest to understand the cultural forces inherent in aberrant eating and we believe this is the first book that provides such immediate and intimate access to a variety of international issues relating to the phenomenon of body and weight dissatisfaction.

Who are we and why should you trust us to be the tour guides on this intellectual journey? Mervat Nasser, an Egyptian known for her work on culture and eating disorders, and Melanie A.Katzman, an American who had been working on the marriage of transcultural and feminist ideas, met in Padua, Italy. Given that they were both living and working in England (or at least most of the time) they agreed to keep their conversations going, which resulted in, among other things, a joint publication on how sociocultural approaches could impact and inform efforts to prevent eating disorders. Leaving from different intellectual and national terminals they had arrived at the same port—cultural analyses of eating disorders were challenged to explain why women, why now and why seemingly everywhere you look? The late twentieth century perspectives were not only culture bound, they were also discipline bound and fell short of explaining the complex contributions of economic and political forces on individual bodily expressions of distress.

Back in America, where you might have thought at least the two New Yorkers would have met earlier, Richard A.Gordon was busy completing the second edition of his book, *Eating Disorders: Anatomy of a Social Epidemic.* Richard Gordon and Mervat Nasser had recognised their shared interests in this subject when they met at an international conference in Swansea, Wales, in 1984 and had been intermittently in touch regarding their common interests in the field since that time. Melanie Katzman and Richard Gordon had also worked together on sociocultural issues in food and weight disturbance.

But, as these things go, it was not until the 1998 international conference on eating disorders in New York that the three of us met to share not only similar notions about the
gaps in the field, but many common meals—a critical ritual in the study of eating disorders! At that time, each one of us was already in the middle of muddling through the morass of interdisciplinary explanations for what appeared to be a universal expression of distress in bodily terms, when the idea of this book was formed and captured our thoughts and now hopefully your imagination.

The aim of this book is to highlight some of the limitations in our current sociocultural understanding of eating disorders, which tend to focus on one culture and one sex and construe eating disorders almost exclusively in terms of weight. We thought, perhaps, that one way to overcome such limitations was to invite contributions from different researchers around the world and ask them to share their inevitably unique insights.

Perhaps the most obvious first step was to organise an edited volume with a spokesperson from each region to document the presentation and prevalence of eating disturbances in his or her respective areas. But that was not what we wanted. We feared replicating the same fat obsession of the typical cross-cultural study in our discipline, one which measures women’s bodies and attitudes and not their social opportunities, joys and despairs. We did not want to rely heavily on quantification—we needed to contextualise and re-conceptualise. Besides, the quality of epidemiological work carried out in different countries has been inconsistent—research designs have often been faulty and the validity of Western measures in non-Western settings has been questioned. Few two-stage survey and interview studies have been completed and sampling has often been inadequate.

We already knew the kind of deductions we are able to make from these studies. We had the knowledge that eating disorders do exist in other countries and cultures and are no longer exclusive to the West, as previously thought. The fact that their prevalence rates could vary slightly from one country to the next was not necessarily of great consequence. What seemed more significant was the meaning attached to such problems in different cultural settings and whether other forms exist that mimic the phenomenon and could arguably be seen as possible cultural equivalents of what is defined in the West as anorexia or bulimia. As a result we looked thematically at several countries and decided to ask our authors to build upon existing data to answer the following specific questions…

1 Does the emergence of eating disorders outside of the United States and Western Europe invalidate the traditional notions of eating disorders as culture-bound syndromes? Are eating disorders genuinely rising in non-Western societies and perhaps falling or levelling off in the West?

2 Does the recent emergence of eating disorders among black South African women reflect a transition in their definition of identity?

3 Does self-starvation in China carry a different meaning that would call into question Western conceptualisations of the diagnostic requirements for anorexia nervosa?

4 What are the implications of recent genetic research for cultural interpretations of eating disorders?

5 Is the marketing of thinness in post-communist societies an inevitable commodity of free market capitalism with predictable consequences?

6 Does the fall of communism in Eastern Europe and the associated reduction in social support make women more vulnerable to eating disorders?

7 Is it possible that in one country, in this case Italy, internal cultural struggles could
mirror those experienced in many nations globally?

8 Does the psychobiography of a nation such as Argentina reveal that the pursuit of thinness could possibly have ‘weighty’ political and economic meaning?

9 Do women use forms of body control other than disordered eating at times of cultural transition, for example the ‘voluntary veiling’ of young women of Egypt?

While answering these questions might have been enough of a challenge, we knew before we started that our current research formulae and typical mental health mindset might prevent us from assessing and creating new models for understanding, treating and preventing eating disorders. We wanted to stimulate cross-fertilisation and safeguard against the usual seductions—talking of Westernisation, where the old dichotomous approach to culture is maintained (that is West versus East), or acculturation, even though we know that the dominant or host culture is continually changing as we speak, or modernisation, which could potentially undermine the non-biomedical perspectives.

So we decided to formulate a kind of debate where each chapter is challenged by two commentators, one from a clinical discipline and the other from a diverse field such as sociology, economics, or political, gender and culture studies. While we sought experts in eating disorders for the chapters and the majority of the clinical commentary, this was not a ‘requirement’ for the non-clinical commentaries. We strove for diversity of perspectives, nationalities and expertise.

Within this framework, the objective of the book is meant to be critical, that is, its purpose is to examine and challenge the assumptions currently held within the field of culture and eating psychopathology. It is our hope that, whilst not prescribing future development of the discipline, the book could perhaps play a significant role in shaping it.

