

Starving in Silence: Food Refusal as Political Protest in Western Culture¹

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Abstract

Incidences of eating disorders, once considered to be conditions limited to Western culture, are rapidly increasing in other areas of the world. These increases can be highly correlated with exposure to Western culture and values through the media and global economy. While the field of Psychology has undertaken the majority of research on eating disorders, I believe that anthropologists should closely examine the evidence of the proliferation of eating disorders in other cultures. Eating disorders have been classified as culture-bound syndromes used by women as an idiom of distress to express problems within Western culture. This paper uses food as an allegory to elucidate more obscure elements of occidental culture that are causing women to develop these disorders by focusing on religious traditions, economic and political systems, scientific ethos, and the emphasis on individualism, as themes of Western culture that create and maintain food rules and beliefs, which influence patterns of disordered eating and food refusal.

[Eating disorders, culture bound syndromes, food, idioms of distress, women]

December 10, 2002
Anthropological Research and Writing
Bloomsburg University of Pennsylvania

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Anorexia Nervosa as a Culturally Interpreted Symptom

Psychologists and anthropologists alike have been fascinated by culture-bound syndromes; mental illnesses that are “forms of unusual individual behavior restricted in distribution to discrete areas of the globe” (Simons 1985:43). In the recent past, the uniqueness of these syndromes and their tendency to appear only within certain cultural contexts have raised debates over what causes and perpetuates these behaviors. Some researchers have addressed the problems with labeling these behaviors as deviant, arguing that the criteria for judging culture specific behaviors are rooted in biased, Western ideas of normalcy and that these conditions cannot be understood outside of the culture where they are exhibited (Kleinman and Lewis-Fernandez 1995). For this reason, an alternative way to label these conditions are as, “culturally interpreted symptoms,” focusing on the way that individual cultures create and understand illness (Low 1985). Culturally interpreted symptoms can act as “vehicles for communication” (Karp 1985:222), that use the body as a theater to play out culturally understood messages. In other words, the symptoms are an attempt to express psychological distress through bodily displays, a process known as somatization. Karp comments that, “some culture bound syndromes are spectacular forms of indigenous social commentary” (1985:224), using bodily symptoms as an “idiom of distress” (Low 1985), a language that is communicated through the body in an attempt to protest societal conditions.

The tendency to classify culture-bound syndromes as conditions that appear in “other” cultures obscures the fact that Western culture is also capable of producing illnesses that are exclusive to occidental society.² For example, eating disorders are conditions that until recently, have been observed only in the United States and Western

Europe (Miller and Pumariega 2002; Nasser 1997; Reibel 2001). There are three main patterns of disordered eating. Two of these, anorexia nervosa and bulimia nervosa, are listed in the most current volume of the Diagnostic and Statistical Manual (DSM-IV), which is the primary nosology of psychological conditions. The symptoms of anorexia are a refusal to maintain a normal body weight, an intense fear of gaining weight, distorted body image, and the cessation of the menstrual cycle (Woodside 2002). Bulimia is characterized by recurrent episodes of binge eating followed by a method of purging that can include vomiting, use of laxatives, excessive exercising, and periods of fasting (Woodside 2002). A third pattern of eating that is not yet listed as a psychological illness, but that is increasingly becoming a problem, is overeating that leads to obesity (Gladwell 2000).

While all three of these disorders are increasing in Western culture and abroad, the focus of this paper is anorexia nervosa, which is the most extreme of these conditions. Anorexics follow a pattern of food refusal so rigid that it can lead to death if untreated. Ninety percent of people diagnosed with anorexia are women (Bordo 1993; Chan and Ma 2002; Woodside 2002), which leads me to believe that this condition is a way of communicating deeper lying problems for women in Western culture.³ This hypothesis is supported by the increasing evidence that the occurrences of eating disorders in women rise as images and values of Western culture are spread throughout the globe, even in cultures that were previously immune to fear of obesity (Becker 1999; Nasser 1997).

In order to understand the causes behind the development of anorexia, I conducted a review of literature on the topic. I examined several recent books and journal articles on the subject, as well as searched *Abstracts in Anthropology* to see what

kind of work has been done on eating disorders within the discipline. After reviewing the current literature on eating disorders, I found that the majority of information has been collected in the fields of Psychology and Psychiatry. Although the current literature available offers a myriad of intriguing explanations, I believe that Anthropology as a discipline has much to offer on this debate, especially now that these disorders are becoming more common in other cultural contexts. Unlike Psychology, Psychological Anthropology takes into account the relationship between culture, illness, and the individual, which creates a more complete understanding of the condition. Another benefit of the anthropological approach is the ability to view the illness from a holistic perspective, by examining the interrelated effects of cultural systems on the development, interpretation, and treatment of the illness.

