

**IDENTITY, BODY-IMAGE,
AND THE
GLOBAL EPIDEMIOLOGY OF EATING DISORDERS**

By

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ABSTRACT

Eating disorders have been explained as syndromes with foundations in Western ideals and values. These disturbances in eating patterns may be more widespread within varied ethnic groups than formerly acknowledged, due to shifting standards that promote the manipulation of the body. Cross-cultural research of eating disorders implies that societal change may be connected to the rise in susceptibility to such conditions, principally when issues concerning identity are involved.

Examination of these behaviors in South Korea, South Africa, and Argentina utilizing historical records, journal articles, and research studies has led to the suggestion that these disorders thrive during prosperous phases of time across egalitarian societies. Utilizing the conceptualizations of Michel Foucault pertaining to disciplinary technologies associated with power and control over the body, this thesis seeks to analyze the current etiology and epidemiology of eating disorders in three “emerging” nations, and how preventative measures can be implemented to treat such illnesses.

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Chapter One: Introduction

Introduction

Eating disorders are among the most powerful psychological disorders in the extent to which societal and cultural aspects influence their development and epidemiology (Barlow and Durand, 2004). The frequency of eating disorders started rising drastically in the United States, Great Britain and numerous Western European nations beginning in the mid-1960's. Occurrences of these mental illnesses have persisted in accelerating throughout the last four decades (Willis and Grossman, 1987; Lucas *et al.*, 2004). The previous half century has proven to be extraordinary for the escalation of anorexia nervosa, considering it had only been identified as a medical condition in the 1870's (Eagles *et al.*, 2000).

Throughout the United States and Europe, eating disorders had been considered relatively obscure, almost mysterious, diagnoses over the first century of their clinical history (Bruch, 1973). The situation was all the more astounding for bulimia nervosa, which had been practically unknown before the 1970's, until its description by Boskind-Lodahl (1976) and Russell (1979).

In analyzing the global diffusion of eating pathologies, two underlying themes link all of the diverse and distinct geographic regions where eating disorders are spreading: they are areas with consumerist-based, wealthy, market systems, or they are nations that are undergoing drastic shifts in their economies, politics, and accepted societal norms. The effects of a globally connected culture of consumption, along

with powerful demands on the attainment of a specific body-type, have unquestionably had an impact on body-image, diet, and the rise of eating disorders.

Not to be ignored with an increase in such pathologies are the paradoxical burdens that materialize when women, in particular, start to gain access to equal education, professional employment, and high-ranking positions in public life. The extreme pressures that individuals, especially females, may face are especially challenging in societies where the transformation into a new role is abrupt and contrasts sharply with customary norms that once demanded submissiveness, obedience, and deference to patriarchal forces.

This thesis will examine the cultural geography of eating disorders and provide supporting evidence of how these ailments have now become a worldwide phenomenon. The significant development of eating disorders in regions that were at one time viewed as immune will be discussed from a number of perspectives throughout the subsequent chapters. Specifically, I seek to highlight several key themes that have yet been articulated within existing research. Evidence points to factors showing that eating disorders differ in intensity and character across the globe, are heavily influenced by cultural ideas of body image, gender roles, and societal values, and are escalating in affluent, consumerist economies.

Background

Anorexia nervosa is characterized by severe and prolonged refusal to eat connected with extreme weight loss, distorted body image, an intense fear of becoming obese, the engagement in excessive exercise, and possible termination of

the menstrual cycle or impotence. Bulimia nervosa is an eating disorder involving episodic binge-eating followed by purging, often associated with extreme feelings of guilt, depression, and self-condemnation. Habitual measures to prevent weight gain, such as self-induced vomiting, excessive use of laxatives, restrictive dieting, or prolonged fasting are also employed by individuals suffering from bulimia (Gordon 2005).

The increase of these eating disorders in the United States and Western Europe has been explained as a contemporary epidemic that has simultaneously occurred with a number of wide-ranging changes in Western cultures during the latter half of the 20th century (Sours, 1980). Among these transitions are the expansions of consumption-based market systems, which place a significant emphasis on the attainment of personal satisfaction at the cost of collective objectives, and often include a progressively more disjointed family structure that is typified by an increase in conflict across intergenerational relationships.

Also contributing to the growing rate of eating disorders are advertising and marketing images that have reshaped accepted standards of beauty, thereby leading to disruptions in gender roles. These external forces have placed tremendous strain and confusion in the developmental experiences of certain adolescents and have led to the onset of harsh self-criticism, lowered self-worth, and distorted perceptions of one's body.

Several of these societal developments appear to play a significant role in the onset of eating disorders. More specifically, because eating disorders primarily affect

females and center on the issues of control, self-identity and body image, it is not surprising that researchers have connected the increasing rate of eating disorders in the Global North with the crisis of self-perception and the societal forces being impinged on individuals to maintain certain standards of attractiveness (Gordon, 2005).

Chapter 2: Literature Review

Previous Research

Due to the fact that eating disorder behaviors have a major focus on social norms of attractiveness and weight control, it is imperative to focus on these factors. Hilde Bruch (1978) was one of the earliest researchers to link cultural elements to the escalating prevalence of eating disorders, citing both the vogue importance on slimness as well as the conflicting strain on contemporary young individuals to appear “successful” as reasons for the confusion of self-identity. Original investigations by Gardner and his colleagues (1985) and later by Wisemann *et al.*, (1997) confirmed that idealized depictions of the female figure in wide societal views became progressively skinnier and relatively less shapely from the early 1960’s through the end of the 1990’s.

These unrealistic trends and unattainable standards of beauty have continued into the new millennium as well. Whether such media images play a contributory role in the onset of eating disorders or whether they simply represent the values of the wider culture is an issue of some controversy (Becker and Hamberg, 2001), but little doubt remains that there are considerably severe expectations for thinness on the female body. Given the emphasis that body-image plays in the pathology of eating disorders, it seems improbable that the association between the increasing demand for slenderness in society and the prevalence of eating disorders within such cultures are coincidental. It is plausible, however, that only persons who are susceptible to these demands, such as those with a history of anxiety, depression, low self-worth in their

youth, established preoccupation with weight control, and possible inherited predispositions will react to these social pressures with the symptoms of anorexia or bulimia (Fairburn *et al.*, 2005).

An associated issue is the steady increase in obesity in more economically developed nations, principally within the past few decades. In the United States the percentage of persons whose weight surpassed thresholds that are deemed clinically healthy rose from 25% in the 1980's to over 30% in 1990. The number of overweight individuals accelerated even more rapidly throughout the 1990's into the 21st Century (Kuczmarski *et al.*, 1999; Mokad *et al.*, 2005). These patterns are evident, although to a lesser extent, in the majority of countries in Europe that have ingrained consumption-promoting economies (Seidell and Flegal, 2002).

Despite the drastic increases in obesity in the general public, overweight individuals continue to be exceedingly stigmatized, primarily if they are women (Hebl and Heatherton, 2003). Due to these facts, sharp tension is occurring between the desire for thinness and the factors that have led to the rise of obesity in the general public. Both of these concerns can largely be connected to the increase in body-image concerns. Eating disorders such as anorexia and bulimia can be analyzed from one viewpoint as pathologies of eating habits, which is supported by the fact that their growing frequency in more affluent countries has increased on pace with the growing popularity of dieting. A substantial amount of empirical studies have indicated that restricting one's diet in hopes of avoiding obesity is a potent precursor to the onset of eating disorders (Polivy and Herman, 1985; Hsu, 2002).

Research has shown that eating disorders occur overwhelmingly in women. However, the reasons for this trend cannot be fully understood without concentrating on the significant shifts in female identity that have exemplified past decades in consumerist economies and rapidly industrializing societies. As women have repositioned themselves in growing numbers into the sectors of education and employment around the world, expectations for accomplishment and performance have often sharply contrasted with unrelenting demands for conventional positions of compliance, dependency and obedience, as well as a transformed view of material appearance that has been fostered by corporate ideals (Wolfe, 1996).

The consequence of these contrasting demands has been, for many, a growing sense of insecurity and self-doubt, along with an emerging sense of powerlessness (Gordon, 2005). The contradictory character of this uncertainty of self-identity, along with the prospect of improved conditions for opportunity is illustrated in the title of a work by Silverstein and Perlick (1995), The Cost of Competence. Silverstein and Perlick have posited that the thin body-type standards advertised in conventional sociological accounts of eating disorders can be described as body-type ideals that devalue customary “feminine” shapeliness by shifting contemporary ideals to gender stereotypes that marginalize women by associating curvaceousness with unattractiveness, low intelligence, and laziness.

It could be suggested that the contradiction and alterations in female self-identity characterize the most profound foundation of eating disorders throughout history (Bemporad, 2001, Katzman and Lee, 2002). This may account for the fact

that eating disorders, as they have emerged in economically developed areas of the world, do not inevitably convey themselves only as self-image preoccupations, but rather portray a plethora of societal norms that may result in some common underlying psychological conflict.

