

Argentina: The social body at risk

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Debate question:

Psychologists should stay away from analysing information outside of the individual psyche as anything that could be gleaned from political and economic analyses will be too vague for clinical application.

'We still sing, we still beg, we still dream, we still hope . . .
despite the blows that clever hatred struck on our lives . . .

For a different day, a day without worry, without fasting, a day without fear,
A day without tears'

Todavía Cantamos (We still Sing)

Victor Heredia

Caught in a culture clash, feeling confused, hungry for success but frustrated by false opportunities, the eating disordered woman turns to food for solace and relies on her appearance for approval. Her body becomes a potential receptacle for the marketers of perfection and promises of power.

In many ways the psychological profile of the eating disordered patient parallels the profile of Argentinean women in general and the sentiment expressed in the quote above in particular. While much has been written in the professional literature about the prevalence of eating disorders in North America and Europe, less attention has been given to what appears to be a serious and growing phenomenon in Argentina. The lack of widespread knowledge and specific data for this South American society may in itself encapsulate the struggle Argentineans endure to put themselves on the map – politically, socially, and in the world of mental health.

¹ Victor Heredia, a famous Argentinean folk singer, was forced into exile after the 1976 military coup. This song was written on his return to Argentina in 1986.

Eating disorders, an Argentinean epidemic?

Examining the evidence

Ask any Argentine if they think there is a problem with eating disorders in their country and many will respond that of course there is. Get off a plane at the Buenos Aires airport and be surrounded by women in purple mini skirts selling an array of goods and you too will believe this could be the case. However convinced people may be that eating issues are almost unavoidable in Argentina, careful epidemiological documentation is lacking. What does exist is a variety of behavioural and attitudinal indicators that a problem is brewing. For example, according to a recent study by the INDEC (Instituto Nacional de Estadísticas y Censos – National Institute of Statistics and Census), 79% of Argentinean women consider slenderness a 'very important issue'. In a survey of 700 people aged 17–55 for the national newspaper 'La Nación' 60% of females were within normal weight limits, yet they considered themselves overweight. In the same study (Romer, 1996), 71% of women and 56% of men related doing 'something' to lose weight and 55% of teen girls, 45% of women and 37% of men agreed to the statement: 'You don't exist if you can't get people's attention by having a nice, perfect figure.'

Romer's (1996) research further revealed that Argentineans associate overweight with untidiness, laziness and illness while slenderness was associated with pleasing traits such as elegance, attractiveness, sensuality, beauty, personal security and youth. Using several questionnaires, Zukerfeld *et al.* (1998) found that in the capital city of Buenos Aires, in a study of 207 university freshmen girls, 10–30% reported dieting behaviours and 1.5–4% related bingeing behaviours.

As shown in Tables 8.1 and 8.2, Argentineans' dieting tendencies are also supported by a study on medication sales carried out by The Argentinean Chemist and Pharmaceutical Trust (Estudio de Auditoria del Mercado Pharmaceutics Argentina) which showed a sharp increase in both prescription and over-the-counter demand for slimming drugs (*La Nación*, 1996).

Although people appear quite involved in their caloric restriction, diets alone may not enable one to fit the Argentinean ideal and cosmetic surgery has become one of the most profitable medical specialities in Argentina, overtaking what used to be Argentina's national past time – psychoanalysis!

Table 8.1 Sales of prescribed slimming drugs in Argentina (1990–95)

Year	Units	Amount in US\$
1990	900 000	5 000 000
1991	500 000	10 000 000
1992	1 600 000	15 000 000
1993	1 100 000	11 000 000
1994	840 000	9 500 000
1995	827 000	11 582 000

Table 8.2 Sales of over-the-counter slimming drugs in Argentina (1990-95)*

Year	Units	Amount in US\$
1990	17 000	60 000
1991	140 000	2 000 000
1992	1 750 000	37 000 000
1993	900 000	15 000 000
1994	760 000	13 500 000
1995	465 000	7 900 000

*Source: The Argentinean Chemist and Pharmaceutical Trust, Nov 1996.