We are pleased to bring together voices of different nationalities. It is our intention to incorporate reference material that would not otherwise be available to the exclusively English speaking reader. To this end many of our authors translated their local resources. Our cast of contributors and commentators represent various disciplines and countries and reflect interesting hybrids. For example, among our authors are an Asian English professor living in Canada, who was born in Germany and part of whose education was in Australia, or a psychologist and business consultant born to a Hungarian father and Austrian mother in Germany and now working in Italy, and an American businessman living in England and working in the Eastern European business world.

National backgrounds represented by authors and commentators include the United States, Canada, Panama, the United Kingdom, Austria, Belgium, the Netherlands, Germany, Romania, Italy, the Czech Republic, Australia, China, Egypt, India, Israel, South Africa, France, Bulgaria and Norway.

In each chapter you will find that we first pose the debate question, and then offer the main article, which is followed by the two commentaries. The authors of the chapters did not see the comments before we went to press and therefore were not in a position to alter their views. We wanted to leave the next step in the dialogue up to you, the reader.
**Chapter 1**

In the first chapter, Richard Gordon offers an overview on the transformation of the status of eating disorders from that of ‘culture-bound syndrome’ to global phenomenon. Gordon documents the countries and regions in which eating disorders have appeared, and suggests that a particular set of cultural factors unify the very disparate countries in which they have arisen. He concludes his chapter with some intriguing recent evidence that suggests that, just as eating disorders have been on the rise in areas of the world outside of Western Europe and the United States, they may now be declining in the West, at least in the United States.

His argument is questioned by Bob Palmer, a well-known authority in the field of epidemiological research on eating disorders. Palmer questions the meaning of prevalence data, particularly whether what may appear to be an eating disorder to a Western or Western-trained observer could in fact be something else when examined in local contexts.

Anthropologist Penny Van Esterik believes that the essay opens up the possibility of a greater dialogue between scholars of different disciplines, particularly psychiatry and anthropology, with a view toward better understanding of this perceived global problem.

**Chapter 2**

The emergence of eating disorders among black South African women is dealt with in the second chapter, jointly written by Christopher Szabo and Daniel le Grange. They put forward the questions why South Africa and why black women and why eating psychopathology? They discuss the kinds of pressures that are now facing black women in a rapidly changing South Africa and refute the possibility that the phenomenon can simply be reductively or exclusively explained in terms of Westernising forces. As a result, this chapter ushers in the debate on eating disorders and identity, an issue that is central to the whole volume.

They are challenged nonetheless by Leslie Swartz, an authority on cultural and mental health issues in South Africa. Swartz queries the importance of focusing on eating disorders in a new South Africa which is riddled with violence and AIDS, issues that perhaps should take precedence over any other health concern. However, the second commentator, Finn Skårderud, seems to be in general agreement with the chapter’s premise. He is a Norwegian psychiatrist and cultural critic who sees that the psychological conflicts underpinning eating disorders may be a result and a window to the tensions of establishing a local and national identity.

**Chapter 3**

In the third chapter Sing Lee criticises the excessive reliance on ‘fat phobia’ as a diagnostic criterion for anorexia to make the point that modern Western biomedical
models have created (in the Diagnostic and Statistical Manuals of the American Psychiatric Association) a constricted and self-confirming set of explanations for ‘disease’. In the field of eating disorders in particular, people who do not relate the expected ‘fat terminology’ for their difficulties are construed as dishonest deniers. Yet, perhaps, the series of exceptions or atypical cases that are found in Asian as well as in Western clinics call for a revisiting of just what it means to refuse food and what may ultimately be the underlying social causes of anorexia nervosa.

Roland Littlewood discusses not only the cultural politics of food refusal in South Asian societies but the efficacy of eating disorders as a means of enhancing a sense of personal agency. Towards this end he compares eating disorders to involuntary spirit possession and dissociative states. He concludes that the heightened sense of agency yielded by eating disorders is reduced medically to a distorted perception. In terms of practical instrumentality this makes the final consequences of eating disorders seem poor while those of possession states relatively good.

In the second commentary, Horacio Fabrega provides an instant primer on cross-cultural psychiatry. Drawing from Lee’s data, he offers not only a cross-cultural but an evolutionary perspective on psychiatric disorders.

Chapter 4

In the fourth chapter, Cynthia Bulik, one of the first experts to deal with the issue of eating disorders among immigrants in the USA and recently a major investigator into the role of genetics in eating disorders, suggests that ‘twins studies’ could lead us to the inescapable conclusion that genetic factors play a central role in the aetiology of eating disorders.

In her discussion of the chapter, Julie Park, an anthropologist from Auckland, New Zealand, points to some of the cultural and experiential nuances that may be overlooked from the standpoint of twins research or quantitatively oriented studies and concludes that the study of the environment is as intricate if not even more complex than the human genome.

The second commentary is by Phillipe Gorwood, a geneticist from France, who challenges the notion that a voluntary behaviour can have a genetic basis and alerts us to the social responsibility that follows if we believe it does.

Chapter 5

In the fifth chapter, Günther Rathner takes us from the arena of genes to political economy. Rathner predicts that Eastern Europeans will not only become more engaged in commercialism but that their bodies themselves will become more comodified as capitalism rises in the region. As a result he anticipates that eating disorders as well as plastic surgery will proliferate accordingly.