As a cultural geographer, I seek to examine eating disorders in relation to the growing literature on “embodied geographies.” Studies in this area of geography seek to explore the foundational themes associated with identity, self-image, personal perception and strive to answer a prevailing question of what the “body” is (Moss 1999). The current literature offers a number of definitions. Pile and Thrift (1995) offer this summation when investigating how we utilize our bodies geographically:

“We use our bodies for grounding personal identity in ourselves and recognizing it in others. We use our bodies for the assignment of all sorts of roles, tasks, duties and strategies. We use our bodies for practical action. We use our bodies for the expression of moral judgments. We use the condition of our bodies for legitimating a withdrawal from the demands of everyday life. We use our bodies for reproducing the human species. We use our bodies for artwork, as surfaces for new material for sculpture.”

Clearly, the concept, idea, and practical elements of the body can be viewed from a geographical point of view. With this being said, it seems that the body cannot be experienced without taking into account place, and conversely, place cannot be understood without recognizing what role the body plays in the experience. While cultural geographers have examined self-identity and body-image, they have only just

begun researching eating disorders (Bondi 1999, Crewe 2001, Chouinard 1999, Longhurst 2001). This is surprising because several aspects of the study of these syndromes easily lend themselves to geographical questions. The first of these issues is quite simply the global geography of such illnesses, and where they are located.

Research done in the 1980's suggested that the noticeable distinctiveness of eating disorders in the Global North strongly showed that these syndromes may be culture-bound (Prince, 1983, 1985). This assertion was addressed by Gordon (1989, 2005), who opposed the conventional construct of eating disorders as culture-bound syndromes with the concept of anorexia and bulimia as being considered ethnic disorders. The latter could more appropriately encompass the vast array of societal norms that are common among a more expansive number of cultures, rather than a specific geographic location.

Nasser (2002) suggested that the meaning-centered method of comprehending societal values may have accentuated cultural disparities at the expense of similarities. She maintained, based on evaluations of published studies from around the world, that eating disorders may no longer be distinctive to the Global North. Prince (2000) had posited that, as the scope of consumerist-driven cultural values became more prominent throughout the world, eating disorders would become more widespread in regions that had formerly been deemed unaffected by them.

It does need to be highlighted that information on eating disorders in nations where recent economic development has taken place is built entirely upon on case studies, and in some circumstances there have yet to be significant publications in the

academic literature. It remains a possibility that eating disorders may have been existent in several of these regions earlier than the 21st Century, but were either underexposed as such, or were identified and remedied by local doctors. Currently, there is not an extensive amount of evidence explicitly addressing such cases, but the probability cannot be totally disregarded either. Psychological assistance in various regions has been scarce and generally unavailable to a majority of the population. Nonetheless, it is doubtful given the recent changing societal values and the increasing prevalence of eating disorders, that the manifestations of these illnesses in exceedingly urban-industrial areas are simply a product of observation.

The following sections are concise assessments of the chief geographical regions where eating disorders are emerging according to recent research. The scope is not intended to represent an all-inclusive and comprehensive examination, but rather will focus on areas that were formerly viewed as being less susceptible to the inception of eating disorders and fall outside of the typical areas in which eating disorders are thought to be concentrated.

Sub-Saharan Africa

Conventional self perception among Africans has always leaned towards a robust, full-figured form as the model of beauty and success. Hortense Powdermaker (1960), in initial assessments of multi-cultural perceptions on obesity and corpulence, presented various instances from a range of African localities in which heaviness in the female form was predominantly admired. Powdermaker mentioned one particular

well-liked song in the Copperbelt of 1950's Zambia that reflected conventional perceptions:

“Hullo, Mama, the beautiful one, let us go to town: you will be very fat you girl, if you stay with me.”

In traditional African spiritual imagery, full-figured female form is closely associated with productiveness as illustrated by the once commonly performed ceremony of “fattening,” which was undertaken by juvenile girls in hopes of making them more eligible for marriage. Research conducted within the past few decades has shown that both men and women of Uganda and Kenya prefer a greater degree of fullness in the female figure when compared to countries located within the Global North (Furnham and Alibhai, 1983; Baguma, 1999). There are indicators that these customary ideals may be shifting. As a result, the fullness that was once highly regarded and embraced by African men and women has begun to decline in recent years. One such instance is highlighted by Corina Schuler in an article entitled “Africans look for Beauty in Western Mirror,” where the contemporary perceptions of black women in South Africa are summed up by Thandi Ntshihoeoe's statement:

“It's embarrassing to be a fat African mama now... we are more aware since we got democracy, we want to be healthy, independent women who look good” (Le Grange, 2000).

Isolated case studies of eating disorders in African women emerged throughout the 1980's (Buchan and Gregory, 1984; Nwaefuna, 1981; Famuyima, 1988), in addition to one case report that pointed towards behavior which included

self-induced vomiting, bingeing and purging among students in Nigeria (Oyewuni and Kazarian, 1997). In more recent times, a considerable amount of literature describing eating disorders in black South Africans has surfaced within the past two decades (Szabo *et al.*, 2002). Given these results, it is within reason to determine that the distinctive temporal and societal circumstances within South Africa correlates with the increase of eating disorders in the country.

Latin America

In traditional South American cultures, with the exemption of sparse elite factions who have been exposed to North American and Western European ideals, the prevalence of eating disorders seems to have been quite minimal. The high regard for the full-figure in adolescent women has been the most widely accepted and desirable body-shape. However, in recent decades there have been deviations away from the established norms for attractiveness in several Latin American countries.

Initial reports of eating disorders in South America surfaced in Chile, where 30 incidents of anorexia were published in the Chilean press in 1982 (Pumarino and Vivanco, 1982). The researchers of this account emphasized the occurrence of the unyielding drive for slimness in the individuals, and the symptoms coinciding with the Chilean cases were identical when compared to anorexia and bulimia present in literature found in the United States and Western Europe. In an earlier piece, Pumarino had noted the increase in the frequency of disorders in Chile throughout the ten year period prior to the release of the 1982 study. These increases in eating

disorders occurred simultaneously with the growth of the condition in the United States and Western Europe.

Looking at the historical context of the 1970's, Chile had experienced an unprecedented political transformation, with the ousting of the democratically elected regime of Salvador Allende in the early 1970's and the installation of Augusto Pinochet's military government. Using American policies as their model, Chile quickly converted their economy into a free-market, capitalistic system. While a direct correlation between these events and the increase of eating disorders cannot be specifically proven, it appears that the drastic commercialization of society that arose in the 1970's did have an impact on the rise of cases.

Within the past two decades, anorexia and bulimia have emerged as considerable dilemmas in urban locales in Mexico, specifically in Mexico City. This phenomenon seems to be growing within recent times (Barriguete, 2003), and the demographic group most afflicted with eating disorders are university students. In order to draw inferences on the reasons for the increase in these illnesses, one must look at the multifaceted developments that the nation is experiencing. Mexico is currently undergoing radical changes as a society. Recent industrialization, urbanization, and societal alterations are occurring which impact the norms and ideals within the culture, consequently it is not unexpected to see that the recent changes in Mexico that promote consumerist purchasing patterns are coinciding with the increasing occurrence of eating disorders.

Emphasizing this position is the fact that vogue publications printed in Spanish are replete with commentary focusing on body-shape and weight control, which continue to further encourage the achievement of success via slenderness. Evidence also points out that Mexico is increasing its national consciousness on the substantial problem that obesity is causing. In addition, research has shown that upwardly mobile social groups are more prone to the negative side effects caused by a diet high in fat and carbohydrate content, which are characteristically associated with consumption patterns in the Global North (Barriguete, 2003). These trends in body-image awareness and medical conditions associated with dietary habits are now surfacing in Mexico and run parallel with the economic development that has taken place.

In the past two decades, there have also been accounts in Argentina, specifically Buenos Aires, of what has been characterized as an “epidemic” of eating disorders. While the total impact of eating disorders has not been entirely documented by epidemiological reports, expert professional attention in the prevention and mitigation of eating disorders in Buenos Aires has been rigorous. The increase of eating disorders in Argentina can be potentially connected with the convergence of several cultural ideals, such as the emphasis placed on physical beauty and body size (Dupuertis, 2003), as well as the evolving role of females in society and the conflicting norms that shape their identity (Meehan and Katzman, 2004).

East Asia

Excluding Western Europe and the United States, there has been only one nation where eating disorders have been as well documented in the latter half of the 20th Century as the Global North, and that is Japan. During a conference on eating disorders held in Germany, Ishikawa (1965) suggested that the prevalence of anorexia nervosa in Japan had been steadily rising since the end of World War II. Ishikawa credited the increased rate to shifts in the customary family structure in the post-war period. Decades later, a survey reported that between 3000 and 4000 individuals were estimated to have sought treatment in clinics across Japan during 1985, whereas the total amount of cases in 1992 had grown to nearly 5000 (Kuboki *et al.*, 2001.) In the latter report, the pervasiveness of eating disorders among females between the ages of 13 and 30 was projected to be nearly 35 per 100,000 people, a statistic that was significant, but relatively lower than comparable rates within the United States (Lucas *et al.*, 1995).

