UNDERSTANDING EATING DISORDERS: INTEGRATING CULTURE, PSYCHOLOGY AND BIOLOGY

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Eating disorders: Global marker of change

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Eating disorders can be viewed as an individual pathology revealing personal distress or more contextually as a signal of dis-order as a shifting environment calls for new mechanisms to cope with and communicate social discomfort. Contemporary narratives assert that many anorexic women are waif warriors writing a social history with their bodies, which are at once an extreme, distorted vision of beauty and a living example of social ills. This chapter will trace the evolution of cultural explanations for disordered eating-- reviewing the interface of the individual and the environment. It will then explore gendered and western oriented explanations. The chapter will also discuss global changes, supermarket and on line multiculturalism and will conclude with some ideas for intervention beyond the usual disciplines of academia and mental health.

Introduction

Eating disorders can be viewed as an individual pathology revealing personal distress or more contextually as a signal of dis-order as a shifting environment calls for new mechanisms to cope with and communicate social discomfort. Contemporary narratives assert that many anorexic women are waif warriors writing a social history with their bodies, which are at once an extreme, distorted vision of beauty and a living example of social ills (1).

In the 19th century, cholera, a medical problem, exposed problems with rapid urbanization such as poor sanitation and limited public health services. The response to the epidemic revealed divisions of class and race, while also acting as a key impetus for greater social responsibility towards the disadvantaged (2). Encapsulated in the "disease" of eating disorders are the 20th and early 21st century issues of identity, gender politics and the prospect of profits from marketing unobtainable ideals.

This chapter will trace the evolution of cultural explanations for disordered eating, reviewing the interface of the individual and the environment. It will then explore gendered and western oriented explanations. The chapter will also discuss global changes, supermarket and on line multiculturalism and will conclude with some ideas for intervention beyond the usual disciplines of academia and mental health.

Interface between individual and environment

Self-starvation: The psychological predicament

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The embodiment of the psyche in human form and the dialectic of this body with its environment have been central to all causal theories of eating disorders long before the study of socio cultural influences became the vogue. In fact, early psychodynamic descriptions of the anorexic syndrome did not ignore the importance of placing the phenomenon within the context of the individual's environment. Initially psychodynamic attention was understandably focused on the contribution of the dysfunctional family as a microcosmic environment. As early as the 1800's authors remarked upon the importance of "placing in parallel the morbid condition of the patient and the preoccupation of those who surround her. The moral medium amid which the patient lives, exercises and influences would be regrettable to overlook or misunderstand" (3).

From a psychoanalytic perspective, the anorexic disorder was considered an unusual variation on the neurotic theme and its historical relationship to hysteria is well established in the literature (4). Anorexia nervosa remained fairly inconspicuous and only gained prominence in recent decades when it moved from being a mere 'manifestation of neurosis' to a specific neurotic syndrome in its own right (5).

Self-starvation: Specific neurosis reactive to the cult of thinness

The specific diagnostic status acquired by anorexia nervosa has been attributed to a raise in incidence, an increase that is debatably one of perception, detection, or real presentation change. However, several publications have documented an increase over the past fifty years in western nations (6). While hysteria was commonly thought to be the product of a sexually repressive environment, anorexic thinness began to be viewed as responding to new environmental demands that promoted the desirability of thinness (7).

In the second half of the 20th century, a cultural shift towards a "thin ideal" was noted in art, fashion and media advertisements and seemed to have been easily endorsed by women, the common sufferers of the disorder. The pursuit of thinness had metaphorical connotations, which meant a lot more than thinness, such as a pursuit of beauty, attractiveness, health and achievement (7).

Self-starvation and eating disorders: The continuum hypothesis

The growing obsession with thinness was considered responsible for pervasive dieting behavior, which in turn was linked closely to the full anorexic syndrome. This experience, said Crisp (8) "Is wide-spread amongst the female adolescent population and although it becomes very intense in the anorectic to be, it would not appear to be qualitatively different at this stage from the more universal experience" (8).

