

JANET EDWARDS

“YOU CAN NEVER BE TOO THIN....”
THE WESTERN IDEAL TAKING
OVER THE GLOBE.

For years, it has been popular thought that eating disorders are almost exclusive to Westernised cultures¹. However, current research states that Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Eating Disorder Not Otherwise Specified (EDNOS), are not only prevalent in Western cultures but also in Asian, South American, Middle Eastern and African societies². This essay explores the suggestion that eating disorders are not only increasing in prevalence but are also becoming more culturally widespread; arguing it is the newfound influence of a Westernised concept of beauty across societies, that is the modern day foundation for this phenomenon³. This essay will begin with a description of the different eating disorders AN, BN and EDNOS, and then a brief historical review of eating disorders across cultures will be detailed. Following, will be a discussion on Westernisation and its influence on the prevalence of eating disorders across cultures. Then, it will address factors other than Westernisation that may affect the incidence of eating disorders. Finally, suggestions for future research into this topic will be discussed.

Eating disorders are complex conditions involving psychological, sociological and neurobiological components⁴. Research argues that eating disorders are becoming more prevalent as the media displays an increased focus on being thin⁵ portraying thinness as a positive, attractive and healthy attribute⁶. On the other hand, being overweight can be portrayed as a negative and unattractive attribute, often associated with laziness and lack of self control⁸. Anorexia Nervosa (AN) and Bulimia Nervosa (BN) are considered to be the principal eating disorders in the Fourth Edition of the Diagnostic and Statistical Manual (DSM-IV R), sub-clinical levels of AN or BN or even a mixture of AN and BN behaviour may be diagnosed as Eating Disorder Not Otherwise Specified, (EDNOS). In more recent times there has been suggestion for the inclusion of a new eating disorder in the DSM-IV-R ‘Binge Eating Disorder’⁹ however this disorder is yet to be classified.

AN is a psychological illness characterised by a low body weight, less than 85% of what is expected¹⁰ and a distorted negative perception of an individual's body image¹². This is paired with the obsessive fear of gaining weight. Individuals with AN control their body weight by intentional starvation, extreme amounts of exercise and other forms of weight control such as taking appetite suppressants and/or laxatives¹³. Severe cases of AN can be fatal, either from suicide or starvation¹⁴. Long term physiological effects of AN include heart failure, and circulatory collapse due to the strain put on the body from excessive weight control¹⁵. While AN primarily affects adolescent females, with between 0.5 and 2 percent of females in Western countries developing the disorder in their lifetime, AN also affects a small proportion of males¹⁶.

BN is characterised by recurrent binge eating, followed by compensatory behaviour¹⁷. Binge eating is when an individual engages in repeated episodes of uncontrollable overeating¹⁸. The most common form of compensatory behaviour is self induced vomiting, also known as purging; although fasting, use of laxatives, enemas, diuretics and over exercising are also common compensatory behaviours¹⁹. Like AN, people with BN have an obsessive fear of gaining weight, however they are often not preoccupied with becoming thinner but rather maintaining their present body weight²⁰.

EDNOS involves disordered eating patterns which do not meet the criteria for either specific eating disorder²¹. This category is used frequently for individuals who meet some, but not all, of the diagnostic criteria for AN or BN²². This could include someone who exhibits all the symptoms of AN but has a body mass index and/or a menstrual cycle, or an individual may experience periods of bingeing and purging but may not do so regularly enough to warrant a diagnosis of BN²³. A person may also engage in bingeing episodes with no inappropriate compensatory behaviours following the episode, this is known as Binge Eating Disorder²⁴; although this disorder is not yet recognised as a DSM-IV- R classification. Eating disorders became recognised as psychological disorders in the late nineteenth century, however maladaptive eating patterns were present in society long before AN or BN were medically classified²⁵.

Prior to medical recognition as disorders, patterns of behaviour which would now distinctly flag as either AN and/or BN, were present in society. Cases of ritual fasting date back to Ancient Greek and Egyptian times²⁶ and cases of spiritually motivated abstinence in Ancient Eastern religions led to a type of self-starvation that bears a resemblance to modern day AN²⁷. During the Middle Ages and early Renaissance period, self starvation was also spiritually motivated, with women fasting to acquire the status of a saint in the Roman Catholic Church²⁸. During the 17th and 18th centuries, self starvation changed from being positively regarded by the church to being considered possession by the devil²⁹. It was in this time that women who exhibited such symptoms began to be seen as physically or mentally ill, much like the way they are regarded today³⁰.

In contrast to the spiritually motivated self deprivation of fasting behaviours, binge eating and purging were seen to be indulgent and hedonistically motivated. In Ancient Rome, vomitoriums were used for the function of ingesting an emetic after heavy feasting³¹. Excessive eating followed by vomiting was also reportedly practiced by a majority of the wealthy and

1 Wildes, J.E. & Emery, R.E. 'The Roles of Ethnicity and Culture in the Development of Eating Disturbance and Body Dissatisfaction: A Meta- Analytic Review'. *Clinical Psychology Review*, 21, 2001, p521-551.