The escalating prevalence of eating disorders was further documented in a study of individuals from the Yamagata Prefecture in northern Japan. It stated that from 1978 - 1992 the number of patients seeking treatment at a university outpatient clinic with anorexia rose drastically with an even more substantial increase in the amount of individuals suffering from bulimia (Nadaoka *et al.*, 2001).

These historical patterns strongly resemble the frequency of eating disorders in the U.S. and Western Europe. Plausible explanations for Japan's similar rate of eating disorders seem to stem from the fact that the nation was differentiated from the

rest of Asia by having the earliest success in capitalist-industrial, economic development. From a socio-cultural viewpoint, several of the same issues that have transpired in highly developed economies of the U. S. and Western Europe have been experienced by Japan. Values in Japan now focus on the importance of individual independence which challenges the customary collectivistic ideals that were once the standard.

Also contributing to the inception of eating disorders is the conflicting role that women must face which pits the rising acceptance of independence and personal choice versus traditional norms in which they are expected to be submissive and obedient. These changing cultural demands, coupled with the expansion of consumerism, media advertising, and an increase in consumption has exacerbated the growing epidemic (White, 1998; Skov and Moeran, 2000).

In present-day Japan, depictions of slender female bodies are widely praised by the media and held in high esteem by ever-growing rates of college-aged students and teenagers (Moeran, 2000). Adolescents in Japan are now exceedingly preoccupied with their weight, despite the fact that obesity in Japan is relatively low. There is substantial pressure placed upon gender roles and the way in which women maintain their status in Japan. Women's ambitions for greater equality with men contrast with the established authoritative customs of male dominance. It is paramount to take into account the distinctive uniqueness of Japanese culture and not simply attribute the onset of eating disorders to "Westernization," but it can at least

be theorized that the influence of such factors is tremendously pervasive (Kuboki *et al.*, 2001).

In Hong Kong, a highly industrialized special administrative region of China, research has shown that preoccupation with weight has continually grown among adolescent high school students and individuals attending universities (Lee and Lee, 2001). These preoccupations with a slender form are directly opposed to customary ideals that the Chinese once placed on voluptuous women. The traditional perception on corpulence was that it served as a signifier of health and longevity, but now heavier women are seen as less attractive, lethargic, and undisciplined, which is consistent with the escalating pressure of consumerist ideals that comparatively wealthier nations have in place

Taking into consideration the disparities within China in terms of levels of socio-economic progress, one may come to the conclusion that the prevalence of eating disorders in relation to such forces may differ by geographic locale. In support of this notion, one investigation measured the extent of body image distortion among teenage students towards eating and dieting in three different regions throughout China.

The first area surveyed in the study was Hong Kong, which should be noted is a global financial hub with a high per capita income. The second was Shenzhen, a rapidly expanding metropolis in excess of three million people that embodies the socio-cultural effects that consumer-based economies have had in contemporary China. Hunan province was the third area integrated into the research project, which

is a rural region with a comparatively lower per capita income and negligible amount of exposure to influences typical in the Global North such as media advertising, fashion magazines, internet, and television.

Results of the study show that while the body-mass index (BMI) was lowest for individuals in Hong Kong, nearly three quarters of the participants wanted to weigh less. The participants in Hunan, the rural area in the study, indicated just the opposite, that is, they had the highest BMI of the three sets and had the lowest desire to reduce weight. These results reflect the varying degrees of impact that economic development and exposure to the consumer culture on weight consciousness can have amongst members of the same society (Lee and Lee, 2004).

While this study does not yield encompassing evidence about the exact degree to which clinical eating disorders are prevalent, the findings do imply that rising levels of economic industrialization accompanied with an increase in consumerist ideals may lead to shifts in dieting practices, body-image awareness, and insecurity about the varying roles that females must fulfill.

Theoretical Framework

The current scholarly interest in embodiment across social and cultural studies has resulted in an abundance of theoretical research centering on the idea of power and the social, political, and historical role the body plays in modern culture. Eating disorders have been approached from a wide variety of perspectives. Numerous theorists deem perceptions of attractiveness, beauty, and self-identity as socially

constructed hegemonic ideals (Bordo, 1997; hooks, 1992; Ashe, 2001). Susan Bordo points out the difficulty in explaining eating disorders when she states,

“The spread of eating disorders, of course, is not just about images. The emergence of eating disorders is a complex, multilayered cultural “symptom” reflecting problems that are historical as well as contemporary, arising in our time because of the confluence of a number of factors.”

It has become more and more evident that eating disorders cannot simply be explained as a “culture-bound syndrome” due to the fact that the spread of such illnesses are reaching vast expanses of the globe.

To merely state that eating disorders are a result of conforming to social expectations of what an attractive body looks like is to fail to identify the degree of personal, societal, and cultural forces that can impact such pathologies. Eating disorders are much more multifaceted than simple compliance to societal norms and ideals pertaining to sexuality, attractiveness, and body image. While those forces are not to be ignored in the diagnostic criteria of identifying psychological illness, to diagnose eating disorders without taking into consideration each individual’s identity is a disservice to those who struggle with such disorders. The power, control, and dominance issues each person internally struggles with when battling an eating disorder is paramount in identifying why such illnesses are now a global epidemic.

Foucault and the Body

For Michel Foucault, the conception of power was “*not a group of institutions and mechanisms that ensure the subservience of the citizens*” but rather was a force

that penetrated all spheres of the social order, with no observable core and no individual employing control schemes (1977, p 93). Taking this view into consideration, the body remains the center of where power struggles reside, which is precisely what one afflicted with an eating disorder must overcome. The punitive controls that create social norms that a body must conform to permeate all of society, yet at the same time, cannot be precisely located and is “nowhere.” This nonexistence of tangible, recognized, establishments produces the impression that the development of social norms, and adherence to them, are voluntary and natural (Bartky, 1998).

Foucault (1979) stipulates that in order to complete the tasks of cultural and economic life, societal systems need “docile bodies,” such as disciplined soldiers, obedient industrial laborers, and students who passively comply with authority. Foucault envisions society as a system of dominance that requires submissive individuals who assimilate to a set of standards and ideals. To produce such bodies, disciplinary procedures have developed through which people both adopt and carry out the practices that lie beneath their own subservience (Weitz, 2003). One vestige of this can be seen with individuals who engage in disordered eating patterns.

Adhering to a society’s strict definition of what it is to be attractive and successful, coupled with internal conflict concerning self-worth, identity, and belonging are the conditions required for such pathologies to surface. Numerous theorists concur that this has produced a commodified body inscribed with social meaning. With the global rise in eating disorders, it can be inferred that no particular

culture is immune to these illnesses. While rapid industrialization and accumulation of wealth generally correlates to a rise in eating disorders, the other factors must be taken into account as well. The continued spread of anorexia and bulimia throughout seemingly once unaffected regions of the world therefore can no longer be framed as “culture-bound,” but more appropriately seems to be best described as “culture-driven.”

Foucault’s perspective of power draws highly upon subjectivity, and how it is retained by an individual’s own self-observation and obedience to norms (Bordo, 1993). When analyzing how individuals are embodied in a society, Foucault states,

“There is no need for arms, physical evidence, material constraints. Just a gaze. An inspecting gaze, a gaze which each individual under its weight will end by interiorizing to the point that he is his own overseer, each individual thus exercising this surveillance over, and against himself” (1979).

With this framework of power in place, it positions individuals who naturally or voluntarily yield to societal norms as the “overseers” of their own bodies.

As a culture develops ideals it is then the individual’s decision to submit to, and obey, such standards, or reject them and face potential exclusion from the conforming majority. This pressure to adhere to such strict regulations of acceptance can be directly related to the onset of eating disorders. The internal conflict an individual feels when disciplining one’s body to adhere to societal values may cause distortions in personal identity, lowered self-worth and disordered eating patterns.

When looking at areas where such pathologies occur, it is important to recognize that

such forces are not bound to a certain region or culture, but rather, can penetrate any society, and as of late, have been doing so at high rates (Nasser 2001).

Power, Control and Dominance

Susan Bordo utilizes Foucault's theory in her investigation of anorexia and bulimia (Bordo 1988). Falling in line with Foucault, she posits that these illnesses can be seen as disciplinary tools that shape the body. An individual suffering from anorexia or bulimia engages in severely detrimental practices so as to conform to accepted standards of an ideal body-type. Bordo connects the attainment of power and self-control with the possibility of falling victim to potentially lethal behaviors.

From Bordo's perspective, this association provides a vivid picture by which societal norms exact control over individuals. These disciplinary tools are successful mediums of influence because they permeate the mindset of cultures regarding bodies, actions, behaviors, desires and habits that produce individuals who become the unsuspecting source of their own subjection. Relating this regulatory control to eating disorders, it can be seen that Foucault and Bordo's concepts of power, control and dominance are experienced on the most basic personal levels. Evidence from nations all around the world now show that the increase in eating pathologies associated with authoritative obedience to societal norms is no longer bounded within one region, but can afflict cultures anywhere in the world (Gordon, 2000).