Romer (1996) reports that 45% of females and 19% of males would resort to cosmetic surgery to gain a better physical appearance. One of Argentina's current 'female heroines' is 'Cement Queen' Amalita Fortabat, a grandmother in her seventies who caused a stir when she had breast surgery. 'Now she has the tits of a 20-year-old', remarked a local journalist. A study done by 'Para Ti', the Argentinean best-selling fashion magazine, reported that every year women in Argentina invest 90 million dollars in plastic surgery. Since 1992, the demand for plastic surgery in public hospitals has increased by 70% and the number of patients requesting cosmetic surgery has increased by 90%, of whom 10% are men (Revista 'Para Ti', Semana 19-23 Marzo, 2000).

These diet and eating habits coincide with the curious data provided by The Fishing and Agricultural Department. In the last decade, beef consumption in Argentina fell by 16.5% while poultry consumption increased by 50%. The once world famous 'beef-eating' country has joined the 'light-food legion' (Fuente, 1996).

Initially eating disorders were only diagnosed in large urban areas (Chandler and Rovira, 1998) but eating disorders have now begun to appear in areas where you would least expect them, like north Patagonia (Neuquen) and in the west of the country. How does one make sense of such attitudinal and behaviour pre-occupations with weight and appearance?

The impact of national psychology on body pathology

Katzman (1998a) has argued that cross-cultural research provides a 'living laboratory' for expanding our understanding of social risk factors. In Argentina, with its emphasis on beauty, it would be easy to apply the liquid foundation of 'lazy' social theory and conclude that imported fashion pressures and marketing are to blame for the presumed increase in eating disorders. But that would be too simple.

Rather than merely reviewing the countless advertisements for slimming products and editorials declaring the need for body conformity, an appreciation of this country's susceptibility to superficial success requires a cultural biography informed by a political and economic history, not merely a fashion sensibility. In earlier works Katzman, (1998b) and Katzman and Lee (1997) 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. The next section of this chapter will review the evidence that as a country Argentina is undergoing the very triad Katzman has identified. The data documenting the current obsession with shape will then be presented and, finally, available resources for care will be reviewed.

While the supposition that cultural forces provoke eating disorders cannot be proven with the available mental health methodologies, neither can these forces be ignored. Repeatedly in this book the effort to dismantle culture results in disabling realisations about the limits of our current tools. This chapter again struggles with how the outside forces get inside and produce an eating disorder. To do so requires venturing into disciplines beyond the familiar, with data that cannot as yet be deemed as causal. What follows is an attempt to stimulate new lines of investigation, to ask the questions without which there will be no future answers, interventions or suggested new paths of inquiry. It is by definition speculative.

Eating disorders in Argentina: The psycho-history of a nation

Transition and dislocation

Argentina is an 'untamed' place where societal constructs openly fight with natural forces, a country with a European imported history and an immensely wealthy past, prone to deny its geographical situation and its multi-racial ethnicity. The Argentinean writer, Jorge Luis Borges captured the Euro-Argentinean identity confusion saying, 'Argentineans are Italians who speak Spanish, dress like French and think they are English.'

Argentina is the second largest country in South Latin America, after Brazil, and occupies much of the southern part of the continent. The indigenous people were dark-skinned – Indians belonging to hunting tribes who were exterminated or driven away after fighting the conquistadors. Today, the approximately 35 million residents are of white European ancestry. There was a significant wave of European immigration in the mid-1800s from Spain and Italy and to a lesser degree France, Poland, Russia and Germany as well as Middle Easterners from Syria and Lebanon.

In 1869, the foreign-born residents made up 12% of the population. Between 1880 and 1916 there was an era of rapid population growth (largely from immigration) and Argentina's census grew from less than 2 000 000 in 1869 to nearly 8 000 000 in 1914 – a growth so significant that in large cities foreigners outnumbered natives by as much as two to one.