Despite the fact that eating disorders are now found in many cultures, the amount of anthropological literature on this topic is limited. I believe that examining the phenomenon of disordered eating from the viewpoint of Psychological Anthropology would greatly enhance the range of knowledge that currently exists. The etiological factors that have been covered in Psychology are based on correlational research and fail to examine many of the unspoken assumptions of Western culture that could contribute to the development of anorexia or other eating disorders, such as the rules, emotions, and beliefs surrounding food and eating. Because anorexia is characterized by the refusal of food, I believe that it is important to investigate the way that Western culture depicts food in an attempt to understand the messages being communicated through this idiom of distress.

In this paper, I will provide a brief history of patterns of disordered eating, discuss the research that has been conducted in the fields of Psychology and Psychiatry, and expand on these ideas by analyzing the implicit food rules within Western culture. I will use food as an allegory for more intangible social problems that women encounter and I will examine the relationships between food and gender in Western culture and the effects of these relationships on the development and proliferation of anorexia. Using this approach, I hope to elucidate the enigma of why this disorder is appearing in non-Western cultures where it was, until recently, virtually unknown.

A History of Disordered Eating

Although eating disorders are often considered to be a modern phenomenon associated with Western culture over the last century, evidence of women with disordered eating patterns dates as far back as ancient Greece, when medical texts referred to a “disease of young women”, with symptoms that mainly affected virgins and included the wasting away of the body and the cessation of the menstrual cycle beginning at adolescence (Silverstein and Perlick 1995). The remedy suggested for this disease was marriage, the thought being that once these women lost their virginity; they would be healed.

Ritual fasting has appeared in many different cultures of the past. For example, Greeks and Egyptians both practiced periods of fasting (Miller and Pumariega 2001). In ancient Eastern religions, prolonged self-starvation was associated with spiritual power (Bemporad 1997).⁴ Even in the Roman Catholic Church, fasting was symbolic of spiritual purity. Rudolph Bell (1985) proposed that more than half the women who were

recognized as saints actually displayed symptoms of anorexia nervosa. Because these women could live on such a diminutive amount of food, they were considered miraculous, when in actuality their fasting could have been a means of avoiding marriage (Bell 1985).

In the nineteenth century, the tubercular look came to be associated with a kind of delicate, spiritual beauty and more and more women strove to appear consumptive by losing weight and powdering their faces to be paler. Questions still remain as to how many women diagnosed with tuberculosis actually were suffering from disordered eating (Nasser 1997). Chlorosis was another name for a condition among women in the nineteenth century. It was characterized by depression, headaches, difficulty breathing, and disordered eating patterns of either eating very little or vomiting after eating (Silverstein and Perlick 1995).

An interesting connection has also been made between anorexia and cases of hysteria that were prevalent in Victorian society in the nineteenth century (Bordo 1993; Nasser 1997). Hysteria was associated with sexually repressive societies and it has been argued that both hysteria and anorexia are psychological reactions to repressive conditions within their respective societies (Bordo 1993; Nasser 1997). Susan Bordo has pointed out that the strict definitions of femininity in Victorian ideals that caused the hysterical behaviors of self-starvation and temporary paralysis are clear to us now simply because we have come to acknowledge that these ideals are outdated and emotionally damaging. Victorian ideals “are deneutralized for us, as our own constructions of gender cannot be, no matter how intellectually committed we may be to a social constructionist view” (Bordo 1993:50). In other words, the advantage of hindsight allows us to now see

the relationship between a restrictive ideology and the resulting effects on women's mental and physical health. I believe that hysteria was a reaction to societal pressure and similarly, syndromes such as anorexia are also embedded in the cultural ideals of their historical period.

L'Anorexie Hysterique

The first diagnosed case of the syndrome we now call anorexia nervosa was reported in the second half of the nineteenth century in France by Charles Lesegue, and was originally referred to as *l'anorexie hysterique*, implying early on the assumed similarities between anorexia and hysteria (Nasser 1997; Silverstein & Perlick 1995). These cases continued to appear in Europe, especially in France and England, and it is important to note that early cases were contemporaneous with the period when feminist movements were beginning to gain momentum in both London and Paris and gender roles began to change. Lesegue attributed this new syndrome to the emergence of a larger middle class in Europe (Nasser 1997). Middle class women took great pains to maintain their weight and appearance, mostly in order to distinguish themselves from the lower, working class (Bemporad 1997).

The sudden concern with appearance in Europe was also beginning to dominate the thinking of American women. In the early 1920's, a new version of the ideal American woman was beginning to take hold. This new beauty was typically 5'7" tall and weighed a little over 100 pounds (Silverstein and Perlick 1995). This period also happened to be when women's roles were beginning to change in the United States. More women were engaging in academic and professional careers, and the professional

woman was expected to have traits that had previously been considered masculine, such as assertiveness and competitiveness. The new woman of the 1920's was the flapper, who was tall, thin, and essentially sexless, in an attempt to deny the curves and the lack of respect and power associated with femininity (Silverstein and Perlick 1995). The change in aesthetic standards was followed by an immediate increase in weight reduction techniques. The number of cases of extreme dieting rose, and the American Medical Association gathered in 1926 to discuss the problem of women who were striving to reach a standard of beauty that did not come naturally to most of them (Silverstein and Perlick 1995).