Problem Statement

Historically, eating disorders have been generally found in wealthy, affluent, social classes in industrialized nations. Maintaining a slender, thin, and lean form is

held in high regard in the majority of cultures associated with the affluent Global North. In many countries, sustaining a small body-type indicates self-control, attractiveness, success, competitiveness and status. In these wealthier, economically prosperous, societies the ability to employ control over one's body has become a societal obsession resulting in disordered eating patterns, distortion of body-image, and confusion of self-identity (Sibley 1995). These symptoms have led to a considerable amount of research exploring the increase in eating disorders, and while literature pertaining to the epidemiology of these illnesses is in its preliminary stages, it seems necessary that further research will continue to shed light on the global development and worldwide spread of such pathologies.

“Westernization”

Current literature explaining the manifestation of eating disorders in what was once thought of as unaffected regions of the world cites the process of “Westernization” as the major contributing factor (Lake *et al.* 2000; Littlewood 1995; Stice *et al.* 2004). The fundamental idea here is that as cultures become progressively more “Western,” which is often defined by such things as intensifying consumerism, consumption-driven advertising, an aura of individuality, and a veneration for attractiveness, coupled with the persistent enticement to overindulge food, to success, to beauty; it leads to disruptions of thought processes by individuals who are susceptible to eating disorders. The particular behaviors related to these pathologies (restriction, self-starvation, bingeing, emesis, over-exercising, body-image distortions,

and extreme anxiety about weight) then become associated with the given societal features of increased affluence.

From this point of view, the appearance of eating disorders in once perceived “immune” cultures can be interpreted as support for the suggestion that public norms, consumption-driven ideals, increases in industry, possessions and standard of living, are responsible for the growing rate of eating disorders. It can be postulated that these cultures are becoming progressively more indoctrinated into the contemporary value systems held by wealthy, affluent nations.

The crux of the issue is that with ever-increasing studies of eating pathologies in areas once viewed as unaffected from such illnesses, mainly the Global South, the resulting position has been to label eating disorders as “culture-bound syndromes” (Gordon, 2000). Recently, however, more extensive research is shedding light on the growing occurrence of eating disorders throughout regions on the periphery (Nasser, 2001). Subsequently, several issues surface when classifying eating disorders as “culture-bound” as is evident due to the escalating frequency of such pathologies in locales once thought to be unaffected. This paradox lends itself to several questions that I will address throughout the thesis.

“Culture-Bound Syndromes”

When analyzing the increase in eating disorders around the world one must ask whether the appearance of eating disorders in perceived “immune” societies means they are no longer “culture-bound syndromes,” or does the rise of such pathologies instead substantiate their embeddedness in prospering, affluent cultures?

The latter viewpoint is easier to fall in line with, as it enables researchers to alter their diagnostic theories towards the extensive development of industrialization and globalization. This stance also confirms theorists' ideas that present understandings of eating disorders are accurate, that is, that eating disorders are connected to wealthy, consumption-based economies because those systems are steadily increasing in "developing" nations (Katzman, 1999).

The former perspective, conversely, necessitates a more critical engagement with primary suppositions about what eating disorders are and why people get them (Nasser, 2001). This prospect is undoubtedly the more challenging one, principally when the theoretical assumptions researchers utilize in their work have a tendency to envelop the very cultural constructs they wish to question.

Throughout the subsequent chapters, country by country comparisons will analyze the increase of eating disorders throughout the world and provide information as to why, and how, they develop. The expected results of the research will help shed light on the concept of eating pathologies as being a culture-driven phenomenon, rather than one that is culture-bound.

Methodology

In researching the epidemiology of eating disorders my main methodology focused on a critical reading of secondary texts, news articles, and websites. Since my thesis does not focus on quantitative psychological experiments, as the majority of research on eating disorders does, instead I rely exclusively on literature review, and conduct a discourse analysis of documented works. Discourse analysis centers

on how individuals interpret and understand the world around them through the deconstruction of language. The majority of the literature utilized in the research comes from academic journals, books, websites and newspaper articles that were coded with key-word indicators pertaining to the generalized category of eating disorders and their distribution around the globe.

Utilizing a bottom-up approach, I started with key-word indicators to find themes and related writings pertaining to the discussion of eating pathologies. I then developed key phrase indicators in order to more narrowly refine my search of current research highlighting the epidemiology of eating disorders. By using this bottom-up approach, I enabled myself to constantly re-evaluate the content of the text that I came across. With this framework in place, I was able to employ textual analysis to look at how recent literature pertaining to eating disorders has constructed representations of cultural identities, as well as investigate the notion that eating disorders are culture-bound syndromes.

My aim in this study is to build a foundation for future research at the doctoral level pertaining to the themes of power, control and dominance that individuals experience through the lens of embodied geography. The next three chapters address my findings for the case study countries of South Korea, South Africa, and Argentina. These nations were chosen to signify examples of eating disorder geography from three major emerging markets in what has been labeled the “developing world.” Following the three case studies is a concluding chapter summarizing the findings and theory behind my research.

Chapter 3: South Korea

With the exclusion of a small number of isolated cases utilizing a narrow range of variables very little is known about the association between cultural dynamics and body-image disturbances in South Korea (Han, 2003, Ko & Cohen, 1998).

This lack of documented research has two major downsides. The first is that there continues to be a substantial amount of unreported data coupled with ever-increasing observable evidence that points to high levels of dissatisfaction with the body among South Korean adolescent females and university-aged women (Ryu et al., 2003; Tsai, 2000). The second drawback is only having minimal systematic research done diminishes the issue of identity conflict within South Korean individuals, which has particular cultural importance to a vast amount of research fields.

This theoretical concentration on studies pertaining to eating pathologies can shed light on two important societal issues. The first is the function that collectivistic ideals, based largely on the traditions of Confucius, have had in South Korea. The second issue that can be analyzed is the direction and pace that societal transitions follow within the country. To further understand these dynamics, and how they relate to eating disorders and identity conflict, one can examine the socio-cultural transformation that South Korea has experienced throughout its history (Jung and Forbes, 2006).

Confucian Values

Confucian philosophy and collectivistic principles have shaped Korean socio-political and family interactions for more than 400 years (Um and Kim, 2004). This intensely entrenched way of life has fashioned a social order that serves as a sharp contrast compared to Western societies in several important ways. The most significant of such customs are the way in which gender roles are shaped, and the emphasis that is placed on how individuals conduct interactions regarding others.

For nearly 3000 years Confucian philosophy has influenced the thought and conduct of people throughout Southeast Asia. A key point of feminist theorists in Korea has been the evaluation of Confucian principles on Asian culture, history and social status. In reference to the expectations that Confucian rules place upon women, academic Xiao Ma has stated, "*women always have been fighting for a way out of the Confucian shadow*" (Reese, 1994, p 12).

Although early Korean culture had no real commitment to the subordination of women, over time Confucian traditions have been expanded upon. It was during the Han dynasty (206 B.C-220 B.C.) that Confucianism was implemented as the government's official doctrine, with Confucian teachings becoming part of authorized education (Reese, 1994). In later dynasties, shifting Confucian interpretations further strengthened masculine dominance and patriarchal traditions. According to the Confucian construction of the social order, women at all levels were expected to submit to men and remain subordinate to the masculine authority in power. The majority of Confucian philosophers acknowledged the subservience that women were

expected to give to men as natural and appropriate. With these rules in place, it was accepted that the honor and duty of a woman was to serve as wife and servant to the husband and family (Reese, 1994).

Patriarchal Authority and Subservience

Over the course of history, there has evolved an entire field of writings educating women on self-control, manners, discipline, and how to conduct their relationships with men, family members, in-laws, and authority figures. Literature passed down about commendable women highlighted their obedient loyalty and unselfish compliance to do anything to facilitate their husbands needs and his family. Although philosophical ideals pertaining to women are one thing, and the practical reality they experience is another, it is evident that the impact of fundamental values about the character and position of women has had influential effects (Reese, 1994).

The prominent Confucian authority that is present in South Korea has brought about a tremendously inflexible and authoritarian patriarchy throughout its early history. The stipulations of obedience set forth by Confucian values have traditionally resulted in a social order where women must be compliant to the authority of men. Young girls are instructed to be unquestionably submissive to their fathers, wives are expected to be obedient to their husbands, and if a woman becomes widowed she is then taught to comply with the authority of the eldest son. In addition to this patriarchal system, strict gender roles constrain a woman's influence and authority in home-life (Jung, 2003).

In comparison to Western traditions that focus on individuality and accentuate the function of the family as a support system for the individual, in a Confucian social order the duty of the individual is to sustain and serve the family unit as well as the community in general (Chaibong, 2003). An extremely vital component in this service to the family is to defend it from disgrace, shame, and dishonor. Individuals within the family who fail to observe these Confucian principles, which include following severe and oppressive gender norms, bring embarrassment to their entire name, as well as any distant relatives associated with the family (Yang and Rosenblatt, 2001).