In his commentary, Noah Gotbaum begins by describing himself as an American capitalist charged with instigating turmoil in Eastern Europe and denounces Rathner’s
assault on market philosophy by questioning the unique psychological impact of transitional economies compared to previous Stalinist dictates. He nonetheless acknowledges the potential effects of the changing economy on mental health, even if he is dubious that such is the case with eating disorders given that their epidemiology under communist regimes was never adequately ascertained or documented.

Katarzyna Bisaga, the second commentator of this chapter, is a Polish psychiatrist who is currently practising in the United States. Bisaga is in a strong position to comment here, given her specialist experience of eating disorders in Poland. While she appears to be in essential agreement with Rathner’s argument, she challenges him on the use of a unitary concept such as ‘Eastern Block’, urging the need to examine aspects of cultural diversity within ‘Eastern Europe’.

Chapter 6

The issue of market economy is discussed further in the sixth chapter, jointly written by two Romanian women, Ana Catina, who is currently a practising psychotherapist in Germany, and Oltea Joja, a psychologist in Bucharest. The debate here is focused on the position of women in post-communist Europe. The economic changes of the 1990s are seen as having undermined the provisions given to women under the old socialist/collectivist regimes. Catina and Joja argue that these changes have increased women’s confusion over gender roles and rendered them more at risk for developing eating disorders. Hence this chapter attempts to integrate feminist and socio-economic themes.

The first commentator Ivan Eisler, who is a clinical psychologist in the UK, explains his lack of sympathy with their argument on the basis of being a male from former Czechoslovakia who spent most of his adult and working life in the UK. He raises once more the issue of taking Eastern and Central Europe as one homogenous entity, urging the need to balance uncertainties and opportunities that any cultural transition engenders. He also questions the possibility of exploring the position of women in these societies in isolation from that of the men.

Cynthia King Vance, a management consultant recently returned to America after living for eight years in London, is the second commentator who challenges the argument in this chapter for glorifying communist practices. While she supports the notion that working women under socialist regimes may have experienced an increased sense of efficiency and social usefulness, it is her argument that this was done in response to social mandates, not pure personal choice. She introduces economic models to expand the debate and urges us to remember the efficacy of socialist ‘communication’ programmes when considering prevention efforts.

Chapter 7

In chapter 7, Giovani Ruggiero addresses what he argues is a special case, the ‘two Italies’. In the field of culture and eating psychopathology, research has tended to make
comparisons between two countries or different ethnicities. However, in this essay, Ruggiero talks more of inter-cultural differences exemplified by the cultural division within Italy itself. The argument here is more concerned with the emergence of two cultures within one state due to differences in economic structure and level of development between the south and north of Italy.

One of the commentators on this essay is Professor Klaus Neumärker, who pioneered this inter-cultural exploration when he assessed the issue of eating disorders morbidity in East and West Berlin before and after the fall of the Berlin Wall. The commentary is jointly written with his assistant Jhon Hein and seems to take the same view expressed by Ruggiero in his essay, emphasising the sociocultural differences that may lie within the fabric of one society.

The second commentator is Beatrice Bauer, a psychologist and a management consultant in Verona. She brings forward the dimension of ‘Bellezza’, that is the Italian obsession with ‘beauty’, and how the ‘visual’ is so integral to the Italian self-image. She argues that the preoccupation with aesthetics in Italy is just as important as a gateway to power as particular family dynamics.

Chapter 8

In this chapter, Oscar Meehan, who has just returned to Argentina to set up eating disorders clinics after training in England for seven years, joins Melanie A. Katzman in an effort to integrate economic, political, historical and psychological data to create a psychobiography of the Argentinean nation. Katzman’s theory that eating disorders are best understood not by a discourse around food, weight and diet but rather discussions of transition, dislocation and oppression serves as an organising schema for this chapter. The vulnerabilities of Southern American women to eating problems and the possible path to reversing them are the focus of this anthropometric contribution. The first comment is by Professor Niva Piran, an expert in education and eating disorders prevention. She examines the multiple levels of social prejudice inherent in Argentina and encourages us to consider the untold stories of bodily violation and their contributions to individual and socio-economic self-esteem. She also highlights the importance of recognising the relationship of professionals (either academics or clinicians) to the political context in which they work. She introduces the method ‘participatory action project’, which proved successful in a Canadian ballet school to effect behaviour change through culture change not simply information exchange.

The chapter is also commented on by Professor Sneja Gunew, an Indian woman who works as a professor of English and Women’s Studies in Canada and is a self-described postcolonial feminist. She questions the different impact of Argentina’s cultural forces on men and women and the impact of decoding diet and health discourses on social norms. Professor Gnew draws on literary references to illustrate ways in which appearance regulations could lead to dehumanisation of both the viewer and the viewed.
Chapter 9

In the final chapter Mervat Nasser and Vincenzo Di Nicola, both psychiatrists with a long-standing interest in placing eating morbidity in a cultural context, engage in a dialogue that deepens the book’s exploration of the impact of cultural transition on the definition of self and identity. They try to weave into their discussion themes raised in the previous chapters. Nasser introduces the notion of ‘veiling’, which began in Egypt but has now been taken up in increasing numbers by many young Moslem women around the world. She sees in it a new form of body regulation reactive to forces of cultural change and argues that it is, as is the case of anorexia nervosa, a quest for self-definition in relation to the needs of others. Di Nicola raises doubts and debates Nasser’s conclusions. He offers additions and digressions from his own work on self-mutilation, which has several manifestations in common with the anorexic phenomenon and invites a similar kind of cultural reading.