The introduction of nutritional information due to advances in thermodynamics in the early twentieth century also had an impact on the trend in weight reduction. With the concept of the calorie now available to the public, women had a new, organized method of monitoring their food intake that was legitimized by science (Austin 1999). At this time, the medical profession introduced weight charts and scales, and doctors began to assign an ideal weight based on age and height and to encourage people to adhere to these standards by using methods of weight control (Austin 1999).

In the 1930's and 1940's, these trends of dieting began to decrease in the United States. This has been attributed to the Depression and a shortage of food. Times of food deprivation have historically corresponded with a decrease in the frequency of self-starvation (Bemporad 1997). However, in the 1950's, eating disorders reappeared and once again became a common and steadily increasing phenomenon in both the United States and Europe.

It originally appeared that African-American women and other ethnic minorities were at less risk of developing eating disorders, but that assumption may have been premature. Recent immigrants in particular seem to be the most vulnerable to developing an eating disorder (Miller and Pumariega 2001). Studies have shown that second generation immigrants are the most at risk because they are not as protected by the ethnic identity of their parents and are more concerned with fitting in with their peers (Mujtaba and Furnham 2001).

Anorexia In Non-Western Cultures

Following the United States and Europe, the highest concentrated incidence of eating disorders today occurs in Japan, where the known cases have been rapidly rising since 1978 (Gordon 2001). Anorexia does appear in Asia, but the fear of becoming fat that the DSM-IV lists as an important characteristic of the disorders is not present, especially in Hong Kong and India. Instead, refusing to eat is explained by a fear of gastrointestinal bloating or a lack of hunger (Lee 2001).

Places like Africa were originally expected to be immune to the development of anorexia due to the importance placed on fatness and its relationship to fertility (Nasser 1997). Anorexia and other eating disorders were rare in Africa until recently. Changes in government, economy, and women's roles combined with rapid urbanization have corresponded with a steady increase in patterns of disordered eating, most notably in South Africa (Szaba 2001). Latin America continued to remain relatively free of eating disorders until the last two decades. The first report of anorexia in South America occurred in Chile in 1982, and other incidences have been reported throughout the 1990's

(Gordon 2001). Eating disorders also appear to be on the rise in Mexico, most notably among university students (Gordon 2001).

The current literature clearly shows that eating disorders have been increasing in the last half of the century and spreading to places where they previously did not exist. A variety of hypotheses to explain this increase have been proposed. Most are based on the trend of modernization and the spread of Western cultural models and practices that are rapidly pervading the rest of the world through the media and the global economy. It has become obvious that “where Western civilization goes, eating disorders follow” (Reibel 2001:44). The reasons for this pattern will be discussed through a review of the current literature.

Review of Current Literature

In order to understand the mystery behind the development of anorexia, I believe that it is important to place this disorder into the broader framework of a culturally interpreted symptom. An important aspect of socially induced somatization is the tendency for the symptoms to symbolize behavioral norms and beliefs of the culture (Swartz 1985). Women in Western culture choose anorexia as an idiom of distress because it is an extreme version of the culturally accepted practice of dieting. However, the factors that induce some women to take this cultural practice to a dangerous level are not entirely understood. In this literature review, I will examine the interpretations of culturally specific symptoms that are exclusive to women, focusing on anorexia and the cultural contexts through which such syndromes are created and perpetuated.

Culturally Interpreted Symptoms

Like anorexia, several culturally interpreted symptoms are almost entirely exclusive to women. Syndromes such as *latah* in Southeast Asia, *piblotog* in Greenland, *imu* in northern Japan, *hsieh-ping* in China, *saka* in Kenya, and various forms of nerves that appear in Central America all commonly affect women (Hughes and Simons 1985).⁵ Setha Low has conducted cross-cultural research on nerves, a condition that affects women in different areas of the world, but is manifested in similar symptoms, including headaches, loss of appetite, dizziness, fear, disorientation, insomnia, and depression. Low examined nerves in Costa Rica, Newfoundland, and Guatemala and concluded that women showing symptoms of nerves are expressing emotional distress, usually as the result of the death of a loved one, abuse, or problems within the family. She also noted that when women complained of nerves, they were not considered responsible for their symptoms and they received social support through friends and family members (Low 1985).

