

Eating disorders across cultures

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Abstract

Many publications have been produced recently from centres across the world dealing with the prevalence of eating disorders in their cultures. This type of research suggests that eating disorders are no longer limited to the western culture and have now assumed a worldwide dimension. A number of global cultural forces have been implicated in this spread including the power of the media, market economy and urbanization.

Keywords disconnection; eating disorders; global trend; identity confusion; prevention; transition disconnection

The evolution of the sociocultural model

Starvation, vomiting and purging following bingeing are all self-inflicted body regulatory mechanisms that have collectively come to be known as 'eating disorders'. This term encompasses between its two extremes – anorexia nervosa and bulimia nervosa^{1,2} – a spectrum of weight/shape-focused behaviours of varying degrees of morbidity.

The sociocultural causation of eating disorders derives its strength from cultural, subcultural and intracultural determinants (Table 1). The increase in the incidence of these disorders over the latter half of the 20th century has been linked to the great societal value placed on thinness. Women – who are by and large more likely than men to develop these disorders – were ready to embrace this thinness ideal, which came to symbolize beauty, health, achievement and control. The emphasis on dieting and the demand for thinness is highlighted in certain subcultures, such as those of dancers, models and athletes, who are especially at risk of developing eating disorders because of their career demands. Another possible risk is linked to the level of urbanization: the more urbanized the society, the more likely these disorders are to prevail.

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Eating disorders: the sociocultural model

- **Epidemiological evidence**
A steady increase over the past 50 years
- **Nature of psychopathology**
Symbolic of notions of thinness cherished and promoted by culture
- **Continuum of morbidity**
Spectrum of severity/merges with culturally acceptable behaviours
- **Gender-specific**
Women at risk/susceptibility to media manipulation and conflicting gender roles
- **Subcultural variations**
More prevalent in dancers, models and athletes
- **Intracultural variations**
Possibly more prevalent in urban than rural areas
- **Crosscultural variations**
?rare/absent in non-western cultures (different aesthetic values, differentials of wealth, preservation of traditional gender roles)

Table 1

The global trend

One of the most important aspects of the sociocultural argument is the apparent transcultural variation whereby eating disorders have been considered rare or indeed absent in non-western societies. Thus, some have regarded eating disorders as a phenomenon unique to western culture.

The culture specificity of eating psychopathology was initially based on epidemiological evidence – i.e. the absence of sufficient published data to confirm their occurrence in non-western cultures and societies. This was assumed to reflect perceived differences in aesthetic standards between West and non-West. In contrast to the western ideal of thinness, non-western societies were seen to favour plumpness and to associate it with positive attributes of wealth, fertility and femininity. The fact that the majority of these societies are also Third World economies meant that they were considered to be protected from a disorder commonly associated with wealth and affluence.

There is no doubt that some of the accepted notions about non-western societies are rooted in our current limitations in understanding the concept of culture itself. Within the current system of cultural definitions, there is a tendency to see non-western cultures as being static, isolated and remote from the forces of change that affected western societies. This is particularly evident in the case of 'other' women, whose roles continue to be seen within a restricted framework of the stereotyped and the traditional.

The spread of eating disorders

There is now increasing evidence that challenges the notion of the western 'boundedness' and shows that eating disorders are no longer confined to one particular culture. In the 1990s, a surge of publications from different countries clearly suggested that they were increasingly becoming a global phenomenon (Table 2).³ Recent research from the Middle East, the Far East,

Countries reporting eating disorders

Argentina ¹	Japan
Australia ²	Mexico ¹
Belgium	The Netherlands
Brazil ¹	New Zealand ²
Canada	Nigeria
Chile	Norway
China ¹	Portugal ¹
Czech Republic	Singapore ¹
Denmark ²	South Africa (blacks) ¹
Egypt	South Africa (whites) ²
France	South Korea ¹
Germany	Former Soviet Union
Hong Kong ¹	Sweden ²
Hungary	Switzerland ²
India ¹	Turkey ¹
Iran ^{1,2}	United Arab Emirates ¹
Israel ²	UK ²
Italy	USA ²

¹First reports since 1990.