Big waves of further immigration took place at the end of the First World War, after the Spanish Civil War, and in the late 1930s, when during the peak of the Nazi oppression, thousands of Europeans fled to Argentina.

Unlike the United States, where the British went to 'build a new home and start a new life', the main interest of the earlier Europeans in South America was to

make money and return home after 'making the most of America'. The various cultures of Argentina's immigrants were not motivated to achieve cultural homogeneity, and as a result home and one's culture remained elsewhere.

The Argentinean sociologist and philosopher Julio Mafud (1959) wrote that Argentina was born with what he called '*the Argentine defect*', or the 'uprooting' phenomenon. This prevailing sense of cultural fluidity and impermanence is a mood that persists today.

A recent national Gallup survey indicated that 21% of Argentines would like to live in another country. Among young adults (18 to 24 years old) the percentage rises to 33%. Educational level and socio-economic background were correlated with the wish to emigrate. According to the INDEC, people with higher education have the greatest unemployment woes (*La Nación*, 15/7/00). The apparent search to be 'a part' of things results in at least two opposing behaviours, the search for something better and the assertion that perhaps better can be found at home as long as one is clearly 'different'.

'Different' in Argentina can be defined as different than one's South American continental neighbours, different than the native 'non-Europeans' or the difference between rural and urban dwellers. Urbanites tend to develop serious divisions between the rural interior and the urban coast. Many rural people resent the wealth, political power, and cultural affectations of the *porteños*, the 'people of the port' (the Buenos Aires region), while many *porteños* look upon residents of the interior as 'ignorant peasants'. These communities have found it difficult to understand each other, and despite having lived more or less side-by-side in this territory for over 200 years, mixing remains limited.

In addition, Argentina proudly boasts of its difference from other South American countries. Argentina, Uruguay and the south of Brazil (Rio Grande do Sul and Sao Paulo states) received a similar ethnic influence from Europe, which made them believe that they are somewhat distinct from the 'other' South America, the primitive one.

Modern-day Argentines define their differences from their neighbours by reference to (among many other things) dialect, skin colour and education. For example, in contrast to most of South America, in Argentina today there are almost no Indians or Blacks (local Indians were systematically killed off, and Blacks were sold to bordering countries before slavery was abolished in 1812). The tango, the national dance, tells of the misery and despair of the lonely immigrant, the single mother or the betrayed lover. In Argentina, tango is played on European instruments, whereas the rest of South America sings of local beliefs using indigenous instruments.

Argentina also demonstrates its cultural distinction through her literacy rate, which is over 95%, compared to the 85% rate in Uruguay (the second best in South America). The fact that Argentina has produced five Nobel Prize winners (more than any of its neighbours), is yet another reflection of the country's high educational standard (Britannica, 1999).

Each of these qualities may serve to differentiate Argentines from their South

American neighbours and prompt their over-identification with Europe as a way of confirming differences, affirming one's 'civility' and acculturating to an established society rather than creating a new one all ones own.

Davis and Katzman (1999), in their study of female Chinese immigrants in America, reported on perfectionism as a form of acculturation. The newly arrived Asian immigrant in the USA identified prevailing social styles and matched them to excess. An attempt to model oneself on the 'dominant' culture, even if the referred culture exists across the ocean, may prompt the Argentineans to behave as if they are 'acculturating' perfectly even if they never left home. In Argentina the clothing stores seem to have more French clothes than Paris!

And while women all over the world are trying to fit into clothes that are smaller than their natural body sizes, in Argentina the clothes available are the smallest they can possibly be and still have a market. This is particularly notable if one considers that the current fashion of being tall and lean is in direct contrast with the indigenous people's physique, which was short and round.