The first commentator on this chapter is Arlene MacLeod, a political scientist from the United States and the author of Accommodating Protest: The New Veiling in Egypt. Nasser acknowledges this book as instrumental in helping her to draw comparative analysis of both anorexia and the veil. In her discussion, MacLeod supports Nasser’s argument that both situations could possibly be expressions of body politics and therefore regarded as problem-solving tactics in the face of stressful, transitional cultural forces.

David Mumford, a reader in cross-cultural psychiatry and known for his research on eating disorders among Asian women in Britain, provides the second commentary. He argues that the chapter could be seen as highly speculative and questions the validity of using the term ‘equivalent’ in the absence of operational criteria to support the notion of equivalence between various forms of body regulation, be it social or political and the more familiar clinical forms of disordered eating.

In writing this book we laid bare the best work in our field to members of other disciplines and learned that what may seem to be such obvious truths to members of the mental health professions are barely supported, let alone understood, by other disciplines. We saw our blind spots, we learned new vocabulary. The divide between what science wants to know in order to act and what would convince a business-oriented professional became clearer.

At best we managed to demonstrate that eating disorders mark cultural changes that must be read and responded to; at worst we offered ways to dismiss concerns about a growing global problem on the grounds that there is really no hard evidence to indicate that this is the case.

If we succeeded in stimulating new combinations of research and discussion across national and academic lines we will be happy. However, if you throw your hands up in frustration, then we have at least communicated just how hard it is to understand the role of society in shaping psychiatric distress!
Acknowledgements

To all the contributors and commentators who made this book possible, we thank you for expressing yourselves in many different cultural, written, and disciplinary languages.

To our families; Ragai Shaban, Russell, Wyndam and Harper Makowsky and Patti Hill Gordon, we thank you for providing the space and support for each of us to do “just one more book”.

Chapter 1

Eating disorders East and West: A culture-bound syndrome unbound

Richard A. Gordon

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Debate question

Eating disorders appear to be on the increase in developing countries, as is evident from case reports and research data. What are the likely mechanisms for this phenomenon? While these disorders are rising in prevalence around the globe, is it possible that their incidence could be leveling off or even declining in the West?

The sociocultural panorama

Since the early 1980s, when papers on cultural influences on eating disorders began to appear in the literature, it has been evident to many observers that eating disorders are unique among psychiatric disorders in the degree to which social and cultural factors influence their epidemiology, development and perhaps their etiology (Barlow and Durand, 1999). Hilde Bruch (1978) was one of the first to implicate cultural factors in the increasing incidence of eating disorders, citing both the fashionable emphasis on slenderness as well as the conflicting demands on contemporary young women that created severe identity confusion. The incidence of eating disorders appeared to increase sharply in the United States, the United Kingdom and many Western European countries beginning in the mid- to late 1960s and then in accelerating fashion into the 1970s and through the late 1980s (Willi and Grossman, 1982; Lucas et al., 1991, 1999; Eagles et al., 1995). This was remarkable for anorexia nervosa, which had been identified as a medical syndrome since the 1870s in Europe and the United States but had been considered a relatively obscure, almost exotic, condition over the first 100 years of its medical history (Bruch, 1973). The situation was even more startling for bulimia nervosa, which had been virtually unknown prior to the 1970s until its description by Boskind-Lodahl (1976) and Russell (1979). By the 1980s, however, it was widely agreed that bulimia nervosa was considerably more common than anorexia nervosa (Pope et al., 1984).

The rise of eating disorders in the United States and Western Europe has been described as a modern epidemic (although not without controversy—see Williams and King, 1987, and Fombonne, 1995) and has coincided with a number of sweeping changes in Western societies in the second half of the 20th century (Sours, 1980). Among these are the rise of a consumer economy, which places an enormous emphasis on the
achievement of personal satisfaction at the expense of more collective goals, an increasingly fragmented family that seems beset on all sides by forces such as increasing conflicts in intergenerational relationships and upheavals in sex roles that have introduced great strain and confusion into the developmental experiences of adolescents. Some of these cultural trends seem to play a direct role in the rise of eating disorders. More specifically, because eating disorders affect mainly females and revolve around issues of identity and body image, it is not surprising that observers have linked the rise of eating disorders in the West with the crisis of female identity and the forces impinging on women that followed the cultural upheavals of the 1960s (Gordon, 2000).

Because eating disorders revolve centrally around the issues of body image and weight control, it is important to focus specifically on these factors. Seminal research by Garner and his colleagues (1980) and later by Wiseman et al., (1992) confirmed that idealized representations of the female form in the wider culture have become increasingly thin and relatively less curvaceous in shape from 1960 until the late 1980s. By all accounts, it appears that these trends have continued relentlessly throughout the 1990s. Whether such media images play a causal role in eating disorders or whether they merely reflect the standards of the wider culture is a matter of some controversy (Becker and Hamburg, 1996), but there seems little doubt that there has been an increasingly stringent expectation for thinness in women. Given the centrality of drive for thinness and body image preoccupation in the psychopathology of eating disorders, it seems implausible that the relationship between the increasing demand for thinness in the wider culture and the rise of eating disorders would be accidental. It is likely, however, that only those individuals who are vulnerable to these pressures, such as those with preexisting depression or anxiety, low self-esteem in childhood, a history of weight preoccupation, and perhaps genetic predispositions will respond to these cultural demands with the symptoms of an eating disorder (Fairburn et al., 1997; see Bulik, chapter 4 of this volume).