Other explanations for the cause of nerves are the marginal status that is allotted to women in these cultures, economic burdens, and difficulty with migration and acculturation (Davis and Guarnaccia 1989). This is obvious in the cases of spirit possession in Madagascar where it is believed that evil spirits, called *Njarinintsy*, attack young women and cause them to shake, scream uncontrollably, and become confused. Many young girls who are afflicted by the *Njarinintsy* have recently moved to the city to go to school and are faced with the burdens of living without their families, dealing with the economic and social pressures of being alone at such a young age, and the high rate of teen pregnancy. These girls often come from poorer families and are sent to school with

the hopes that with a good education, they will be more likely to succeed. They come from small rural communities and have to learn to adapt to city life. When a girl becomes possessed, she is sent home to her family and taken to a medium with the hope of removing the spirit (Sharp 1990).

These examples of nerves and spirit possession indicate that stress, emotional or physical trauma, and acculturation all contribute to the physical symptoms exhibited. Disturbances within the family also appear to be determining factors and social support from the family the most effective treatment. These behaviors have been identified as idioms of distress that reflect the social and familial pressures facing women through the body (Davis and Guarnaccia 1989; Low 1985).

Proposed Causes of Anorexia Nervosa

After examining the various culture specific illnesses particular to women, it becomes clear that no single factor can be assigned to the development of these behaviors. Rather, complex blends of conditions are influential. The literature exploring the etiological factors of anorexia, which is largely based in psychological thought, has covered a myriad of possible explanations. Early models were based on Freudian thought, attributing anorexia to a woman's fear of gaining weight in her hips and breasts, which are symbolic of pregnancy, motherhood, and sexuality. However, modern research has shown that this explanation does not include the impact of combined sociocultural factors and is therefore rather limited (Bordo 1993).

Modernization

Recently, the rise in eating disorders in newly modernized cultures has led to the belief that Westernization is inherently responsible for their occurrence (Becker 1999; Nasser 1997; Reibel 2001). This correlation should be taken with caution if thought to be a sole determinant of all eating disorders. Many intricate factors related to modernization need to be taken into consideration. For example, some researchers have hypothesized that confusion over identity and gender roles causes women to become vulnerable to eating disorders (Bemporad 1997; Nasser 1997; Silverstein and Perlick 1995). Historical evidence on the association between changes in gender roles and eating disorders support this hypothesis. The emergence of modern anorexia was concurrent with the period in Europe when women were fighting to be treated more equally (Bemporad 1997). In the 1920's, when women in America began to expand into areas that were previously male dominated, extreme dieting and cases of anorexia increased (Silverstein and Perlick 1995.)

While it may seem contradictory that women who are offered more academic and professional opportunities should be expressing somatic distress, the opportunity for women to take over roles traditionally held for men caused confusion over how a woman should appear and behave. Nasser claims that “the thinness ideal has evolved as the ultimate metaphor, representing old notions of attractiveness, frailty, and fashionability that women are expected to have and the new values of autonomy, achievement and self control” (1997:1). This difficulty in balancing and maintaining both desired masculine and feminine qualities may cause some women to suffer from cognitive dissonance that

may result in development of an eating disorder. Historically, the time periods when opportunities became more available to women have corresponded with the influx of disordered eating (Bemporad 1997). This explanation could shed light on why other cultures are experiencing an increase in eating disorders. Modernization in other cultures and the subsequent changes in women's roles could be a significant causative factor in the spread of eating disorders.

Obesity and the Role of the Dieting Industry

Another factor tied to the recent increase of anorexia is the stigma attached to obesity in western culture (Austin 1999; Stephens and Paul 1994). Overweight people are stereotyped as lazy, overindulgent, lacking control, and from a lower socioeconomic status (Stephens and Paul 1994). On the other hand, thinness is an indication of success, intelligence, and self-control. This stereotype is evident in advertising. Consumers are more likely to believe a spokesperson that is attractive (Stephens and Paul 1994), and the current ideal for beauty has changed little since the 1920's. The ideal woman in the United States is 5'7", 110 lbs. and a size 5 (Nichter 2000). Women who are overweight, especially in the areas of hips and breasts, are considered to be less intelligent than thinner, less curvaceous women (Silverstein and Perlick 1995). Ironically, the negative associations with obesity that now exist are juxtaposed against a population that is becoming increasingly heavier. In 1960, 17% of Americans were obese and by 2000, the number of clinically obese adults had risen to 32% of the population (Gladwell 2000).

As the global economy grows, more food with greater variety is available and Western culture has become accustomed to an overabundance of foods. With the spread of Western culture, other societies are encountering patterns of diet that differ greatly

from their traditional diets and are much less healthy. Where modernization goes, rises in obesity generally follow. Obesity in many cultures used to be associated with fertility, power, and affluence (Nasser 1997), but the global media is now beginning to erode those concepts. Increased access to television has been shown to affect body image ideals. In Fiji, after the introduction of television in 1995, many young girls said they viewed themselves as overweight and began to display patterns of disordered eating, despite the fact that traditionally, the ideal body shape for Fijians has been more rotund (Becker 1999). The rapid transition in preferred body type is hypothesized to be a result of the inundation of images of thin women on the country's only available channel, which broadcasts programs such as *Melrose Place* and *ER*. Anne Becker (1999) notes that many Fijians believe that these television shows represent real life in the United States, and that some young girls use the thin and attractive career women in these programs as role models.