2 Miller, M. N. & Pumarigea, A.J. 'Culture and Eating Disorders: A Historical and Cross Cultural Review'. *Psychiatry*, 64 (2) 2001.

3 Hill, A.J. & Bhatti, R. 'Body Shape Perception and Dieting in Preadolescent British Asian Girls: Links with Eating Disorders'. *International Journal of Eating Disorders*, 17 (2), 1993, p173-183.

4 Comer, R. *Abnormal Psychology* (6th ed.). New York, Worth Publishers, 2007.

5 Comer. 2007

6 Hill & Bhatti 1993.

7 Jung, J. & Lee, S.H. 'Cross-Cultural Comparisons of Appearance Self- Schema, Body Image, Self-Esteem, and Dieting Behaviour between Korean and U.S. Women'. *Family and Consumer Sciences Research Journal*, 34, 2006, p350-365.

8 Jung & Lee. 2006.

9 Miller & Pumarigea. 2001. 10 ibid.

11 Keel, P.K & Klump, K.L. 'Are Eating Disorders Culture- Bound Syndromes? Implications for Conceptualising their Etiology'. *Psychological Bulletin*, 129(5), 2003, p 747-769.

12 Comer.2007. 13 ibid. 14 ibid. 15 ibid. 16 ibid. 17 ibid.

18 Fariburn, C.G. & Cooper, Z. 'Thinking Afresh about the Classification of Eating Disorders'. *International Journal of Eating Disorders*, 40, 2007, p107-110.

19 Comer.2007. 20 ibid.

21 Fariburn & Cooper. 2007. 22 ibid. 23 ibid. 24 ibid.

25 Keel & Klump. 2003.

26 Miller & Pumarigea. 2001.

27 Bemporad, J.R. 'Self-starvation through the ages: reflections on the pre-history of anorexia nervosa'. *International Journal of Eating Disorders*, 1, 9 1996 p217-237.

28 Bell, R. M. 'Holy Anorexia'. University of Chicago Press, 1985.

29 Keel & Klump. 2003. 30 ibid.

31 Miller & Pumarigea. 2001.



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elite over the time of the middle ages, Renaissance and up to the 17th and 18th century³². While motivation to be thin was not the driving force, the behaviour is characteristically BN³³. This brief review of maladaptive eating patterns across cultures over time begs the question; Are eating disorders in fact culture bound syndromes that are on the increase with the spread of Westernisation, or are there common influences present irrespective of culture that impact on one's perception of their body?

Theorists have proposed that eating disorders are not so much culture specific syndromes, as they are culture -change syndromes of communities that are modernising³⁴ and essentially becoming more Westernized . Arguing that different cultures are changing their perception of beauty from their own cultural norm and taking to a more Western ideal of attractiveness and body size. This change in perceived beauty is an increasing trend that has an especially powerful impact on developing adolescents. This is because adolescence is the time when individuals are in the centre of establishing their psychological and cultural personality³⁵. This relationship between thinness and beauty accounts for a large proportion of eating disorders in Western countries³⁶ and while traditional cultures may have presented protective factors against the development of eating disorders, these protective factors appear to rapidly diminish when there is exposure to Western-based values communicated through the media and peer exposure³⁷. Furthermore, a key concern is that the main outlook relating to body size ideals that Western cultures accentuate is one of body dissatisfaction, ultimately placing individuals who have been exposed to such ideals at higher risk of an eating disorder³⁸. In Western countries, thinness is an important standard in the cultural ideal of female beauty and is associated with fitness and health³⁹. Despite the traditional views of women in non-Western cultures, dieting behaviour has become general practice among women from many non- Western cultures⁴⁰, such as South Korea, Japan⁴¹. The women of Korea- a collectivist society- have reportedly become 'obsessed'⁴² with dieting in recent times. Jung & Lee (2006), state that Korean women along with other Asian women have shifted their perception of beauty from cultural norms those of Western standards. This places emphasis on being thin rather than accepting traditional plumpness and has led to an idealisation of western facial features such as "large eyes" and a "high nose"⁴³.

Furthermore there has been discussion into the effect that being a part of a collectivist society, such as Korea, has on prevalence of body dissatisfaction and ultimately eating disorders⁴⁴. While being part of a collectivist society could be seen as a preventative factor to eating disorder if the in group are not influenced by social norms, if the in group are influenced by social norms then members may feel pressure to improve their physical appearance when the adoption of Western values are widespread enough to change the traditional norm⁴⁵. In addition, women in collectivistic societies may be prone to compare themselves to others in the in-group and endeavour to ensure that they do not stand out or differ from the accepted norm, which could account for the increase in eating disorders in collectivist societies⁴⁶. However, it is also important to consider the other non-cultural factors that may cause an eating disorder.