A related factor is the sharply accelerating increases in overweight in the Western countries, particularly within the last two decades in the 20th century. In the United States, in particular, the percentage of individuals whose weight exceeded levels that are considered medically healthy increased from 25% in 1980 to 32% in 1990 and accelerated even further into the 1990s (Kuczmarski et al., 1994; Mokad et al., 1999). The trends are in evidence, albeit to a lesser degree, in most countries in Western Europe (Seidell and Flegal, 1997). Despite the apparent dramatic increases in weight in the general population, overweight and obesity continue to be highly stigmatized, particularly for women (Hebl and Heatherton, 1998). As a result, an acute tension has arisen between the drive for thinness, on the one hand, and the forces that have led to increases in weight in the general population, on the other. This contradiction is centrally related to the increase in eating disorders. Eating disorders such as anorexia nervosa and bulimia nervosa could be viewed from one perspective as pathologies of dieting, and their increasing prevalence in Western countries has risen in step with the pervasiveness of dieting. A number of research studies have clearly indicated that dieting is a particularly powerful antecedent of eating disorders, especially of bulimia nervosa (Polivy and Herman, 1985; Hsu, 1997).

The fact that eating disorders occur overwhelmingly in women, however, cannot be
fully comprehended without addressing the critical transitions in female identity that have characterized the late twentieth century in industrialized or rapidly industrializing societies. As women have moved in increasing numbers into the spheres of education and work around the globe, expectations for achievement and performance have sometimes conflicted sharply with insistent demands for traditional postures of dependency and submissiveness as well as a renewed cult of physical appearance that has been fed by corporate forces (Wolf, 1991). The result of these contradictory pressures has been for many an enhanced sense of personal uncertainty and self-doubt, along with an increased sense of powerlessness (Gordon, 2000). The paradoxical character of this increased identity confusion in the face of enhanced opportunity is captured in the title of a book by Silverstein and Perlick (1995), *The Cost of Competence*. These authors have suggested that the thin ideal so touted in traditional sociocultural accounts of eating disorders can be understood as a body ideal that de-emphasizes traditional ‘feminine’ curvaceousness, in a society still riddled with sexist stereotypes that associate curvaceousness with low female intelligence.

In fact, it could be argued that the contradictions and transitions in female identity represent the most profound basis of eating disorders throughout history and across cultures (Bemporad, 1996; Katzman and Lee, 1997). This may account for the fact that eating disorders, as they have emerged in the newly industrialized areas of the world, do not necessarily express themselves as body image preoccupations, but rather may draw on a variety of cultural vocabularies to express some common underlying psychosocial conflicts. The fact that female identity issues are at the core of eating disorders will be evident in many of the essays in the present volume.

**The global rise of eating disorders: Discussing the evidence**

The apparent uniqueness of eating disorders to Western societies strongly suggested that these syndromes are culture-bound (Prince, 1983, 1985). This issue was discussed by Gordon (1989, 2000), who countered the traditional constructs of culture-bound syndromes with the notion of an ethnic disorder. The latter could better embrace the broad array of cultural forces that are shared by a large number of societies, rather than a particular geographic locale. Nasser (1997) posited that the meaning-centered approach to understanding culture may have emphasized cultural differences at the expense of similarities. She argued, based on a review of published research from around the globe, that eating disorders may no longer be unique to Western societies.

Prince (1985) had suggested that as the reach of Western cultural norms became more influential around the world, as initially illustrated in the case of Japan, that eating disorders would become more common in areas that had previously been considered immune to them. This appears to have been precisely the case since 1990. Table 1.1 shows the countries that have reported eating disorders in the literature. It is apparent that the almost all those countries that had reported eating disorders prior to 1990 were European or North American, with the exception of Japan and Chile. Countries reporting after 1990 include Hong Kong and mainland China, South Korea, Singapore, South Africa, Nigeria, Mexico, Argentina and India.
It needs to be pointed out that our knowledge of eating disorders in the areas in which they have recently emerged is based almost entirely on case histories, and in some instances there have yet to be relevant publications in the scientific literature. There are virtually no formal epidemiological studies that document these trends. It is also possible that eating disorders may have existed in at least some of these areas prior to the 1990s, but were either unidentified as such or diagnosed and treated by local healers. We have no evidence that this is the case, and yet the possibility cannot be completely discounted either. Psychiatric services in many of these areas have been sparse and not accessible to much of the population. Nevertheless, it is unlikely, given the cultural logic of eating disorders, that the appearance of these disorders in highly urbanized areas within the 1990s is merely an artifact of observation.

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* First reports since 1990
+ Formal epidemiological studies carried out
For the remainder of this chapter, I will briefly review some of the major geographical areas in which eating disorders appear to be newly emerging, and will preview some of the issues that will be discussed in greater depth throughout this volume. My scope is not meant to be comprehensive. For example, I will not discuss here the apparent increase in eating disorders in European countries such as Spain or Italy, which appears to have intensified during the 1990s (for a discussion of the situation in Italy, see Ruggiero, chapter 7, this volume). Nor will I discuss here the phenomenon of post-communist Eastern Europe and the clash of the values of market economies and the historical transition for women in a post-communist world (see Rathner, chapter 5, this volume, and Catina and Joja, chapter 6, this volume).