The ever-shrinking clothing sizes support not only a thin but also a childish image. The largest clothing size in Argentina is 44 (the equivalent of a size 8 in the US or 10 in the UK). It is almost impossible to get a 46 or larger. Thus even the visitor in an Argentinean shop can have an environmentally induced body image disturbance! The inevitable correlate of such restrictive clothing is pervasive dieting among women. Doctor Pedro Tessone, Senior Lecturer at the Department of Nutrition of the University of Buenos Aires, reports that 50% of patients have followed 'some form of a non-medical diet' (Revista *La Nación*, 1996).

Most recently, María del Carmen Banzas de Moreau, the President of the Buenos Aires province Radical Party Law Chamber, passed a ruling requiring the fashion industry to redesign clothing sizes according to 'normal' anthropometric measures and to produce clothes size 46 and over. This struggle to 'normalise' clothing options is similar to what has been reported in Barcelona, Spain. In Argentina, the reactions of the fashion industry have been extreme. Paula Cahen d'Anvers, a fashion designer, says, 'Our marketing experience tells us that clothes sizes larger than 40 will remain on the hangers week in and week out, they are almost impossible to sell'. Moni Rivas, of Chocolate Boutique, says, 'I don't think we should be obliged to make larger garments. Every fashion designer company has the right to choose their population target', and Pedro Szuchmacher, manager director of System Basic fashion shops chains, added, 'You cannot order companies to invest their money in something they don't believe. It would be the same as telling car factories or building companies to make special size cars, flats or TV models, actors and actresses to be fat . . . I don't think that Mrs. Banzas' law project is necessary'. (Revista *Para Tí*, Mayo 2000).

Oppression

In addition to the identity confusion, cultural transition and attempted perfection, Argentina's political organisation demonstrates well the concept of oppression

referred to in Katzman's model. After being ruled by Spain for nearly three hundred years, the country became independent in 1810. It attempted to adopt pure European liberal precepts, which theoretically allow an open social class stratification. However, Argentina also kept a socially and politically rigid colonial government system. In other words, this country attempted to achieve an ideal democratic model in an authoritarian fashion, which even though on the surface seemed to offer unlimited freedom of choices, the power to exercise them was restricted to a small number of influential people, who it so happened were almost exclusively men.

As the country continues to modernise, the experiences of the wild gaucho at the turn of the 20th century and the assimilated European at the start of the 21st century are similar in that both have had to deal with loss, disappointment and dislocation. Today, Argentina faces an undeniable psychological and economic frustration that affects nearly every inhabitant. For example, last year the unemployment rate was 12%, during 1999 car sales fell by 78% and food by 24%. Also in 1999 the National Growth rate grew by 1.2% instead of the 4% previously predicted, and salaries were curtailed by 30% (*La Nación*, July 2000).

At the same time that men are feeling dis-empowered, women are struggling to achieve parity in a doubly oppressive system with an economy that has failed for almost a century to match its potential.

In the early decades of the 20th century Argentina was referred to as 'the world's barn' since it was the world's leading exporter of corn, flax and meat. The First World War and the Great Depression of the 1930s curtailed prosperity. Successive governments over the next 40 years followed an import-substitution strategy designed to transform Argentina into a country self-sufficient in industry as well as agriculture. By 1960 manufacturing contributed more to the country's wealth than agriculture. Argentina had become largely self-sufficient in consumer goods, but also more dependent than ever on imported fuel and heavy machinery. In response, the government invested heavily in such basic industries as petroleum, natural gas, steel, petrochemicals and transport; it also invited investment by foreign companies. By the mid-1970s Argentina was producing most of its own oil, steel and automobiles and also was exporting a number of manufactured products. At the same time, the government waste of resources, large wage rises and inefficient production created a chronic inflation that rose until the 1980s.