Korean accountability for the safeguarding of the family reputation and the dishonor that is a consequence from the failure to do so, places a massive amount of pressure on Korean citizens, particularly women. The experience that is present in the societal precepts of South Korea often are misunderstood or go unacknowledged due to the fact that Western culture does not have an equivalent to the strict principles present in South Korea (Chaibong, 2003).

Social Transition

In cultures across the world, rapid societal transitions, especially the shifting norms in gender roles for women, have been connected with an increased importance on aesthetic attractiveness. These underlying currents and standards are usually correlated with increases in body dissatisfaction, the emergence of disordered eating patterns, and are often manifested in women by the desire to attain a petite, slender, body (Nasser, Katzman, & Gordon, 2001). Various feminist scholars have suggested

that this correlation exists because ideals pertaining to physical appearance are agents for the marginalization of women (Fredrickson & Roberts, 1997; Jeffreys, 2005).

From this viewpoint, any defiance to masculine hegemony, or any attempt in the direction of gender equality, will be offset by an increase in impractical aesthetic goals and a mounting pressure to attain them. The outcome of these expectations is often viewed as the demoralization of a woman's self-worth, the suppression of their intellectual resources, and a transfer of focus from their mental abilities to external features of their body (Jeffreys, 2005). As Naomi Wolf stated in her book, The Beauty Myth:

“The more legal and material hindrances women have broken through, the more strictly and heavily and cruelly images of female beauty have come to weigh upon us.” (1991, p. 10).

In the past three decades there have been a wide range of socio-political transitions in the life of South Koreans. The country has shifted away from an authoritarian dictatorship into a dynamic democratic state and that has international importance in the manufacturing and financial sectors of the global economy (Shin & Rutkowski, 2003). Noticeable changes have transpired in all realms of Korean society, but some of the most significant and turbulent transitions have been in the roles that women play throughout society.

In recent times, women are experiencing an increase in participation in political and economic positions. They are also encountering more opportunity, as well as expectations, in educational, societal, and personal roles as well (Jung, 2003,

Rutkowski, 2003). Feminist supposition would anticipate that these prominent advances in women's roles would result in an increase in identity conflict, body-image dissatisfaction, and disordered eating patterns among South Korea women.

The current evidence available, although somewhat limited, shows us that this situation is true. Elevated numbers of women experiencing frustration and disappointment with their body, physical appearance, and perceived attractiveness have been reported on among Korean high school adolescents, university students, and adult women as well (Kim & Kim, 2003, Kim & Yoon, 2000, Jung & Lee, 2006). With this background of masculine dominance woven into South Korea's social fabric, it is now possible to infer associations between the historic Confucian ideals that pervade Korean society and the increase in body-image disturbances reported throughout the nation.

Economic Expansion and Industrialization

Grounded on published reports, there is now surfacing evidence that eating disorders have become widespread in South Korea (Efron, 2005). It should be noted that when analyzing the current economic situation in the country, the forces of mass production, urban expansion, industrialization and democratization have fostered a rapidly changing societal transformation. Taking into consideration the customary traditions regarding marriage that were held throughout the 1970's, in which women were required to maintain a full figure, it is quite remarkable that the frequency of eating disorders has since grown so rapidly. Kim Joon Ki, a psychiatrist in South

Korea, reported only having seen one individual for an eating disorder prior to 1991. However, by 1998, he had treated nearly 500 patients (Efron, 2002).

Researchers cite drastic alterations in ideals of food over a span of generations as a contributing factor to disordered eating patterns. After World War II, the widely used inquiry “have you eaten?” was not only a common greeting, but also a manifestation of the predominant food shortages that occurred during that time; to reply with an affirmative answer to the query was viewed as an indicator of an individual well-being, and also served as a sign of status.

In contemporary South Korea, the once common question of whether one has eaten is now out of practice. This is due to the fact that the issue of well-being, class, and status are now inscribed by the slender body-type that women must maintain in order to adhere to present day conceptions of beauty (Lee *et al.*, 2005). This shift from struggling for food and admiring a full-figured body has steadily decreased in correlation with the high growth of industrialization and the accumulation of wealth that South Korea has gained since implementing a consumerist economy driven by consumption-based ideals.

Based on this evidence, it seems that there are features of Korean culture that imply that some of the Confucian ideals present in Asia have impacted South Korea more so than other societies throughout the world. Three of the most apparent elements that may have increased the occurrence of eating pathologies in South Korea are engrained collectivist ideals and the subsequent evolving individualistic values that emerged with the inception of a democratic society. The second was the inherent

sexism that was once an accepted societal norm, and the following liberation of women which provided them with increasing economic, political, and social opportunities. The third and final element was the rapid social change South Korea underwent in which its traditional principles shifted into a more evenly distributed social system marked by an increase in international influences and the opening of society in general (Smith, Dugan, & Trompenaars 1996).

Traditional Principles and Shifting Norms

The level of patriarchal dominance rooted in the masculine tradition of Korea has caused a variety of impacts (Louie, 1995). These social constructs have in recent times shifted away from such rigid and unyielding standards. Although many of the strict rules are no longer explicit doctrines of South Korea, the vestiges of such principles have resulted in a variety of dilemmas. Female objectification, body surveillance, identity conflict and gender oppression have all increased due to the masculine tenets that Korea once embraced. These longstanding ideologies have resulted with an increase in eating pathologies, lowered self-worth, and body-image disturbances among South Korean women.

The challenge that South Korea now faces is one that involves a continuation of the liberation and increasing freedoms that women are now experiencing, while at the same time, the nation must also be aware of the patriarchal hegemonic undercurrents that can silently undermine such advances and take steps to prevent them from marginalizing women as they once did in the past.

Chapter 4: South Africa

Eating disorders were once viewed as uncommon in Africa. In fact, up until the 1990's, only a few cases were accounted for, all of which were in Zimbabwe and Nigeria (Nwaefuna, 1981; Gregory and Buchan, 1984; Famuyiwa, 1988). These reports were all described as symptoms that arose due to exposure to societal norms associated with the Global North, coupled with the implementation of a consumption-based educational system. Until recently, this pervasive perception associated with eating disorders research has been that illnesses such as anorexia and bulimia were largely confined to white Europeans or Americans.

The explanations for such observations were thought to be principally cultural in nature, which explains why eating disorders spread, but does not necessarily mean that certain cultures are protected from such pathologies (Dolan 1991). Evidence points out the fact that eating disorders were undiagnosed in certain areas, but there is also data showing that the number of eating disorder cases is increasing due to sociocultural factors. In highly consumerist-based economies, women are exposed to a strict body ideal that pressures them to maintain a slender form and focus on attractiveness (Garner *et al.*, 1980).

In addition, insecurity pertaining to self-identity and conflicts in personal choices in women from more prosperous countries is believed to be common. Several authors subscribe to the theory that elements such as power, control, and dominance amplify anxieties which provide the motivating force behind the norms that promote increasingly thin body-shapes (Silverstein and Perlick, 1995; Gordon

2000). In utilizing a Foucauldian perspective, one can see the danger in associating bodily-regulation and self-surveillance with the achievement of success and beauty, mainly that it can result in an extremely suppressive situation (Foucault, 1978). One of the manifestations resulting from the regulatory disciplinary technologies Foucault mentions, such as dietary restrictions and manipulating the body, can be the onset of identity-conflict and eating pathologies (Bordo, 1988).

The idea that culture provides a barrier from certain types of eating pathologies has largely been dismissed as a result of contemporary international studies on differing ethnicities (Dolan *et al.*, 1990; Choudry and Mumford, 1992; Lee *et al.*, 1992; Nasser 1997). Presently, the occurrence of eating disorders is being researched in South Africa. Consequently, numerous incidents of anorexia nervosa have been reported since the late 1990's. Further examination of the data points to trends reflecting the fact that such ailments now occur at equal rates between black and white university student populations in South Africa. In some cases, the results show that body-image distortions have even been higher among black students when compared to white undergraduates (Swartz 1998).

When analyzing the spread of eating disorders throughout the world, the study of South Africa serves as an important example for understanding the global epidemiology of such pathologies. Upon shifting from apartheid to a democratically elected, majority-ruled, political structure, the country has been at the center of a plethora of societal transitions. The transformation of political structure has been particularly significant for black populations in South Africa. The freedom they have

attained since the fall of apartheid has caused alterations in the formation of personal identity, and has challenged people to respond to previous conceptions of being.

As a result of these new liberties, it is also evident that the cultural norms that were once engrained in everyday life have also begun to evolve. My aim in this chapter is to investigate the increase in eating disorders among South Africans and the relationship these pathologies have with altered self-identities as a result of the dramatic shift in the political and social structure of the nation.