\textit{1 Southern and Southeastern Asia}

Outside Europe and the United States, there is only one country in which eating disorders have been as well known in the second half of the 20th century as in the West, and that is Japan. In a symposium on eating disorders held in Germany in the 1960s, Ishikawa (1965) suggested that the incidence of anorexia nervosa had been increasing since the Second World War. He attributed the increase to changes in traditional family structure in the post-war period. During the 1980s a survey of a large number of medical facilities all over the country showed that the number of patients in treatment for anorexia nervosa doubled between 1976 and 1981 (Suematsu \textit{et al.}, 1985). Even from 1980 to 1981 alone, the total number of patients in treatment jumped from 1080 to 1312. A later survey found that between 3500 and 4500 patients were estimated to have been treated in hospitals in Japan in 1985, whereas in 1992 the number was estimated to be a slightly larger 4500 to 4600 (Kuboki \textit{et al.}, 1996). In the latter study, the prevalence among females between the ages of 13 and 29 was estimated to be 25.7–30.7 per 100 000 population, a figure that is substantial but somewhat lower than comparable US estimates (Lucas \textit{et al.}, 1991). The increasing incidence of eating disorders was confirmed in a study of patients who sought treatment at an outpatient clinic at a University Hospital in the Yamagata Prefecture in Northern Japan, an area of approximately 1200 000 inhabitants about 350 miles north of Tokyo (Nadaoka \textit{et al.}, 1996). Over the period 1978–1992, the number of patients with anorexia nervosa increased sharply with even greater increases in the number of patients with bulimia nervosa.

These temporal patterns are closely parallel to the incidence patterns of anorexia nervosa in the United States and Western Europe. While the reasons for the perhaps singular incidence of eating disorders in Japan vis-à-vis other Asian nations are not clear, one possible explanation would follow from the fact that Japan could probably be characterized as the most economically developed society in Southern Asia after the Second World War. From a cultural standpoint, many of the same tensions that have exploded in the advanced industrial societies of the United States and Europe have been in evidence in Japan. These would include an increased emphasis on individualism that conflicts with traditional collective values, a conflicting female role associated with altered societal expectations, and the everexpanding impact of consumerism and media (White, 1993; Skov and Moeran, 1995). In contemporary Japan, images of thinness are glorified in the media and Japanese teenagers are extraordinarily weight conscious,
despite the low levels of obesity in the society. There is considerable tension regarding gender roles and the status of women in Japan, with female aspirations for greater parity with men conflicting sharply with powerful traditions of male dominance. While it is important to recognize the unique characteristics of Japanese society and not to attribute simplistically the emergence of eating disorders to ‘Westernization’, it can at least be hypothesized that the impact of such forces are extremely pervasive. It should be pointed out, however, that Japan has extensive psychiatric facilities and many psychiatric workers who have adopted many of the concepts of American and European psychiatry. This would inevitably lead to a more ready recognition of such syndromes as anorexia nervosa. While such factors should not be discounted, it is however unlikely that such a sharp increase in disordered eating could be totally attributed to them.

Reports about eating disorders in other Asian countries began to emerge after 1990. The first of these was contained in a series of papers by Sing Lee, a Hong-Kong based psychiatrist (Lee, 1991; Lee et al., 1993). Lee was not sure as to whether these cases, which had occurred during the 1980s, represented an increase in the prevalence of the condition or perhaps a greater awareness of the syndrome by Western-trained psychiatrists. In any case, he noted a number of ways in which patients from Hong Kong differed from their Western counterparts. First, most were from the lower socio-economic levels of society. Second, patients often interpreted their inability to eat in terms of gastric distress (for example, symptoms of ‘bloating’) rather than a fear of fatness. Third, and perhaps most important, over half of these patients did not suffer from body image distortion and most did not voice body image concerns. Lee suggests that these patients resemble more those seen by physicians and psychiatrists in England and France in the late 19th century, for whom body image distortion was also not a prominent symptom. He proposed that these observations suggest that current Western diagnostic criteria for anorexia nervosa are ethnocentric, and that they should be revised accordingly (see Lee, chapter 3, this volume).

While the relative lack of body image concerns among anorexic patients in Hong Kong is intriguing, it is important to note that by the mid- to late 1990s, weight consciousness was becoming pervasive among high school students and college students in Hong Kong (Lee and Lee, 1996). This trend is in direct contradiction to the traditional value that the Chinese place on plumpness as a sign of health, and yet it is compatible with the increased influence of consumerist norms in a relatively affluent Hong Kong. It is possible that the lack of evident body image distortion found in those patients may represent an unwillingness to admit to such a culturally dissonant idea.

During the period from 1988 to 1997, Lee reported treating 68 patients with anorexia nervosa and 25 with bulimia nervosa, with the majority of these patients being seen after 1995. Thus, whereas eating disorders were extremely rare in Hong Kong as recently as the 1980s, it may well be that the finding of an intense degree of weight preoccupation that students are now evidencing will soon give rise to an increase in the prevalence of eating disorders to levels comparable to those in Europe and the United States.