The role of the dieting industry cannot be underestimated in the spread and frequency of eating disorders. The modern diet industry began in the 1940's and has continued to grow (Austin 1999). In the 1990's, the sales of the dieting programs and products exceeded 33 million dollars per year (Stephens and Paul 1994). This surplus of food combined with a strict body ideal and the prevalence and accessibility dieting products, can lead to ambivalent feeling toward food and the body. It is important to note that dieting is an acceptable and often encouraged behavior in Western culture, despite evidence that it is a precursor to anorexia (Swartz 1985).

Family Conflicts

As with other types of culture bound syndromes, severe problems within the family can lead to the development of anorexia. Researchers have noted that women whose families have recently immigrated to a modernized country may be at risk for eating disorders, due to issues of racial identity and intergenerational conflicts with traditionally minded parents (Nasser 1997). Parents who are excessively strict or overprotective can also cause women to feel a lack of control and they may then resort to disordered eating. Fathers who encourage their daughters to lose weight or criticize their appearance, can cause young girls to take dieting to extremes (Bordo 1993).

Modernization has changed family patterns as well. Traditionally, when extended families were the norm, there was plenty of social support and other people in the house to protect the children from possible sexual, physical, or mental abuse. As more people move to the cities, the nuclear family is becoming far more common and young girls are losing the kinship support system that could allow them to express distress in a less dangerous manner (Nasser 1997).

All of the etiological factors that have been proposed by psychologists for the development of anorexia reflect the same kinds of pressures that women who suffer from other culture bound syndromes experience. Modernization and all that it encompasses clearly has effects on the physical and mental health of women and conditions such as anorexia are a dialogue expressing these pressures and confusions. However, the difficulty in examining anorexia nervosa as a culturally interpreted symptom is that researchers are limited because they belong to the same culture and therefore are influenced by implicit cultural assumptions, such as food rules and beliefs. In all of the

works I reviewed for this literature review, only three mentioned the role of food. None of the works focused on the connection between food, culture, and gender in relationship to anorexia and other eating disorders, which I intend to examine and discuss in the remainder of this paper.

Analysis of Relationship Between Food and Eating Disorders

My review of the literature on anorexia nervosa from the field of Psychology covered a variety of factors influential in the development of the disorder. However, what I found to be lacking was an investigation of the role that food and its cultural meaning plays for women with eating disorders. Psychology characterizes disordered eating as a dysfunctional relationship to food that results from a combination of external societal pressures, but does not provide an in-depth analysis of how Western society portrays food. Far from being a neutral object that is simply consumed or not consumed, food is rich with meaning in every culture. As a discipline, Anthropology is in a unique position to examine eating disorders through the cultural interpretations of food. This approach does not depict such behavior as deviant or abnormal, but rather as a reaction to societal conditions in that, “psychopathologies that develop within a culture. . . are characteristics of that culture . . . the crystallization of much that is wrong with it” (Bordo 1993:141). Because eating disorders affect primarily women, these conditions indicate that there are problems inherent in their role in Western culture. Food can also be used to exhibit problems within a culture. Anthropologist Carole Counihan calls food “an allegory of social concerns, a way in which people give order to the physical, social, and symbolic world around them” (1998, 113).

Using this allegorical approach, I will analyze the way that emotions involving food are constructed and reinforced in Western culture, and how disordered eating in women is an indication of less obvious problems within occidental society. I will focus in particular on themes of food in Western culture, the role of the media in perpetuating those themes, and the reenactment of the themes at the level of the family. I will bring together the ideas of several different thinkers who have focused on food as a symbol for more complex problems within a society.

Food as Symbol

Symbolic anthropologists have noted that much can be learned about a culture through the interpretation of symbols. Sherry Ortner calls symbols that embody important aspects of a culture “key symbols” (1973). She argues that certain symbols can “provide vehicles for sorting out complex and undifferentiated feelings and ideas, making them comprehensible to oneself, communicable to others, and translatable into orderly action” (Ortner 1973:94).

I believe that food acts as a key symbol and that people and women in particular, can use food to express problems within their families, societies, and ideologies. The fact that Western culture produces relationships to food that are unhealthy and dangerous is indicative of a deeper lying problem within the structure of the society itself. By examining the role of food and the relationship between food and women in Europe and the United States, I hope to expose the messages being communicated through eating disorders and discover why and how these disorders are spreading to other cultures.