²Formal epidemiological studies carried out.

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Table 2

South America and Africa indicates that eating disorders are now emerging in these societies, with rates that are similar to or even higher than those reported in the West.

The studies were mainly community surveys, modelled on those carried out in the West, and most used the Eating Attitude Test (EAT) as the main instrument. The EAT is a self-report

questionnaire that was originally devised to elicit abnormalities in eating attitudes and measure a broad range of symptoms characteristic of anorexia nervosa. Doubts were raised about the validity of the EAT in different cultural settings and its susceptibility to cultural misinterpretation. In spite of those concerns, the EAT has been helpful in facilitating research and allowing preliminary comparisons across cultures (Figure 1).

Parallel to community studies, other studies were carried out in the USA and UK in which the emphasis was on ethnic minority groups. An increase in the prevalence of eating disorders among black, native American and Hispanic communities in the USA was reported. Similar results were also found among the Asian and the African-Caribbean immigrant populations in the UK.

One of the other major findings was the emergence of eating psychopathology in Eastern Europe following the politico-economic changes. Eating disorders that were largely unreported in Eastern Europe before the collapse of the communist regimes began to appear in eastern European literature. High rates of abnormal eating attitudes were reported in Hungary, Poland and the Czech Republic.

Table 2 lists the countries that have reported eating disorders from the 1990s up until recently, although this list is by no means exhaustive. It shows that countries reporting eating disorders prior to 1990 were mostly European or North American; countries reporting after 1990 include Hong Kong and mainland China, South Korea, Singapore, South Africa, Nigeria, Mexico, Argentina and India. These reports however were entirely based on case histories and not substantiated by epidemiological studies.

Global cultural changes

Media, consumerism and dietary changes

'Westernization' was initially offered as an explanation for the worldwide emergence of eating psychopathology. This explanation was often restricted to the role played by the global media in

Dieting/abnormal eating attitudes worldwide

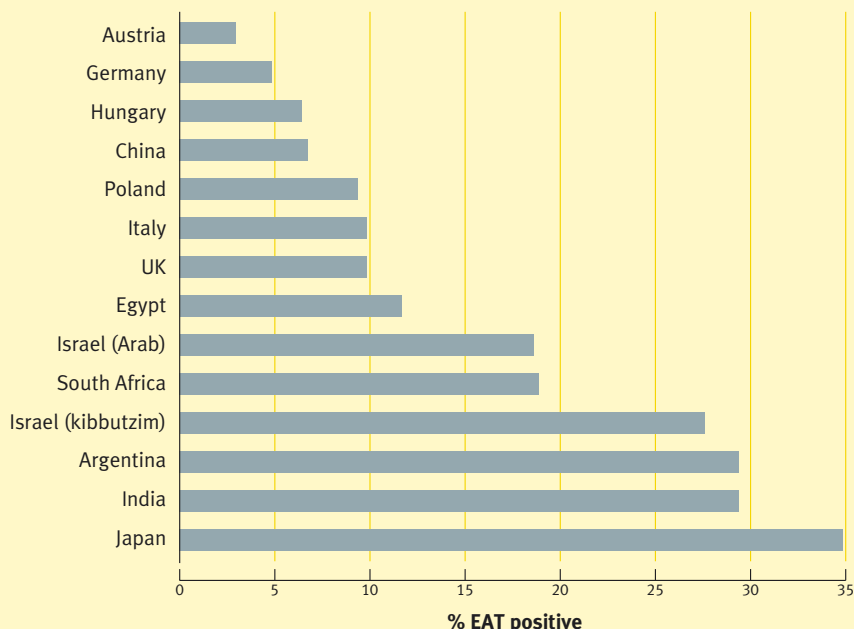


Figure 1

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