Little information is available on the prevalence of clinical eating disorders on mainland China. One survey in the early 1990s of 509 first-year medical college students at universities in Shanghai and Chongqing indicated that slightly more than 1% suffered from bulimia nervosa (Chun et al., 1992). Such results suggest that bulimia was less
common on the Chinese mainland than among American college populations, in which prevalence estimates from the 1980s typically ranged from 2 to 4%. However, the 1% figure may be more in line with more recent prevalence estimates from Western countries, which tend to be somewhat lower than those from the 1980s (Hoeken et al., 1998). It is notable that 78% of the females in the Chinese study admitted to a fear of gaining weight or becoming fat (Chun et al., 1992). This finding is consistent with a later study indicating the emergence of widespread dieting among Chinese adolescents (Huon et al., 1999). Again, such behavior was unheard of in traditional Chinese society and probably reflects the impact of consumerist norms of thinness as well as a growing problem of obesity among Chinese youth. The latter may well be due to the greater availability of Western-style high-fat, high-calorie foods in the Chinese diet, as well as an increased degree of sedentariness in the Chinese urban population.

Given the variation of Chinese society with respect to degree of socio-economic development, one might well expect the impact of these forces to differ by geographic locale. In support of this notion, one study (Lee and Lee, 1999) compared the degree of distorted eating attitudes among high school students towards food and dieting in Hong Kong, an international financial center with high per capita income, Shenzhen, a rapidly developing city of over 3 million people that seems to capture the social and cultural impact of market economies in contemporary China, and rural Hunan province, an area of relatively low per capita income and minimal exposure to Western influences such as television and fashion magazines. Interestingly, while the actual body-mass index (a measure of weight relative to height) was lowest for students in Hong Kong, 74% wanted to weigh less. The students in rural Hunan, on the other hand, showed the reverse trend, that is, the highest body-mass index of the three groups and the lowest drive to lose weight. This is a unique study, the results of which reflect the varying impact of degrees of economic development and exposure to the consumer culture on weight consciousness within the same society. While it does not yield information about clinical eating disorders per se, since the results were based on a questionnaire about eating attitudes, the findings suggest that with increasing degrees of economic modernization and accompanying changes in food practices, weight consciousness, and ambivalence about the changing female role, eating disorders may well emerge as a problem for an increasing number of Chinese youth.

Based on journalistic accounts (Efron, 1997), there is also some indication that eating disorders have become common in South Korea, where the forces of industrialization, urbanization, consumerism and democratization have produced an enormously rapid cultural transition. The emergence of eating disorders in South Korea is particularly remarkable, given traditional attitudes towards plumpness as a requirement for marriage, attitudes which held sway as recently as the 1970s. Koreans point to dramatic changes in attitudes towards food over a generation or two. Following the Second World War, the common question ‘have you eaten?’ was a reflection of pervasive food shortages; to respond in the affirmative to the question was a sign of status and well being. Now, some surveys have shown that 90% of high school girls, the vast majority of whom are of normal weight, feel that they are overweight. Fashion standards have become particularly stringent, with dresses often being offered in only one size, the equivalent of an American size 4. The only survey of eating disorders, conducted among college students in 1990,
found a prevalence rate of anorexia of 0.7% and bulimia nervosa of 0.8% (Efron, 1997). These rates, while lower than those of American or European samples, may well be rapidly increasing at the end of the 1990s. One psychiatrist, Kim Joon Ki, had only seen one patient prior to 1991, during which he spent a year studying eating disorders. In a 1997, he had seen over 200 patients, about half of whom were anorexic and half of whom were bulimic, in a 2½ year period since he opened a private eating disorder clinic. Surveys of eating attitudes in student populations in South Korea have found high degrees of weight preoccupation and eating disorder symptoms, comparable to or greater than those found in Western samples (Lee et al., 1998).

In Singapore, a relatively affluent and technologically advanced society, the death of a 21–year old, 70-pound student from anorexia nervosa at the National University in 1996 gained a tremendous amount of attention in the national press (Efron, 1997). In an upscale shopping area in Singapore, a message on a T-shirt seems to capture the conflicted female consciousness about weight:

‘I’ve got to get into that dress. It’s easy. Don’t eat...I’m hungry. Can’t eat breakfast. But I ought to...I like breakfast. I like that dress...Still too big for that dress. Hmm. Life can be cruel’

A survey of secondary school student attitudes in Singapore in the 1990s showed the same pervasive body image dissatisfaction and other disturbed eating attitudes as were found in Hong Kong, with scores in some cases exceeding those of students in the United States (Pok and Tian, 1994). Yet, the authors of this survey point out that despite the dramatically increased weight consciousness, the prevalence of anorexia nervosa in Singapore still remains quite low. This they attribute to such factors as the inherently smaller body-mass index of Singaporean women, the lack of pervasive obesity in the culture, the typical cohesiveness of the family, and ready availability of a culturally normative healthy diet should one want to lose weight. Despite these protective factors, the authors suggest that given the high degree of body image consciousness and associated vulnerabilities of young women in Singapore, the prevalence of eating disorders is likely to increase.

The noted Indian epidemiologist Shridhar Sharma remarked on the absence of any reports of anorexia nervosa in the Indian psychiatric literature up until the early 1980s. This situation has changed, however, with published accounts of eating disorders appearing in the 1990s (Khandewal et al., 1995; Bhugra et al., 2000). To date, the number of cases that have been published are small, and we have as yet nothing in the way of epidemiological studies. Interestingly, the few cases that have been published emphasize a lack of body image concerns and fear of obesity in Indian patients, which is analogous to the situation that Sing Lee has described in Hong Kong (Khandewal et al., 1995). And yet recent studies suggest that the ‘eating distress syndrome’, a pattern of preoccupation with body image and overweight without the severe symptoms of anorexia nervosa (drastic weight loss) or bulimia nervosa (binge eating and purging), may be emerging in significant numbers of Indian students (Srinivasan et al., 1995; Srinivasan et al., 1998). The authors of these studies suggest that as norms of thinness become more insistent throughout Indian culture, eating disorder as now conceptualized in the Western
countries may emerge in large numbers in the future.