The observation that the morbid phenomenon of extreme thinness does in fact blur and merge with what is considered to be normal or culturally acceptable, such as the practice of dieting, formed the basis of the continuum hypothesis. In other words dieting falls at one end of the spectrum and the extreme forms of disordered eating at the other end with a number of weight reducing behaviors of variable intensities in between.

he "continuum" theory of severity was confirmed in a number of community studies which showed the presence of sub clinical forms in normal student populations (9-13). In fact the sub clinical forms were generally estimated to be five times more common than the full-blown syndromes (14).

The epidemiological impression that bulimia and bulimic behaviors appear to be far more prevalent in the community than the anorexic syndrome raised the possibility that the nature of both conditions, despite psychopathological similarities, are different. In the case of anorexia, the cardinal feature is restraint, which requires a strong internal drive, however the bulimic disorder may be more responsive to external

environmental reinforces (15), even suggesting that bulimia may result from a set of "socially contagious" behaviors.

Hoek et al (16) in their cross cultural work in Curacao have suggested that anorexia may be more epidemiologically stable while bulimia may increase with growing urbanization. Whether one looked at anorexia or bulimia over time, one thing was consistent – more women than men were demonstrating clinical and sub clinical concerns with weight and diet. Why should this be an issue specific to women and why at this point in history?

Eating disorders: gender specific?

The 'why woman' question in the early eighties was framed as a feminist issue although as writers later in the 20th century revealed, the question of gender is one that impacts all professionals working in the field of eating disorders (17).

Women's' susceptibility to eating problems and the pursuit of a thin ideal has been viewed as: a rebellion against the adult female form and all that is implied with being a woman in today's society; an effort to obtain an androgynous physique at a time when men are still viewed as more powerful; as a means of demonstrating mastery and control; and of course a realistic adaptation to the availability of fashionable clothes and a susceptibility to the 'culture of health' in which leanness is associated with longevity.

Commenting on the role of gender and eating disorders, Katzman (18) suggested that it was access to power that put one at risk rather than ones chromosomal make up -- it just so happened that more women had obstacles to independence and achievement!! Littlewood (19) noted that looking cross culturally it was in fact the ability for self-determination that differentiated male and female eating problems. Animal analogues of elective starvation are consistent with data from human suffers in suggesting that submissive behavior and social defeat are implicated in the onset of anorexia nervosa (20).

Eating disorders: culture specific

The expansion of the gender debate to include a study of social and political impacts on behavior enabled the field to consider the importance of not only western but all cultures. While the early eighties and nineties enjoyed a fascination with the western woman's predicament, and the eastern woman's 'protection' from eating distress (by virtue of clearly defined social roles and in some cases an acceptance of plumpness as a sign of success), further sophistication of these models revealed not only gender myopia but a cultural visual restriction as well. No one was immune to eating problems. Perhaps our diagnostic criteria and theoretical lenses had been somewhat selective. Although eating disorders in the eighties and early nineties were considered culture bound,7 by the end of the nineties, with increasing data from the east, the limitations of seeing the problem as exclusive to "one culture" and "one sex", namely western culture and western women were apparent (21).

Eating disorders: a worldwide concern

Nasser (22) conducted an extensive review of the published studies of eating disorders in the east and west and found few national or societal boundaries that contained the growing detection of eating problems, albeit sometimes with a twist. For example, in the east, the work of Sing Lee and colleagues (23) consistently demonstrated anorexia in the absence of a fear of fat. These findings along with discoveries of eating issues in unexpected places like the Middle East challenge us not to ask 'if' problems exist but 'how'? (24) For example

how do eating disorders present themselves and how do we understand and treat these problems and how can we be inspired in our etiological models by data that may challenge our traditional notions of why people choose to alter their bodies or diets in times of distress?

The emergence of eating pathology in the majority of societies was initially linked to an exposure to and identification with western cultural norms in relation to weight and shape preferences -- especially for women. The media was considered the main culprit in disseminating these values and in homogenizing public perceptions. The pressure to "remake the body" to match newly unified global aesthetic ideals was seen to operate through international advertising and worldwide satellite networks. While certainly plausible, the question remains why would women be so susceptible to media programming and what does the globalization in the market place reflect in terms or women's roles that might impact on the development of eating disorders?