Evidence

Dating back into the 1970's, research has shown that eating disorders have occurred in white women throughout South Africa (Beumont *et al.*, 1976; Norris, 1979). Despite this evidence there had been no reported cases among black patients until a mid-1990's study which shed light on three people suffering from anorexia (Szabo *et al.*, 1995.) The description of each case pointed to diagnoses that were typical of Western patients. All three were attending universities, and were restricting their nutrition intake as a result of stress and pressure associated with preparing for exams. The patients also reported that they were scared to gain weight, were suffering from depression, and dealt with bouts of extreme anxiety, all symptoms common to eating disorders that have been documented for quite some time in more affluent nations.

In addition to the detection of medical cases, neighborhood centered multi-ethnic surveys were distributed to examine irregular dieting attitudes in adolescent girls (Szabo and Hollands, 1997) and university-aged adults (Le Grange *et al.*, 1998;

Wassenaar *et al.*, 2000). This research has revealed that considerable levels of abnormal eating behaviors were apparent in females of Caucasian, African, Asian, Indian, as well as mixed-race backgrounds, which encompassed every ethnic group surveyed in South Africa.

Research done by Le Grange in particular, cited evidence showing that the highest rate of irregular body-image ideals was observed in black students attending university (Le Grange *et al.*, 1998). In questionnaires measuring anorexic and bulimic behavior, university and high-school level black females scored appreciably higher than white students. Another significant trend to note was that a similar percentage of both white and black women fell within clinically diagnosable ranges when scores from the surveys were analyzed (Szabo and Hollands, 1997).

Even though information pertaining to eating disorders is still relatively narrow in its scope, specific medical reports of eating pathologies have been documented during the past 10 years in South Africa (Szabo, 1999). Research now points to mind-sets and indicators that are consistent with bulimia and anorexia among high-school aged and university level students in South Africa. This data implies that clinically diagnosable cases of eating disorders will likely continue to be a growing problem within the near future.

When analyzing the development of such illnesses from a socio-cultural point of view, a few warnings must be considered concerning the discovery of anorexia, bulimia and body-image distortions. In order to better comprehend the current state of eating disorders in South Africa, it is paramount to have an understanding of South

Africa's political system, the workings of the health-care system, and the implications that race and gender have on such pathologies.

Perception versus Reality

The relationship of body-image disturbance with the affluent, white-dominated Global North is a prevailing one. It continues to pervade the perceptions of medical experts and the general public, even with current research pointing toward a more evenly based distribution of eating pathology (Gard and Freeman, 1996).

There has also been a considerable amount of literature released showing that American minority groups are also suffering from eating disorders at increasing rates (Crago *et al.*, 1996). In fact, numerous clinicians have alleged that anorexia and bulimia are currently under diagnosed in marginalized groups as a whole, predominantly because of prevailing class-bound presumptions of health-care providers (Thompson, 1994).

Such circumstances may reflect the current situation in South Africa due to its heritage of apartheid and the lack of health care access the country has faced throughout its history, chiefly, the inaccessible psychiatric care that women and black populations have had to overcome. Such strictly enforced politically entrenched racism may have led to the negligence of the existence of eating disorders among blacks and females prior to the establishment of a more democratic political system. The majority of medical professionals have framed body-image concerns and the onset of subsequent eating pathologies as solely a "white problem" that affected

females. Consequently, the diagnosis of anorexia or bulimia was typically not even considered when it came to black, or male, patients (Nasser, 1997).

Another contributory element to the lack of cases pertaining to black patients regarded the predominance of traditional healing practices in South Africa. With little or no access to Western treatment it is thought that the majority of patients suffering from complications due to self-restriction, extreme weight loss, or self-induced vomiting may have been handled by customary healers and as a result avoided recognition by the institutionalized health-care structure (Thompson, 1994).

These elements all increase the difficulty there is in unraveling the epidemiology of eating disorders in South Africa. Despite the multitude of explanations it is most likely that both factors are operating in the nation. What this means is, that even with the high likelihood that eating disorders were present amongst the black population before the dismantling of apartheid, it is also extremely probable that the increase in such ailments in the current societal milieu is a legitimate one. The explanation for this may have to do with the drastically transformed socio-political atmosphere of post-apartheid South Africa, and the distinct shifts that have transpired in the position of South African women.

Socio-Political Change

The apartheid system in South Africa was implemented principally by the rise to power of a pro-white, nationalist, political machine in an unprecedented election after World War II. The election in 1948 initiated the oppressive rule of apartheid, where the guiding principle of racial segregation was put into operation (Harrison,

1987). This discriminatory system of rule was the foundation of the white nationalist party's agenda and the policies enacted continued until the mid-1990s.

Apartheid not only required a racially separated social order but was also utilized to keenly exploit the ethnic diversity which was present in South African cultures and customs. This inequitable system was implemented primarily by establishing separate "homelands" for each ethnic group that resided in South Africa (Harrison, 1987). These "homelands" were all positioned on the periphery of "White" South Africa so as to reduce the interaction that the privileged white leaders would have with black populations, while at the same time these black "homelands" would be subjected to the control of the elite.

The degree to which the policies of apartheid influenced the appearance of eating disorders in South Africa is vital in this dialogue. The institutionalized racism operated as a reinforcer of the segregation of people founded on race and social status, the policies set forth were specifically designed to vigorously discriminate black populations within South Africa (Ifekwunigwe, 1999). This prejudice took an assortment of forms and stretched from the restriction of the right to live in certain regions, in addition to the denial of owning property, to gaining entrance into educational facilities and medical establishments. Health services, in particular, were allocated to separate ethnic groups based on the location their respective "homelands" that were established by the minority elite who held power.

Numerous international commissions emphasized the arrant disparities in health care throughout the apartheid regime. In the late 1980's, The AAAS's

(American Association for the Advancement of Science's) medical task force investigation in South Africa determined that more administrative money was distributed to white hospitals than to hospitals that served non-white patients (i.e. African, Indian, Asian and mixed race). Further adding to the inequality, the AAAS also reported that health-care facilities for black populations were normally overcrowded while white clinics were significantly underutilized (Nightingale *et al.*, 1990, p. 6).

The conclusions of this investigation shed more light on the disproportion in services to blacks that had been reported on in an earlier account by a team from the APA (American Psychiatric Association), which had specifically targeted mental health facilities in South Africa. The American Psychiatric Association stated that psychological care and facilities for non-white groups were grossly inferior when compared to those of the ruling elite (APA Committee, 1979).

Consequently, the official conclusion that was reached at the time determined that certain psychological pathologies were deemed to be specifically in the "domain" of particular ethnic groups, while some mental illnesses were regarded as not having any affect on other racial groups. Contextualizing eating disorders in this manner led to the perception that they were elitist, class-bound illness, and would not be present in non-white populations. With this misrepresentation of eating disorders engrained in the minds of medical professionals in South Africa, the final result is that there remains no documented evidence of eating disorder pathologies and the extent of these illnesses during apartheid remains incomplete.

In 1994, after the liberation of the opposition movement's leader, Nelson Mandela, the mandates of racial separation were halted and socially-inclusive democratic elections were held to elect a new leader. The vote of 1994 put into operation an open political system of self-determination within South Africa, which was non-discriminatory and allowed all ethnicities to participate freely in elections. At present, an exceedingly dissimilar socio-cultural philosophy is shaping the political environment when compared to the statutes of apartheid, and the widespread term is "transformation" (Ifekwunigwe, 1999).

Due to the collapse of institutionalized racism, South Africa is currently a nation in transition. The country has actively been breaking down formerly held ethnic obstacles for once marginalized populations. As a result of these contemporary policies that have allowed more freedom there has been integration by educational facilities, programs of affirmative action implemented into the job market, and more movement by citizens within the country, mainly in the form of massive urbanization. Not only have the internal workings of South Africa changed since the apartheid government was ousted, there have also been significant shifts in the role that South Africa plays in the global economy as well (Van der Reis and Mabaso, 2005).

At one time South Africa was viewed as a Third-World, economically poor, oppressive, pariah state; however, in contemporary times South Africa's status has been re-established as one of great potential and possibility. Ethnic diversity and cultural customs are now enthusiastically promoted and celebrated. With the implementation of open-elections and independent self-rule since the end of

apartheid, South Africa has been transformed into a legitimate democratic state and has re-established its position as a key figure in the international community (Ifekwunigwe, 1999).

Despite the progressive reforms and universal suffrage that South Africa is now experiencing, it should be noted that serious implications remain within the nation as a result of the engrained racism that was once prominent throughout the country. Vestiges of apartheid still permeate many sectors of society. Even though South Africa currently has the fourth highest per capita income in Africa, only behind Seychelles, Botswana and the European possessions located in Africa, it suffers from large income gaps and a dual economy which classifies it as an economically developing country (Central Statistical Service, 2007). It also has one of the highest rates of income inequality in the world. A decade of continual economic growth has helped to lower unemployment, but daunting economic and social problems remain.