Food and Gender in Western Culture

Food has different meanings in every culture and is reflective of religious, economic, and political practices. Deconstructing the assumptions behind food beliefs can provide a better understanding of other, more intangible, cultural components. Analyses of such assumptions about foodways, “behaviors and beliefs surrounding the production, distribution, and consumption of food- reveals much about power relations and conceptions of sex and gender, for every coherent social group has its own unique foodways” (Counihan 1998:6). In the United States and Europe, there are obviously many variations of food interpretation based on the numerous ethnicities and subcultures that exist, but some similar themes prevail. I will discuss four major themes of Western society that are relevant to food beliefs, including the influence of Judeo-Christian ideology, a patriarchal political and economic system, the scientific perspective, and the emphasis on individualism. Using these categories, I hope to show that a study of food reveals how power relations in Western society put women at a disadvantage when it comes to their susceptibility to developing eating disorders.

Religion

The first of these themes is the religious influence of the Judeo-Christian tradition, which is a patriarchal ideology that places men as the mediators between humans and God (Counihan 1989). Women are not highly esteemed in the dogma of this religion. Even in the story of Creation, a woman leads to the initial downfall of humanity. In this tradition, women are often portrayed as sexually voracious, tempting men with their lustful desires. The archetypal female is viewed as all consuming and closely linked with nature, which has led to the association between sexual hunger and

eating. The cases of hysteria in Victorian society reflect this assumed relationship. When women consumed large amounts of food, especially meat, they were suspected of being overly sexual (Bordo 1993). The connection between sexuality and food in eating disorders cannot be ignored. One of the first results of fasting is the loss of breasts and hips and the cessation of the menstrual cycle. This loss of feminine features can be interpreted as a sign that women are trying to lose their gender identity and become sexless (Silverstein and Perlick 1995).

Another product of Judeo-Christian ideology is an emphasis on dichotomy that includes a tendency to present only two opposite views (Counihan 1989). This ideology, which is hardly universal, requires thinking in binary oppositions such as good food and bad food, fat and thin, healthy or unhealthy. Women that develop eating disorders already tend to be somewhat perfectionistic (Silverstein and Perlick 1995), and this dichotomy only exacerbates that quality, requiring that “food refusal must be total, anything less fails to achieve the desired state of perfection” (Counihan 1989:102). Judeo-Christian ideology also encourages acts of self-control and self-sacrifice. This leads to the idealization of the thin woman as an epitome of self-restraint, and the stigmatization of the obese woman for being out of control (Counihan 1989).

Economics

Economic practices are another important aspect in the way a society views food. Western culture has come to label food as a commodity (Counihan 1998). The creation of the global economy has made food easily accessible, regardless of season or growing location. Most food comes from hundreds of miles away, and when it arrives on the

supermarket shelf, the purchaser does not know and often does not care where it originated.

On the other hand, in societies that produce their own food, the final product is the result of hours of intensive labor by the person eating the food or someone in their family (Counihan 1998). The process of growing, processing, and cooking the food by hand creates an intimate connection between the food and the consumer. The intimate relationship with food that occurs when it is produced by hand does not exist between the consumer in Western culture and the food that comes in a brightly wrapped package from the grocery store (Reibel 2001). Detachment from the work that went into the food allows the buyer to be a passive consumer. The ability of a culture to take food for granted is a prerequisite to the development of eating disorders (Reibel 2001). The lack of participation in the cultivation and preparation of food is one reason why I believe that the number of eating disorders is multiplying. As commodity capitalism continues to spread throughout the globe, less people are responsible for the production of their own sustenance, which is a risk factor for the development of eating disorders.

The economic and political structure of Western culture is essentially patriarchal, and little importance is placed on the traditional work of women. Childcare and the preparation of food are almost universally the domain of women, and food is an integral part of women's identity (Counihan 1998). However, in today's economy, these feminine skills are considered relatively unimportant and are not well compensated (Nasser 1997, Silverstein and Perlick 1995). Despite advancements in recent decades, women are still depicted as getting the most reward out of feeding and serving others, a role they now combine with a nine to five job (Bordo 1993). The role that men play as

receiver and judge of food is a repetition of the patriarchal theme that runs through Western society. This drama plays out every day at the theater of the dinner table, re-establishing the power relations between men and women.

Science

Another theme central to Western culture's interpretation of food is the scientific perspective. After the introduction of the concept of a calorie, people began to picture food in numbers. This breakdown of food continued as labels such as saturated fat, carbohydrates, and proteins became popular methods of describing food content (Austin 1999). The scientific community is responsible for labeling foods as "good" or "bad" based on the supposed health quality. "Good" foods can include grains, fruits and vegetables, and fish and poultry. "Bad" foods are red meats, animal fat, sugar, junk food, or anything high in fat or cholesterol (Counihan 1992). However, the boundary between "good" and "bad" foods is not constant. The scientific community is constantly reassessing and redefining what is healthy and not healthy, causing consumers to be wary and distrustful of food (Austin 1999). Most societies have food taboos on certain items, but in Western culture, taboos are not permanent, causing ambiguous feelings toward food. This ambiguity causes problems in trying to plan a culturally acceptable diet.