In an analysis of "feminism across cultures", Nasser (22) pointed to the fact that feminist movements similar to those in the West also arose in other non-western societies which resulted in questioning and debating traditional gender roles .The majority of non-western women have significantly changed their position, with increasing numbers of them being highly educated and working outside the family. This meant that the pressures that are hypothesized to increase western women's propensity to eating disorders are increasingly shared by all women of different cultures and societies. Katzman et al. (25) illustrated in their analyses of 'anorexia' in Curacao, that the development of eating disorders is likely linked with the exposure to 'possibility' and the frustrations of not being able to achieve one's ideals.

So yet again the opening of a theoretical frontier brings with it as many questions as it does inspirations. For example, does "westernization" only mean "image- identification" or is there more to it? How would the issue of westernization relate to other issues such as urbanization, modernization and economic globalization? And even if we tried to break down the concept into constituent elements, would that be sufficient to explain a universal preoccupation with weight? Or does "weight" mean perhaps much more than mere body regulation? Is the quest for refashioning the body a quest for refashioning the self (i.e. remaking of a new identity) in an effort to negotiate the impact of a volatile and constantly changing culture?

Evolution of Eating Psychopathology

Body regulation and identity

In some of the early descriptions of the anorexic syndrome one can find fashion driven explanations for the role of environment in the development of eating psychopathology.

Bruch (26) indicates that the environment of the family with its pathological interactions could indeed create an "identity deficit". Within this remit, the anorexic symptomatology serves as a defense against feelings of "powerlessness", and the act of food refusal becomes symbolic of a strive towards autonomy and mastery over one's self as well as others.

The failure of individuality or incomplete identity described in Bruch's analysis was later applied beyond the boundaries of the domestic circle, to include an individual struggle for autonomy against social pressures in a much wider context. The feminist text clearly put the notion of identity at center stage within the anorexic struggle. Self-starvation becomes a way for women to develop an identity as a person in the absence of real control or power in other areas of their life (27).

Historically the displacement of the locus of power to the body was noted to occur during periods of cultural transition particularly at times when "identity definition or redefinition" is called for. Under these conditions, morbid forms of bodily control are seen as symptomatic of the "transition in culture" and not the "culture" per se (22).

The notion of the social predicament was therefore advanced as a possible explanatory model for eating disorders. Taylor (28) describes predicaments as "painful social situations or circumstances, complex, unstable, morally charged and varying in their import in time and place". Perhaps by applying the social predicament model to bulimia and anorexia we can better understand the diversity of cultural experiences and hopefully decode the metaphors contained within the symptoms.

However, even the socio-cultural models of the late twentieth century remained overly focused on weight and media control in an effort to capture how existing social structures could exercise a quantitative and qualitative influence on individual psyches. As a result, there are a number of questions that clearly illustrate the limitations of our current approach to understanding the nature of these disorders vis-à-vis culture:

- Given that Western Europe and Northern America constitute what is commonly known as the West, why should the rates of eating morbidity be higher in the American society than in central Europe? (29)
- Even within Europe itself, why there should there be any differences between east and west Europe, given their shared European heritage (except for a very brief historical period of fifty years or so)? And how true is the claim that eating disorders began to appear in Eastern Europe only after the decline of communism? (30)
- What could possibly be the reasons behind the reported 800% increase of eating morbidity in the Kibbutz in the past 25 years? (31)
- Why should there be any differences at all in the rates of eating disorders between the north and the south of Italy—or any culture within a culture for that matter? (32)
- What is the explanation for differences in the rates of anorexia nervosa between urban and rural Japan or indeed the reasons behind their reported 100% increase in only a 5-year period? (33)
- What significance could be attached to the apparent rise of eating disorders among black South Africans girls after the fall of the Apartheid regime? (34)
- Why is anorexic self-starvation in Hong Kong not associated with a fear of fatness, while in the west such fear is considered pathognomonic? (35-36)

Well the skeptic might just say that these idiosyncrasies prove the unreliability of cultural research, (for example the use of unreliable self report measures in the absence of clinical interview and the failure to involve random and community samples over time), it would be too simplistic to dismiss them as mere artifacts.