As for racial inequality, even though segregation and mandates maintaining disparities between ethnic groups are no longer officially in place, Statistics South Africa reported that in 1995 the average white household earned four times as much as the average black household. In 2000 the average white household was earning 6 times the average black household (Ifekwunigwe, 1999). Although the inequality remains in South Africa, it is also worth mentioning that policies are being put in place to remedy some of the repercussions of apartheid, one being the implementation of affirmative action policies, which have seen a rise in black economic wealth and an emerging black middle class (Swartz, 2002).

Another measure that contributed to the development of national healing within South Africa came in the appearance of the Truth and Reconciliation Commission (Swartz, 2002). This committee was directed to research the exploitation and mistreatment of ethnic groups which occurred under the previous apartheid regime. In order to successfully cope with the atrocities of the past, it was assumed that prior acts of violence had to be recognized by the perpetrators of such crimes. Individuals who were found responsible of racist abuses and acknowledged them were subsequently granted amnesty from further prosecution (Harrison, 1987).

This process of reconciliation was done to expose the violence that gripped South Africa under apartheid and was enacted in order to encourage the practice of forgiveness throughout the nation. The elation and hopefulness of preliminary political and social transition is currently giving way to the difficult task of transforming a splintered nation into a unified country. South Africans are now confronting the complicated duty of building a new national identity.

Identity and Gender Roles

An issue that lends itself to further investigation is how these transitions in the social and political environment of South Africa have affected women. More specifically, the recent transformation that the nation has undergone has impacted gender roles, personal identity, and self perception, which subsequently can be linked to the development of eating disorders (Gard, 1996). It seems likely that the increasing liberties that women are gaining in South Africa, when set against conditions that foster a struggle between conflicting identities, can give possible

explanation as to why disordered eating has developed within this region of the world.

If the fundamental cause of an eating disorder is an identity conflict, then the current struggle that South African women face could be viewed as aspirations to fit the standards that are held by societies in more affluent nations, while at the same time embracing a newly established pride in their traditional heritage. More specifically it is the difficulty in reaching a balance between the emphasis placed on the attainment of material possessions, monetary wealth, and the earning power one possesses in the neoliberal, corporate realm, versus the celebration and engagement of one's own African ethnicity, customs, literature, and art (Nasser, 2001).

One such conceptualization of the contrasting ideals was put forth by Howe who explains that pride in one's own African traditions is commonly referred to as "Afrocentrism" whereas embracing the affluent ideals of the Global North can be viewed as "Eurocentrism" (Nasser, 1998). The diminishment of African uniqueness or the pursuit to revive a former African identity while pursuing success as defined in multinational corporate terms often produces extensive inner-personal psychological conflict.

The current supposition is that the confusion pertaining to gender roles is exclusive to Western women, however, as Nasser frames it, the turmoil regarding one's gender is no longer exclusively a dilemma for women in the Global North, but is now increasingly being experienced by women in peripheral countries as well (Nasser 2002). As a result of the contrasting cultural standards and different social

positions that South African women now have the option of embracing, eating pathologies may be a major way in which this search for self-identity is manifested.

In addition to this dilemma, women in South Africa also must confront what Ifekwunigwe designates as the varying production of identity in a globalizing world (1999). As a part of these new developments in South Africa, it can be suggested that a narrowly characterized position once attributed to black females is now transforming into one that offers more options and opportunity. It is in the manner in which these different choices are addressed, in some cases, that disordered eating patterns and inner-personal conflict may become increasingly evident.

Since the end of apartheid, women in South Africa have undergone a phase of significant liberation. One example in particular is highlighted by the addition of an all black female business, named WIPHOLD, to the stock market in Johannesburg. The executives of this corporation, which are all black females, mirror a reflection that is similar to women who are employed in the corporate atmosphere of the highly-industrialized Global North (Katzman, 1998).

The material representation of these directors is vibrantly displayed in a 1995 marketing promotion by Sales House, one of the principal fashion franchises that targets black women. The line of advertising was focused on dressing for power and showcased black individuals from a variety of places in Africa (North, East, West, Central, and South) fully clad in battle attire. In each example the outfit was predictably tribal, which included beads, face paint, grass reeds, cane stalks, body markings and head dressings (Nasser 2001).

In comparison to the “savage warrior” caricature, the individual from South Africa was represented last in the order of the ad and was portrayed as a business executive. The attire for the South African model included a more cosmopolitan, urbane, refined, corporate manager style of outfit worn by South African models. In fact, the model who represented the black woman from South Africa was actually an American. The meaning was unspoken but unambiguous: one being that success and achievement in South Africa takes on a different form, an appearance that is distinct from the entire continent of Africa, which is regarded as primal and clannish (Nasser, 2001).

In the preceding example, the marketing industry was endorsing an ideal that South African women should strive to attain, it was not simply a promotion trying to sell a certain line of clothing or boost profits for an individual store, rather, it was implicitly trying to shift a societal norm into one that readily accepts the corporate, power-driven, business executive as the standard. The political freedoms and progressive social liberties that South Africans have gained since the end of institutionalized racism are now being embodied by provocative “Western” representations that symbolize empowerment and success through the cultivation of a particular style (Gordon, 2000).

What complicates the situation even more is that the new standard of fashionable, affluent, power-dressing is coinciding with the embracing of customary ethnic dress as an emblem of cultural pride. The effort to balance these paradoxical

representations about what the ideal woman is may be at the heart of the confusion in identity that black South African women are currently facing.

In recent times, the prospect of a woman being actively involved in the contemporary multinational-corporate sector has empowered individuals and helped boost them into the higher-status rankings of society. In addition, with a considerable amount of politicians in South Africa who are female becoming government officials and cabinet members, women are now residing in positions of control and accountability within most intra-state organizations.

These contemporary developments involving women are vivid examples of the freedom and opportunity that individuals now have when compared to the oppressive and discriminatory policies that were in place under apartheid. During the period that segregation and racist policies were in place under apartheid, there was only one woman, the renowned Helen Suzman, who in the 1970's was the sole female representative occupying the only opposition seat in a white-dominated legislature (Harrison, 1987).

Another pertinent problem to study relates to the new awareness South African individuals are facing when their body is set against a traditional background. An article entitled "*New Spin on Empowerment*" (Philip, 1999) offers insight into the perceptions in contemporary South Africa. The piece illustrates the route a black woman takes from being a household servant to a health instructor and fitness trainer. The young woman's daily activities occur against an environment consisting predominantly of affluent Caucasians in an exercise facility in a wealthy community

in Johannesburg. When asked whether or not the traditional notion that corpulence was a status symbol in contemporary South Africa she responded by stating, “Rubbish” (Nasser, 1997). In further elaborating on the view that heavier women were a status symbol she noted that such a notion was mainly a patriarchal, masculine ideal, and that women in more recent times have been shifting their standards of beauty towards a thinner, less robust figure.

This contemporary attitude provides evidence that the norms of present-day South Africa have shifted considerably from that of just half a century ago. A quote that became widespread in South Africa during the 1950’s emphasizes the importance that corpulence had in South African society. The old adage stresses the praise and status a man is perceived to hold if he himself is fat, his cattle are fat, his children are fat, and lastly, if his wife is fat (Cloete, 1951: cited by Cassidy, 1991).

This traditional view of wealth, abundance, status, and success being associated with fatness highlights the desirability that South African males once held towards full-figured women. For the spinning instructor in present-day South Africa however, it appears that the glorifications of heavier women are primarily patriarchal in nature and sexist as well, as they are essentially no longer held by the majority of black women in contemporary South Africa. For many South African women, such as the fitness trainer for instance, affluence and accomplishment is linked with something other than bodily excesses.

In more recent times, self-control, restraint, and discipline are more appropriate methods to utilize that exhibit success. Further supporting this trend is

the increase in health club memberships and undertaking of diets that black women in South Africa are embarking on in pursuit of such accomplishments (Nasser 2002). In a Foucauldian sense, one can posit that the subjection of the body to such disciplinary practices such as dieting, exercise and body-manipulation can pressure individual to conform to prevailing norms of beauty and attractiveness which may result in a disconnected sense of identity (Foucault, 1978).

Urbanization

An additional contributing element that must be factored into the discussion of eating disorders is the process of urbanization. The rapid rates of population growth in, and around, cities in South Africa have led to various social transitions and have resulted in confusion of self-identity, particularly among South African women. Since the elimination of apartheid in South Africa, the inhabitants of rural areas have increasingly moved into cities. Data from the 1996 census has shown steady increases in metropolitan districts and as a result of this movement into cities nearly 60 % of South African residents live in urbanized areas (Central Statistical Service, 2007).

With this massive shift from rural to urban locales comes a re-evaluation of the equilibrium between country and city ideals. To illustrate this point by looking at societal norms in South Africa it can be noted that attempting suicide in the country was once deemed unthinkable and unmentionable, however, in recent years the number of black women attempting suicide has significantly increased (Jackman, 1998). The effects of South Africa's socio-political transition consequently does not

seem to be confined to the appearance of eating pathologies, but is associated with an increase in identity conflict as a (Van der Reis and Mabaso, 2005).