The scientific perspective in Western culture is also responsible for deciding what is healthy or unhealthy. Concepts of health are culturally interpreted and the prevailing idea of health in Western society is to avoid being overweight. However, the association between extra weight and poor health has been greatly exaggerated (Austin 1999). In many cultures, the ideal for health is to be slightly overweight, in order to be hardy enough to resist disease (Farralles and Chapman 1999).

Individualism

The final theme that dominates Western thinking is the emphasis on individualism. Eating was once a process that involved the entire family and that helped to maintain family cohesion. For example, until the last few decades in Sardinia, Italy, women made their own bread by hand. This long process included all of the female adults in the family. While making bread, they would talk and re-establish ties to each other, keeping the family connected through food production. As more and more stores selling ready-made bread opened in Sardinia, the sterile environment of the grocery store replaced the process of bread making with the family. Women who once saw their relatives every day could now go weeks without needing to speak to them, contributing to the gradual breakdown of the extended family. The interdependence of the family unit and the community is being replaced with dependence on the economy and the state, which both have patriarchal overtones (Counihan 1998). I find it difficult to believe that it is a coincidence that the number of eating disorders increase as families lose the cohesion of the extended family unit while modernizing and urbanizing to adapt to a Western political and economic system.⁶

The Role of the Media

The themes that occur in Western culture are especially powerful now that media and advertising are inundating people with culturally approved images. Advertisers spend an estimated 199 billion dollars a year and the average person is exposed to as many as 3,000 advertisements per day (Reibel 2001). Advertisements and television commercials enforce cultural standards and norms through images of what is appropriate

and what is not, especially in terms of appearance (Bordo 1993). As cultures become exposed to these images in the media, their perceptions of beauty are influenced.

The media also plays an active part in shaping how women perceive their relationship with food. Advertisers are aware of the pressure placed on women to conform to Western standards of beauty and they exploit these pressures by flooding television screens and women's magazines with images of delicious, tantalizing foods that are often placed directly before or after advertisements for dieting products and services. Women's magazines help to re-enforce this conflict. For example, in one issue of *McCall's*, the cover stories were entitled "Chocolate Heaven: Desserts to Die For" and "Diet Damage Control," indicating that women are going to need advice on losing weight after being exposed to the 20 new recipes for chocolate that the magazine offers (complete with tempting images of cakes and cookies). The women portrayed in these advertisements and articles have a carefree attitude, as if maintaining a perfect figure and eating the food they want could be accomplished simultaneously and with ease. On the contrary, for women, "free and easy relations with food are at best a relic of the past" (Bordo 1999: 103). This concept is supported by the fact the 95% of diets end in failure (Reibel 2001). Contradictory images of food intake and food restraint cause women to have ambivalent attitudes toward food. While men are encouraged to eat heartily and often, women are expected to prepare food, but exhibit self-restraint on their own appetites.

Another persistent image in advertising involves women secretly indulging in "bad," but desired foods such as sweets and chocolate. For example, a recent television commercial shows a woman locking the bathroom door, taking a bubble bath, and pulling

out a piece of chocolate that she saved until she was alone, smiling mischievously as she eats (Bordo 1993). This image is dangerous because it implies that women should be secretive and alone in their eating, a trait that is also dominant in women with eating disorders.

Media also plays a role in enforcing the cultural standard that men eat and women prepare. Commercials almost always depict food being bought or made by a woman, except on special occasions when it is acceptable for men to be cooking, such as a barbeque (Bordo 1993). Other commercials are directed at the “woman on the go”, who works a full time job, but is still responsible for cooking for her family. The items in these commercials are quick and easy to prepare. These repeating themes send the message that it is acceptable and normal for women to work outside of the home and still maintain all duties within the home (Bordo 1993).

Food and Gender at the Family Level

The symbolic role of food in Western culture and the reinforcement of that symbolism in the media are obviously not sufficient to cause women to develop eating disorders, because only a small percentage of women exposed to them are affected. I believe that the individual’s relationship with food is most impacted at the level of the family because, “it is primarily through the family that the values of society are mediated (Silverstein and Perlick 1995:92). It has been argued that women with eating disorders tend to come from specific family contexts, in which the parents are excessively protective and have rigid concepts of gender roles (Nasser 1997).

The role played by the mother is of particular importance. The formation of a young girl's identity through her primary female role model, her mother, can be disrupted when she sees the marginalized position that her mother is allotted by society. The fear of identifying with the mother's role, "is displaced into food and eating, simply because of the primal association between mother and food" (Nasser 1997:65). Fathers can also play an instrumental part in their daughter's perception of food and eating. When fathers encourage their daughters to lose weight, they are reiterating their role as judge. Since girls with eating disorders already have a weak sense of self and low self-esteem, this criticism can cause them to go too far in an attempt to please their fathers. When fathers act as judges and mothers are treated with little respect, the family acts as a microcosm of the problems in larger society.