In order to begin to understand the reasons that may lie behind such variabilities, one needs to have a deeper understanding of the type of culture we live in, which appears to be multiple fragments within a globally "homogenous/homogenized entity". There are therefore several "contradictory" elements within this apparent modern uniformity and the tension at the moment is therefore likely to be between the "one" and the "multiple."

A gastronomically and technologically flattened world

Shaping appetites: Gastronomic diversity and standard McDonaldism

One notable aspect of modernizing societies is their attempt to embrace different cultural/ethnic elements within a unified whole, to enable culture to be one and multiple at the same time. This is achieved through what is now commonly referred to as "supermarket multiculturalism" i.e. the exposure of the west to other cultures through their cuisine, or other exotic pastiches and vice versa. Foreign ingredients and ready-made

meals have found their way to supermarket shelves and there is a clear proliferation of different foreign restaurants in any major city, from the Chinese and Italian to Indian and Thai, etc.

Many countries in the non-western world are undergoing major changes in their dietary habits through the introduction of Western fast food chains selling items such as beef burgers and fried chicken. The impact of these restaurants on the quality and choice of food available was initially studied in highly urbanized western society (37) and was offered as one of the possible reasons behind the different rates of eating disorders between Europe and the USA. Several studies from non-western societies have extended this hypothesis and now point to a possible link between the changes in traditional diet and the inevitable impact on population weight and shape secondary to the increased fat content of one's diet. These dietary changes could lead to a rise in the rates of obesity worldwide and may in fact prompt greater weight consciousness and possible eating pathology (22) Pollan (38) illustrates the tensions between subsidized corn farming, the resulting corn surplus and the increase in grain in fast food. Fast meals are now 'supersized' increasing profit while increasing the risk of obesity. As national profit increases so do public health risks.

Another factor contributing to rates of obesity, apart from the ongoing changes in the nature of food consumption and production, is the shifting of meal times such that the main meal is now consumed in the evening and often not in the presence of others. Later hours at work or school and the demand for longer uninterrupted hours are some of the consequences of increased urbanization and modernization. The need for faster, pre-packaged food to keep pace with changing work demands has impacted family roles and notional habits.

Given dietary changes and reduced physical activity it is not surprising that a governmental summit held in London in April 2000 concluded that the average norm for population weight in the UK had significantly increased in the past two decades -- particularly for women. As a reflection of this, the popular Marks and Spenser stores began using a size sixteen model to promote their clothes lines! Obesity is also a recognized problem in the States, where nearly 30% of the population is classified as obese .The relationship between obesity and the eating patterns of anorexia and bulimia are well documented.7 It is also well known that people tend to overeat at times of emotional tension -- "obesity has an important positive function, and it is a compensatory mechanism in a frustrating and stressful life" (39).

Food abundance and food shortage: Economic forces

With an increase in economic freedom in various countries has come a departure from state supported privileges. While potentially providing greater opportunity for all, there have in fact been greater differentials of wealth and poverty between countries and within the same country. A market economy is based on the principle of cost-effectiveness, which heightens competition as well as standardization as increases in productivity are sought. A deregulated economy is built on the primacy of individual choice which can produce increased social inequalities as well as social isolation, and is likely associated with increased commercialization and material aspirations (22).

Several clinicians and researchers from Eastern Europe have suggested that the increase in commercialism and changing gender roles coupled with the depletion of state offered benefits (such as education, employment and health care) may result in the commodification of the human body and modifications to its form to fit with global standardizations of beauty, marketability and adaptability (40). This in turn may make women more susceptible to eating problems as they may be forced to not only adapt their bodies to a new form but form their identities to a new role. Hence their bodies may become placards for social distress and transition.

Cable and online cultures

Subtle (and not so subtle) social revolutions are not the only shifts that impact bodily expression. The deregulation of markets, family life and meal structure are all potential risk factors for personal pathology, but an additional destabilizing force emerges from technological revolutions. One must consider the role of online cultures in increasing individuals' alienation. Is it possible that the deregulated media deregulates the relationship between the individual and society? Several authors such as Morley and Robins (41) have attempted to explore this concept concluding that changes in computer culture have meant a change in how we relate to our own nation as a geographic entity. As one types and taps into a shared global environment they may in fact be traveling beyond their familiar nexus to ideas and fashions never considered by their homes or home country.