When democracy returned so did hope. Alfonsín, the new president (1983–1989), declared 'Con la democracia se come, se cura y se educa' [With democracy, it is possible to eat, to cure and to educate] (Radical Party Presidential Rally Oct–Nov, 1983). But soon the citizens had to face the horrors hidden during the dictatorship. For example, thousands of people were murdered and countless 'disappeared'. The economy was in disastrous condition with all the resources depleted. The government collapsed under hyper-inflation.

The 1990s witnessed its own set of frustrations. Within a decade, borrowing from foreign creditors for many state and private-sector industrial schemes had quintupled Argentina's foreign deficit. Although the country had agricultural and

industrial sectors similar to those of developed countries, they were considerably less efficient. As a result, the Argentines enjoyed a high standard of living by South American standards but supported it with a foreign debt comparable to that of Third World countries.

Not surprisingly, the economic and political instability fertilised abuse, an abuse that has been endured by both men and women. In the 1940s university students were opposed to the Perón government because of its military origin and fascist style. Perón sided with the workers, the poor, and the 'ordinary people'. Intellectuals were discredited. After years of high educational standards, Argentina's education declined. Juan Perón's infamous phrase: 'Peasant boots in! Books out!' speaks for itself.

Thus a seed of superficial success may have been planted, contributing to the flowering obsession later in the century for Argentines to adorn themselves physically and to model themselves on images that provoke disordered eating habits, for the sake of aesthetic appreciation. The beautification culture so vivid today may also be a reaction against the dark period of the 1970s, the last Perón government and the following military dictatorship. During that time, families and countrymen turned against each other and fratricide plagued the nation. Many Argentines sought refuge in isolated communities, like North Patagonia, where political repression was less intense, while others were forced to live in exile. For many their communities and early attachments were lost, along with any sense of safety or predictability.

Connan, Katzman and Treasure (1999) have been working on a neuro-developmental model for anorexia nervosa that examines how a genetic predisposition combines with early attachment experiences and submission stress to produce changes in affect and appetite regulation that may lead an individual to anorexia nervosa. For some, food and emotional restriction become adaptive coping responses. Argentina, with its history of social and political constraints, and its more recent 'solutions' in appearance may provide the perfect case study of a nation at risk, particularly if one examines the dynamics at work in the 1970s.

Psychiatrist Jose Lumerman's (2000) description of his illegal detention depicts the atmosphere of those years:

'As usual, in a spring morning of 1974, when I was 19, I attended the Medical School, where I was the President of the Student's Union. On arrival I was told that our Union Centre had been destroyed by the secret military police – that they were trying to find out about our "political activities and connections". We were having an assembly when I was removed at gunpoint from the building. I still clearly remember gunshots and shouting, and then I was taken to a room where four heavily armed strong men were awaiting me. They beat me up and asked about people I did not know and about a weapon arsenal that did not exist. What followed was terrific: a mock execution where they described the way I would be killed, and sang songs about previously executed people. Finally I was blind folded and taken to an illegal "Prisoners

Camp” of the Federal Police where they kept me naked for two very long days and where I was interrogated by a 15-strong police squad, who, because of my Jewish condition, humiliated me. I was later set free with no charge. Many friends were not so lucky . . . they are in the “Missing” list (Desaparecidos), and I am a survivor of that generation.’

Women too were faced with different tortures. From the mid-1970s until the early 1980s, young mothers and pregnant women were reported to be killed and their babies were stolen and registered as being the natural children of military families who were expected to bring them up according to ‘good traditional values’. (There are still families who are looking for these children, whose real identity has been disclosed through DNA tests.)

Could these abuses produce different impacts on men and women? The answer most likely is yes, but how does one even go about establishing causality? At least one thing seems clear, in a world where men who once experienced power were themselves restrained by an authoritarian government, the limitations on women are even greater and the achievement of economic and social power based on appearance would be more seductive.