The idea that eating disorders affect only the young, white affluent women of society has been discredited, as research has shown symptoms and syndromes of AN and BN are present in a range of people from varied racial/ ethnic, cultural and socio-economic backgrounds⁴⁷. While the most renowned cause for eating disorders is considered to be a pressure to be thin and the internalization of thin body ideals, this ideal is generally associated with Western based values⁴⁸. In reality the causes behind eating disorders are far more complex and multifaceted. It is more likely that there are many socio-cultural factors involved that transfer across cultures irrespective of Westernisation⁴⁹. Researchers argue that psychological studies should shift

their emphasis away from the Western theory of 'pursuit of thinness' to other explanations for disordered eating⁵⁰ such as Perfectionism, Psychological Control and Genetic Inheritance.

Perfectionism has been identified as a risk and maintenance factor for BN in Caucasian and other racial samples⁵¹, with cross cultural studies showing that race did not affect the relation between perfectionism and BN⁵². Perfectionism is linked to maladaptive eating patterns for two reasons, firstly the media's presentation of the 'perfect body' as ideal leading to societal pressures to look a certain way, and secondly because the perfect body is almost impossible to attain. Individuals striving for perceived bodily perfection may engage in disordered behaviours in attempt to lose weight more rapidly and effectively.

It has also been argued that perfectionism may be linked to BN pathology via a pathway whereby perfectionism, in conjunction with failing to meet a standard generates distress that can motivate binge eating as a temporary escape from distress which is then followed by compensatory behaviours⁵³. Furthermore there is evidence that perfectionism associated with BN symptoms in Caucasian females, along with factors such as negative affect and stress are also associated with BN symptoms in African American women⁵⁴.

One of the core constructs associated with eating disorders is that of perceived Psychological Control⁵⁵. There is considerable clinical and experimental evidence to support this view. Control has been argued to be important in the etiology, maintenance and treatment approaches⁵⁶. Furthermore empirical evidence constantly supports the argument that those with an eating disorder display an over reliance on a particular means (food) which they feel that they can control when they are feeling a reduced control in other elements of their life⁵⁷. This element of perceived self control is present in eating disorder patients irrespective of their culture or ethnicity⁵⁸.

32 Miller & Pumarigea. 2001. 33 ibid. 34 ibid. 35 ibid.

36 Littlewood,R.'Commentary: Globalization, Culture, Body Image and Eating Disorders'. *Culture, Medicine and Psychiatry*, 28,2004, p579-602.

37 Miller & Pumarigea. 2001. 38 ibid.

39 Littlewood. 2004. 40 ibid.

41 Cummins, L.H., Simmons, A.M. & Zane, N.W.S. 'Eating Disorders in Asian Populations: A Critique of Current Approaches to the Study of Culture, Ethnicity and Eating Disorders'. *American Journal of Orthopsychiatry* 75 (4) 2005. p553-574.

42 Jung & Lee. 2006. 43 ibid. 44 ibid. 45 ibid. 46 ibid.

47 Cummins et al. 2005. 48 ibid. 49 ibid.

50 Bardone-Cone, A.M, Weishuhn, A.S. & Boyd, C.A. 'Perfectionism and Bullimic Symptom in African American College Women: Dimensions of Perfectionism and Their Interactions With Perceived Weight Status'. *Journal of Counselling Psychology*, 56(2) 2009, p266-275

51 Bardone-Cone et al. 2009. 52 ibid. 53 ibid. 54 ibid.

55 Soh, N., Surgenor,L.J., Tuoyz, S. & Walter, G.' Eating Disorders Across Two Cultures: Does the Expression of Psychological Control Vary?' *Australian and New Zealand Journal of Psychiatry*, 41, 2007, p351-358.

56 Soh et al. 2007. 57 ibid. 58 ibid.

Recent research into eating disorders has placed a focus on the role that Genetic Inheritance plays in an attempt to de-emphasise the role of culture. Data from twin studies propose that the heritability of eating disorders is greater than fifty percent⁵⁹, and several reports have emerged demonstrating explicit heritable loci for vulnerability to eating disorders⁶⁰. However, data is limited to a predominantly Western demographic and it is argued that because research into the genetic background of eating disorders represents a search for an underlying disease⁶¹. This research would significantly benefit from an examination of whether the core features of these syndromes exist outside of modern Western influences and would leave room for potential further research into the genetic inheritance of eating disorders in other cultures⁶².

Essentially, the only way to fully comprehend whether Westernisation had a significant influence on the incidence of eating disorders is to conduct more research. With numerous studies detailing the challenges of words and concepts being lost in translation, it would be beneficial to conduct studies across cultures that demonstrate clarity in terms and themes irrespective of culture. Furthermore with the increased interest into non-cultural causes of eating disorders, more genetic inheritance research could be conducted to determine family patterns of eating disorders and, if genetics do play a significant role then to determine the biological basis of the disorder.

Westernisation has clearly demonstrated a significant effect on cultures world wide, particularly on ideals such as beauty and body perception. There is no disputing the argument that the Western ideal of thinness linked with attractiveness has transferred across cultures. However, evidence has shown that there is much more to an eating disorder than pressure from cultural norms and Western influence.

⁵⁹ Keel & Klump, 2003. ⁶⁰ *ibid.* ⁶¹ *ibid.* ⁶² *ibid.*

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