The inherent advantages of potentially unlimited choice are pitted against the need to negotiate these choices, to learn how to reformulate an identity amidst an influx of visual information and images. Identities in the new media order need to be similar and different at the same time! Individual personalized cultures inevitably arise within the context of the uniform and the universal. This means that the act of transmitting image/information shifts from broadcasting to narrowcasting with special programming aimed at specific target and differentiated audiences. How does one fit in and where? How does one connect to others and how?

Electronic connections may provide a new way of achieving connectedness. Linked by computer technology, women may be able to overcome their social and political isolation and gain new insights into formulas for success and survival.

Nasser and Katzman along with others (42) have also suggested a shift in emphasis towards competencies rather than pathology in prevention and treatment strategies. While the notion of working with peoples' strength is central to motivational approaches to treatment (43), how to creatively deploy potential resources and make healthy links between people has not yet been fully leveraged and in some instances has been exploited to individual detriment in a deregulated internet support era. For example, web sites that celebrate anorexic behaviors (called pro-ana as in pro anorexia) may operate against healthy growth and in fact create a forum for those looking to learn new weight reduction techniques rather than methods for recovery.

Conceptualizing eating issues as culture change

In earlier works Katzman (44) and Katzman and Lee (36) have argued that eating disorders may be precipitated by problems with transition, dislocation, and oppression that produce solutions in manipulations of weight, diet and food. As one examines the movement of eating disorders from individual neurosis to cultural monikers of distress, it becomes increasing important to identify ways of operationalizing treatment and prevention strategies. By organizing our research and clinical questions around ways of assisting women in self determination, control and connection rather than simply documenting media and weight insults we may be able to progress beyond the limitations of our current strategies and provide alternatives for women struggling with eating disorders as an 'answer' to complex personal social and personal problems.

As the position of individuals, particularly women, is changed and challenged internationally, it may become increasingly important to work toward social change not merely symptom change, to look not only at individual cosmetic concerns but responsible cultural consciousness. This may require a broad examination of social morbidity and a further examination of the effects that subordinate positions may have on individual psyches (45).

A new generation of business leaders appears to have moral compasses with a gravitational pull towards achieving greater social impact. Corporate social responsibility programs are becoming a part of the business culture -- dedicating intellectual and monetary capital to community development and the alleviation of societal ills (46).

How can the interest in social action and contributions emerging from other fields be harnessed to respond to the precipitants of disordered eating? Today's media presents the war on terrorism, the war for resources and of course the war on fat. This very aggressive language marshals attention and demands a response. How do we parlay the attention into positive action? Perhaps there are creative ways to partner with people beyond our discipline to explore alternatives that are healthy and if necessary profitable too.

The feminist social/cultural analysis has been both inclusive of various disciplines while remaining handicapped in the ability to influence finance and politics to a meaningful extent. Much of our scientific research looks at MRI's not ROI's (returns on investment). We talk of power and recognize that it is gendered; but hierarchy is not merely pink or blue. The better able we are to analyze and respond to the economic realities that inform the marketing of mental distress, the better able we will be to craft creative, healthy solutions.

Our challenge as a field is how to communicate outside of academia. What are the words and arguments that will capture the attention of business leaders and social entrepreneurs in addition to our traditional granting agencies and policy makers? Our formulizations and suggestions cannot make sense only to ourselves, and we can surely benefit from the intellectual prowess of other applied fields (46).

Bill Gates, the founder of Microsoft, says he is 'reordering his priorities' to work on his $29 billion foundation, focusing primarily on global health. The investment bank Goldman Sachs recently announced that it will invest $100 million over the next five years in providing 10,000 women in developing economies with business and management education -- a decision based on their research indicating that investing in women in the developing world is most likely going to yield the greatest social return. Is this not the same group that we would identify as at risk for eating disorders because of the possibility for greatest disparity between what is possible and what is likely?

If we can view eating disorders as a marker of cultural transition then our challenge will be to empower and support individuals as they evolve in new roles, to move beyond diagnosing people to preventing eating disorders through social initiatives that profit all members of a society.

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