In the past decades as people became poorer and poorer, the President and other politicians were showing their increasing wealth on magazine covers, mixing with models and spending Argentinean money on luxuries. For example, Menem bought an aircraft for official use that was more expensive than President Clinton’s one, top international models were received with honours at the Pink House while relatives of victims of two major international terrorist attacks were never even invited in. Just as inequity has been on the rise, so has trivialisation – that is, superficial activities appear to be competing for government attention along with the suffering of people. Careers in medicine are poorly rewarded and government funds for scientific research teeter on bankruptcy while jobs in fashion and television are thriving. In fact, the head of the CONICET (Consejo Nacional de Investigación Científica y Técnica – National Council of Technical and Scientific Research) resigned in protest due to huge budget reductions (*La Nación*, July 25, 2000).

The struggle to get a decent education, voiced years ago by Silvina Ocampo, one of Argentina’s great female writers, may still be true today: ‘I was the victim of a patriarchal system to which I intensely rebelled against. I was a clever and curious adolescent, but I fell prisoner of the male segregation of the female gender. It felt as if women were not permitted to develop intellectually, and that the only thing that counts was our (female) physical attraction . . . and they (men) made me feel it every day of my life. Girls’ education was intentionally incomplete and deficient. I remember my father laconically saying: Silvina, had you or one of your five sisters been born a boy you would have had a career . . .’ (Ocampo, 1982, p. 16)

Although today more women have university careers, they continue to work for less pay than men do. Domingo Sarmiento, Argentina’s first educator and former president, stated that societal development can be measured by the social position

and power reached by women, and warned that any state's future rests on the educational level achieved by its female population (Ocampo, 1982). Unfortunately, higher education in Argentina was seriously hampered by the censorship of the military government from 1976 to 1983 and further compromised by the reduction in funds to build new schools or pay teachers adequate wages during the 1990s. The lack of physical space was 'solved' by offering primary school students daily three-hour periods instead of keeping them at school the whole morning or afternoon. In addition, the low educator salaries created poor morale and decreasing quality. The ability to recoup any cultural appreciation lost during the fascist years has continued to be postponed.

Today's students not only have the overt pressures for bodily conformity but possibly the more subtle ones as well. In a recent study of smoking and eating behaviours of future nursery and pre-school teachers, Facchini and Rozensztein (2000) found that one-third of the teachers in training had a lower than healthy body weight and yet most were not satisfied and wanted to weigh less. How this will impact students is not clear but certainly the culture of the classroom is likely to further body discomfort.

Numerous writers have pointed to the presence of eating disorders during times of frustrated ambition (see Nasser and Katzman, 1999). For Argentineans, both men and women have not been able to fully realise their potential. The complexities of promise gone wrong, abuse gone too far and education interrupted, are all familiar ones to the clinician seeing eating-disordered women. For Argentina, the possibility of controlling the size and appearance of one's body holds not only a psychic sense of mastery but potential economic gain as the current culture recruits and reinforces unreal physical characteristics. The legally displayed demands on appearance are no secret and are captured in the classified ads of 14 June 2000 (*La Voz del Interior*, Córdoba, Argentina).

Important National Company wants ladies aged between 18/40. Minimum salary US\$ 859 p.c.m. Requirements: Excellent figure, Complete High School studies, ample working hour availability, above average cultural and intellectual level, highly ambitious personality.

We are looking for female students aiming to improve their incomes. Excellent figure is the only requirement.

International Mobile Phone Company is looking for sale assistance ladies. Excellent figure. Send photograph and CV to Office.

Classified ads of 18 June 2000 (Employment Session *La Nación*, Buenos Aires – Argentina)

FORD Motor Co. Dealers, Marketing Dep. of Buenos Aires, Buenos Aires Province and La Plata will short list men and women. Requirements: Complete

High School studies, Good / nice physical appearance, previous experience not essential. Send CV.

Receptionist for general office work. Requirements: mobile phone and excellent physical appearance. Call. . . .