This intensification of gender stratification at the family level can cause young women to refuse to participate in the family by refusing to concede to family eating habits (Chan and Ma 2002). Food is a vehicle of social reciprocity and the exchange of food symbolizes social relationships. People eat their meals with those that they love and trust and to withhold food or refuse to accept food is a denial of a relationship and a sign of hostility (Mauss 1924). The fact that women are choosing not to eat food indicates that they are refusing more than the food itself. They are also refusing to accept the person who is offering the food and in a larger sense, the social system that is represented. This is most obvious at the family level. Problems within the family, stemming from child abuse, the daughter's inability to identify with her mother's marginal position, or the father's unrealistic expectations can cause women to deny food in an attempt to express resentment in an acceptable manner.

Discussion and Conclusion

After reviewing food rules and beliefs in Western culture, I have come to believe that this society's depiction of food is a contributing factor to the increasing cases of eating disorders worldwide. Psychologists are reluctant to admit that this is the case, claiming, "this psychopathology has almost nothing to do with food or weight" (Nasser 2001:172). On the contrary, the evidence I have collected shows that the ambivalent attitudes toward food in Western culture can be interpreted as a precursor to the development of eating disorders.

Examination of food rules also brings to light more obscure problems within a culture and inconsistencies in religious, economic, and political systems. In Western culture, these inconsistencies include a religious tradition that denigrates women's relationship to sex and food, a political and economic system that presents food as a commodity and de-emphasizes women's role in society, a scientific perspective that portrays food in numbers and creates ambiguous boundaries of good and bad foods, and an emphasis on individualism that breaks down social cohesion by taking food production out of the control of the family. These discrepancies are not always obvious to the members of a culture, who are accustomed to them, but an objective examination shows that society, family, and the media all play a part in socializing women to accept an inferior role in Western culture. I believe that women who develop anorexia are refusing food as a form of protest against a society that continues to devalue their skills, intelligence, and emotions. As Western culture continues to replace other cultures throughout the world, eating disorders such as anorexia will only continue to multiply.

After examining the phenomena of eating disorders from the viewpoint of Psychology, I initially felt as though the literature was incomplete. Trained as an anthropologist to use the holistic perspective, it seemed to me to be unwise to try to explain a syndrome of disordered eating without an examination of the role and symbolism of food. My findings supported my hypothesis that the way Western culture depicts food most likely has an effect on patterns of disordered eating. I believe that research should not stop there. Because symptoms of food refusal are spreading to cultures that were immune until recently, the role of anthropologists is becoming even more crucial. There can be no denying that eating disorders are a uniquely Western phenomena, and that exposure to Western culture and values is in large part responsible for the propagation of eating disorders. However, it is important to avoid overly reductionistic explanations for socially cultivated syndromes such as anorexia nervosa. My discontent with psychological theories is not that the hypotheses are flawed, but that they do not provide a comprehensive overview of the relationship between causal factors. An examination of foodways only unmask more complex problems for women caused by political, economic, religious, and familial systems. I believe that the interconnections between these social institutions create unbalanced power relations between men and women, that cause women to protest their lack of control and power in a culturally acceptable manner. Food refusal becomes a way to feel powerful and the loss of weight is physical evidence of resistance to the denigrated role women play in Western culture. Until Western culture redefines female gender roles to create a more equitable environment, women will continue to exhibit symptoms of distress such as anorexia. While food can act as “a medium of exchange, connection, and distinction between men

and women . . . food refusal is a denial of relation, and fasting to death is the ultimate rupture of human connection” (Counihan 1998).

Endnotes

1. I would like to acknowledge all of the people who have contributed to this paper- Dr. Faith Warner and Dr. DeeAnne Wymer for the use of materials and for revisions, Dr. David Minderhout for inspiring my interest in this topic, Virginia Yoder for proofreading for grammatical errors, Tim Grier for assisting with technical difficulties and for proofreading, Alan Dolan for donating my computer, and all of my classmates for their peer reviews.
2. Other syndromes have been attributed to the unique conditions of Western culture, including premenstrual syndrome and the A-type personality.
3. Obviously, the other 10% of people suffering from eating disorders are men. I have focused on eating disorders in women because they are the majority, but research is still needed in determining why some men are susceptible to these disorders. For an overview of the current research of men with eating disorders, please see Woodside 2000.
4. It is important to note that although other cultures have participated in ritual fasting, only Western culture has taken fasting to the point of death. Other cultures use fasting combined with a cycle of eating or feasting and are not fasting as a form of social protest (Counihan 1999).
5. While many culturally interpreted symptoms occur primarily in women, there are many that are mostly exclusive to males, such as Wild Man Syndrome. Although I did not have the time to include these syndromes in this paper, I want to point out that men utilize culturally acceptable forms of distress as well (Hughes and Simons 1985).
6. I believe that the loss of cohesion in kinship units is responsible for many of the problems facing Western culture. I believe that illnesses such as depression are a result of a lack of social support and that many other forms of distress could be alleviated without therapy and medication if a support system existed for the individual.

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