The very existence of eating disorders in India is frequently met with disbelief by Western audiences, given the familiar imagery of economic deprivation in India that still pervades Western views of Indian society. Despite the continued existence of both urban and rural poverty, it needs to be emphasized that the India of the early 21st century is a rapidly developing country, with a very large and burgeoning educated and professional class. Like China in this regard, India is enormously diverse in its economic development, ranging from urban areas such as Delhi and Bangalore, which are characterized by rapid industrial development and the emergence of a high technology economy, to rural village areas still living in the traditional cultural style of the past. Finally, the transitional situation for women in India cannot be overlooked, with new professional, public and work roles conflicting sharply with traditional limitations (Mitter, 1991).

2 Africa

Traditional ideal body image among Africans has always tended towards a large, full form. Hortense Powdermaker (1960), in an early review of cross-cultural attitudes towards obesity and fatness, offered numerous examples from various African locales in which fatness in the female was particularly celebrated. She cited one popular song in the Copperbelt of the former Northern Rhodesia that reflected typical attitudes:

‘Hallo, Mama, the beautiful one, let us go to town; you will be very fat, you girl, if you stay with me.’

In African religious and cultural symbolism, fatness in the female is closely tied with fertility; hence the once widely practiced ritual of fattening, which was applied to pubescent girls in order to make them marriageable. Studies carried out in the 1980s and 1990s show that both Kenyans and Ugandans continue to prefer a greater degree of fullness in the female form in Westerners (Furnham and Alibhai, 1983; Furnham and Baguma, 1994). Nevertheless, there is some indication that these traditional aesthetics may be changing. For example, in an article entitled ‘Africans look for beauty in Western mirror’ in the Christian Science Monitor (Dec. 1999), Corina Schuler described the current views of black women in South Africa in Thandi Ntshihoeoe words: ‘It’s embarrassing to be a fat African mama now… we are more aware since we got democracy, we want to be healthy, independent women who look good’ (personal communication, Le Grange, 2000).

Some isolated case reports of eating disorders in African women appeared in the 1980s (Buchan and Gregory, 1984; Nwaefuma, 1981; Famuyiwa, 1988), as well as one study that indicated that symptoms such as self-induced vomiting were not uncommon among Nigerian students (Oyewumi and Kazarian, 1992). More recently, a number of case reports of eating disorders in black South Africans have emerged in the 1990s (Szabo et al., 1995) and surveys of university students show levels of weight concern and eating disorder symptoms at least equal to that of the white population (Le Grange et al., 1998). It is plausible that the unique historical and cultural situation in South Africa is linked
with the rise of eating disorders in that country (see Szabo and Le Grange, chapter 2, this volume).

3 Latin America

In traditional South American societies, with the exception of perhaps very small elite groups who have been exposed to European and North American influences, the existence of eating disorders has probably been quite low. The celebration of the voluptuous figure in young women has probably been the most typical ideal body image. However, in recent years there have been changes, at least in certain locales.

The first country to report eating disorders in Latin America was Chile, in the form of a description of 30 cases of anorexia nervosa that appeared in a Chilean journal in 1982 (Pumarino and Vivanco, 1982). The authors of this report note the pervasiveness of the relentless drive for thinness in their patients, and in most respects the disorder was indistinguishable from that described in the American and European literature. In a previous publication, Pumarino had observed a notable increase in the incidence of the condition in Chile throughout the decade prior to the publication of the study (that is, the 1970s). Such an increase coincided precisely with an increase in the incidence of the condition in the United States and Western Europe. During the 1970s, Chile had gone through a momentous political change, with the overthrow of the Allende regime in 1973 and the rise of the military regime of Pinochet. Under the influence of American policies, Chile rapidly developed into an advanced capitalist economy. One can only speculate about the connection between these events and the rise of eating disorders, but at minimum it would be surprising if the radical commercialization of culture that took hold during the 1970s did not have an impact.

More recently, in the 1990s, eating disorders have emerged as a significant problem in urban areas of Mexico, particularly Mexico City. This appears to be a relatively recent phenomenon (Barriguete, 1998), and the main group that appears to be affected is university students. One must understand in this context that Mexico is undergoing extremely rapid change as a society, as a result of increased industrialization, urbanization, and the cultural transformations that are associated with these changes. It is not surprising therefore that the typical Western phenomenon of eating disorders is beginning to emerge. One only needs to look casually at magazine racks in Mexico to see Spanish editions of such stalwarts of the culture of thinness as Mademoiselle or Harper’s Bazaar. Fashion magazines that are primarily published in Spanish, such as Vanidades, are replete with articles about weight control and shape conditioning. It is also the case that in Mexico there is a growing awareness of a significant problem with obesity and the high fat and carbohydrate content of the traditional diet. This is particularly true in the upwardly mobile social groups.

During the 1990s, there have been reports of what has been referred to as an ‘epidemic of eating disorders’ in Argentina, particularly in Buenos Aires. While the true extent of the phenomenon has not been documented by epidemiological studies, professional interest in the treatment and prevention of eating disorders in Argentina has been intense. The rise of eating disorders in Argentina may be associated with the confluence of a number of cultural factors, such as a particularly powerful aesthetic of beauty and weight.