Important State Agency will short list a highly successful employee aged between 25/40. Requirements: very good physical appearance, own mobility and ample working hour availability. Send CV and up-to-date photograph to. . . .

As one can see, the weight discrimination, often disguised, illegal, or subverted in other nations is freely displayed and potentially augmenting the growing list of national risk factors for eating disorders.

Machismo men and small women

If men and women have shared pressures, why would women develop an eating disorder while men might not? In the absence of complete epidemiological data, it is difficult to know whether in Argentina there is a true gender difference in prevalence. While it is possible that equal numbers of men and women may ultimately be shown to have eating disturbances, it is likely that women endure additional risk factors. For example, the above mentioned limits on female education, the commodification of the body, women valued for their body and the need to be small for social and fashion reasons may all have an additive effect.

The renowned machismo culture of Latin America cannot be dismissed as mere stereotype. Pressures persist for men to assert their success and strength (to remain psychologically and physically large) despite social and economic factors hindering true accomplishments. While it may require a leap into the canyons of evolutionary theory, it is not unreasonable to consider that women may 'grow' smaller to not only physically assure that men can retain their 'largeness' but also their apparent 'largesse'. Especially now during a slumping economic period, women may be more willing than men to work out of necessity and for less pay. Although women may be slipping the food onto the table and accessing certain powers, their slight bodies may make them less threatening to men.

Can we say with confidence that there is an eating disorders epidemic in Argentina or that there will be in the future? Can we ascribe causality or even a mechanism? Certainly not yet; however, while one cannot prove the process, you can recount the risk. And as the next section suggests, you can also begin to address treatment.

Although today more women have university careers, they remain socially and economically dependent on men. This is particularly true in the case of women who are single and have no children. They are often seen as a burden on their families and are often the first to be laid off in times of economic crisis.

The response

In Argentina there is a clear shortage of facilities for eating disorders (Meehan and Insua, 2000). Treatment for anorexia and bulimia is rarely paid for by any private health insurance and there are limits to the public services.

The first programmes for treating eating problems in the country were at Hospital Italiano (Cecile Herscovici, also Rubén Zukerfeld and Alberto Cormillot) and Aluba (Mabel Bello). The former Asociación de Lucha contra la Bulimia y la Anorexia (Association Against Bulimia and Anorexia) was an NGO organisation founded by Dr Mabel Bello in 1985. Today it has fourteen branches spread over the country, with two in Uruguay and one in Barcelona (Spain). The organisation claims a (controversially) high recovery rate for anorexia and bulimia (<http://www.aluba.org>).

Several more eating disorders treatment programmes have been created, based on Argentina's strong psychoanalytical tradition. Each of Argentina's two largest cities has university-based treatment centres. In Buenos Aires the country's largest University Hospital, the Hospital Nacional de Clínicas (University of Buenos Aires, UBA) opened an Eating Disorders Clinic in 1993. From January 1994 to November 1998 a total of 412 new patients have been assessed, out of which 53 were anorexic (12.8%) and 196 were bulimic (47.5%). Their treatment dropout rates are over 50% (Meehan, Chandler and Rovira, 1998).

The other university hospital, The Centre for Eating Disorder Treatment of the Hospital Nacional de Clínicas (University of Córdoba) opened in 1995. This centre has a treatment programme based on psychoanalysis and its treatment approach does not differ much from the University of Buenos Aires.

Overall in Buenos Aires there are eating disorder teams working at several of the city's hospitals, some of them having more than 15 years experience working with eating issues. Most of these teams have a psychoanalytical approach and provide mainly individual therapies; however, some of them include systemic family treatments and psychoeducational nutritional groups. Foundations such as Aigle provide day hospital and outpatients treatment with a cognitive orientation. ALCO/ABAN (Asociación Lucha contra la Obesidad/ Asistencia en Bulimia y Anorexia Nervosa) has offered support groups since the 1970s; while FUNDAIH and Centro Oro treat patients with psychoanalytical approaches. Fumtadip combines psychotherapeutic and psychoeducational treatments.

North Patagonia Instituto Austral de Salud Mental (IASaM), a community and psychiatric hospital servicing approximately a half million people in Neuquén City opened 12 years ago. The two psychiatrists working there saw just five bulimia nervosa cases in the first five years. This changed dramatically and in 1999 alone they were referred 15 cases of bulimia and five of anorexia nervosa.

Ruth Rozensztejn, from the Hospital Cosme Argerich in Buenos Aires, who in 1996 spent a sabbatical year at The Maudsley Hospital in London, has been practising MET (Motivational Enhancement Therapy) for eating-disordered adolescents with considerable success. She reports that an interdisciplinary treatment

team has assessed 85 adolescents, of which 71 presented with an eating disorder, 37% restrictive EDNOS (Eating Disorders Not Otherwise Specified), 36% BN (Bulimia Nervosa), 18% ANR (Anorexia Nervosa, Restricting type), 6% ANP (Anorexia Nervosa, Purging type) and 3% BED (Binge Eating Disorder).

In Argentina anorexia nervosa and bulimia nervosa are usually treated as part of 'a package' that also includes obesity and weight reduction. In many cases, nutritionists and endocrinologists are in charge of the treatment, with little other input from psychologists and psychiatrists. The treatment approach and the development of multidisciplinary teams are slightly hampered by cultural and educational restraints. On cultural grounds, many Argentinean mental health workers are still too individualistic to consider seeking advice from other professionals. Often the assumption is that one has to be from a particular discipline to offer therapy. From an educational and training perspective, many workers are heavily influenced by the one-to-one psychoanalytical therapy structure. In some institutions, professionals practising psychology and psychiatry are not used to sharing and discussing patients or cases, misunderstanding teamwork for breach of confidentiality.

In spite of these differences, meetings such as the Eating Disorders International Meeting in Cordoba in March 2000 brought an audience of 600 professionals, and a community programme targeted at the general public, tackling issues of prevention and treatment, drew 300 participants.

During these meetings and with his private practice, Oscar Meehan has been introducing methods based on CBT (Cognitive Behavioural Therapy) and MET to mixed reactions. In Argentina some people think that CBT and MET therapies curtail patients' liberties with therapists becoming bossy and intrusive. This obviously clashes with traditional 'free association' techniques. As the Head of the Postgraduate Training Psychiatric Department of Córdoba's General Medical Council indicated: 'When watching American training CBT programmes on video, I was amazed at the therapists' and patients' attitudes during the interview, both marking on a sheet of paper and writing lots of notes (diaries) . . . what is this? A battle-ship game, for God's sake!!!' As MET and self-help programmes begin to show their potential and ground themselves in data, so does the Argentinean public demonstrate its interest. There is a huge need for developing programmes of all kinds and a growing interest to do so.

Unfortunately there is no law requiring the treatment of eating disorders, and only the wealthiest insurance systems provide coverage. It took legislation before Argentineans could receive help for HIV and AIDS viruses. Before that, persons who were discovered to have HIV were expelled from their health insurance. It is possible that it will take a law again to be sure that access to care for eating problems is made available for everyone.

Conclusion

The challenge for Argentina is a theoretical and practical one to understand how a society can incubate an illness and the many levels of change required to rid oneself of its harm. While we can discuss treatment options, less is known about prevention or prevention efforts. With cultural hazards so deep there is the persistent risk of blaming the individuals who develop the disorders. There is also a personal challenge for the people of Argentina to repair its past and to plan for the future, preserving its resources of agriculture, passion and people. Just as the eating-disordered patient must find a way to value her competencies and combine them to lead the fullest of lives, without attention to the evaluation of others, Argentina has been a nation with its back to the country and its eyes to the sea, it is time to turn back and see the body of the country and the fullness of possibilities.

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