The degree to which urban versus rural ideals cause confusion in identity is still uncertain, and although the nature of measuring self-conflict in urbanizing areas is ambiguous, it can be noted that cultures within cities strive tremendously hard in their pursuit of reconstructing traditional customs, as well as devising new practices when faced with contemporary social standards (Back 1996).

The sentiment that is emerging throughout South Africa maintains aspirations to disaffiliate present-day ideals with the historically oppressive policies that once so heavily exploited ethnic groups, in particular women. While contemporary South Africa is experiencing a transition at all levels of its government, the general population must also adjust to restructured cultural values and newly established social norms while dealing with the remnants of inequalities from the past. The task of balancing these contradictory elements undoubtedly has serious implications for those who must face them, which consequently end up being the precursors to conflicts in self-identity (Nasser 2002).

Autonomy and Empowerment

The increase in eating pathologies in South Africa has often been conceptualized as a consequence of “Westernization.” However, research suggests that many other factors are involved in the onset of such ailments (Van der Reis and Mabaso, 2005). The conditions surrounding contemporary South Africa is far more complex once further analysis is done. This is evidenced by the multifaceted issues

that the nation is currently experiencing. A central factor is the extensive socio-political transitions that South Africa have undergone, which has resulted in drastic alterations to gender roles for women all throughout society. The end result of these changes has been a gradual shift from the marginalization and oppression of ethnic groups, women and the powerless, to a democratically-elected government that has liberated these subjugated groups, empowered vulnerable individuals, and allowed more autonomy overall.

Despite these recently found freedoms, empowerment has its own expectations and negative aspects as well. The possible adverse effects of these pressures may be one of the driving factors explaining the manifestation of eating pathologies (Silverstein and Perlick, 1995). South Africa now has to face the challenges of identity conflict, disordered eating, and distorted self-perceptions that are all conceivably psychological instabilities that may occur as a result of significant political and social changes.

What is required of mental health administrators, medical doctors, as well as family and friends of those afflicted with these disturbances of self is an understanding of the dynamics involved with such pathologies. South Africa now must recognize that these issues can be most effectively alleviated through cultural empathy and the early detection of the multitude of factors that cause these current problems (Swartz, 1998).

Chapter 5: Argentina

While there is a relatively extensive amount of research concerning the incidence of eating disorders in North America and Western Europe, a lesser amount of attention has been reported on in what is emerging as a severe epidemic in the country of Argentina. The minimal amount of detailed records and lack of well-known information for this semi-peripheral nation may represent the challenge that Argentineans face in the way of international politics, contemporary social issues, and the interactions within the global economy.

Body-Image, Aesthetic Perfection, and “Success”

Currently the prevalence of disordered eating and body-image issues is well-known within the country of Argentina, and the atmosphere of the marketplace is replete with an array of goods and services that cater to customers seeking aesthetic perfection. Despite the fact that the majority of the population within Argentina is aware of the increasing rate of eating disorders, documented evidence and reported cases would suggest otherwise. Records citing the extent of such ailments are lacking, and the number of clinical cases remains under diagnosed. The present situation in Argentina includes a plethora of behavioral patterns and attitude indicators that suggests the problem is growing.

In recent research by the National Institute of Statistics and Census, approximately 80% of women in Argentina considered thinness a central quality to possess in determining success. In an opinion poll released by “*The Nation*,” the country’s national paper, over 600 individuals ranging from ages 18 to 50 fell within

average weight limits. However, nearly 60% of the women deemed themselves overweight. Other results from the survey show that nearly 55% of men and over 70% of women have taken actions to ensure that they would decrease their body-size, with one study in Buenos Aires reporting that over 30% of graduating high school girls were dieting, and nearly 5% of those surveyed stated that they had engaged in purging behaviors (Zuckerfeld *et al.* 1998).

The majority of the respondents associated status and achievement with having a slender body. This perception and a strong desire to transform one's body into a model that represents accomplishment can be summed up by a quotation from one participant who expresses the sentiment held about the body in Argentina, "*one does not exist if they cannot obtain attention by having an attractive, ideal figure*" (Romer, 1996). In a Foucauldian sense, these social constructs can be seen as examples of the disciplinary technologies which serve to reduce individuals into "docile bodies" that can be molded, transformed and manipulated by the hegemonic forces that maintain power (Foucault, 1980).

The study that Romer performed not only shed light on the importance of having a slender figure in Argentina, but it also exposed the perceptions that many individuals in the country have regarding people who are overweight. The stigma carried with corpulence in the nation views heavy individuals as disorganized, undisciplined, lazy and unsuccessful, whereas a slender body is associated with grace, style, beauty, wealth, status, elegance and sensuality. With these standards in place, the initial data pertaining to eating pathologies typically found them to be

concentrated in metropolitan areas and cities (Chandler and Rovira, 1998). Despite this, more recent studies show that anorexia and bulimia are now appearing in regions viewed as less susceptible to such ailments. Reports of disordered eating patterns have now surfaced throughout areas in the rural western part of the country and in northern Patagonia as well. With the incidence of eating disorders spreading across Argentina, one of the main issues to be discussed is how the attitudinal and behavioral patterns of such pathologies emerged within the country.

Psychology and the Body

With the importance on attractiveness that Argentina is experiencing today, it would be convenient to blame the rise in eating disorders on massive advertising campaigns and imported conceptualizations of “Western” beauty. However, doing so would leave out several significant details and not fully explain the given situation. Rather than simply evaluating the numerous goods and services available for weight loss or merely assessing the advertisements that demand a need for aesthetic conformity to explain the phenomenon, instead an explanation of Argentina’s vulnerability to superficial accomplishments is necessitated by an understanding of its cultural progression. In order to develop a more comprehensive understanding of what is taking place in Argentina pertaining to eating disorders; one must look back on the political, social, and economic history that has transpired up to this point (Katzman 1998).

Theorists have postulated that eating disorders are the manifestation of struggles within individuals that involve identity conflict and distortions of reality.

These disruptions and oppressive patterns of self-criticism typically produce behaviors that seek to gain approval from external sources by manipulating the appearance of the body. These efforts to conform to ideals are accomplished through such mediums as weight-loss, dietary restrictions, and caloric purging of the body. When explaining the relevance that societal factors have in the onset of eating disorders it should be noted that current medical reports cannot fully prove that environmental factors are the sole cause of such pathologies, however, they are paramount from the inception of such disorders and should not be ignored.

The importance of genetics also must be stressed in the identification of eating disorders. The fact remains clear that in diagnosing the onset of eating pathologies the environment is a key dynamic, and multifaceted, component. While the surrounding atmosphere of an individual suffering from an eating disorder cannot be labeled the specific medical cause of an eating disorder, it is nevertheless one of the principal elements in the onset of such ailments (Katzman and Lee 1998).

Transition and Displacement

Argentina is a dynamic country where public ideals candidly shape the currently accepted standards and values. It is a nation injected with European culture coupled with an ambivalent economic history that also has a vast population of multi-racial ethnicities. One Argentinean author, Jorge Luis Borges summed up the contemporary Argentinean personality conflict by stating that an individual from Argentina is an Italian who speaks Spanish, indulges in French fashion, and perceives him or herself to be English (Nasser 2002).

Argentina has the second largest amount of area in Latin America, next only to Brazil, and spans across the majority of the southern part of the South America. The aboriginal Indians inhabiting the region were typically nomadic hunter-gatherers, had a dark complexion, and farmed the Pampas and fertile regions of Patagonia. By the beginning of the 1800's, however, Spanish conquistadors had driven away, or killed the indigenous peoples and taken over the country, setting it up as a prime area for European settlement (Ocampo, 1982). The large scale conquest and immigration of Argentina by Europeans took place throughout the 1800's, with settlers coming primarily from Spain and Italy. There were also colonists from Great Britain, Poland, Germany, Russia, France, Syria, Lebanon and the United States making homes in the cities and taking land across the Argentinean countryside as well, but to a lesser degree (Ocampo, 1982).

As early as 1869, the population was made up of almost 15% non-native immigrants. From the late 1800's until the 1920's the population quadrupled in size, going from two million to four million inhabitants, and during that time the number of foreign-born city-dwellers was double the amount of Argentinean born people. Numerous amounts of European settlers came following World War I, the Spanish Civil War, and the Second World War (Ocampo, 1982).

One noticeable difference associated with the European immigration into Argentina, compared to British settlement in North America for the purpose of building homes and starting anew, was that Argentina was seen as a resource extraction center where Europeans could accumulate wealth, make the most of their

time in South America, and then return home. The purpose of the different European pioneers was not to construct a permanent home in the country, but rather was to extract what wealth they could take and then return home (Mafud, 1959).

This instability in permanency by the colonizers led to a lack of national homogeneity in the country, resulting in a mixing of numerous distinct identities. As a result, when analyzing the demographics of contemporary Argentina, it is not surprising to realize that nearly all of its 40 million current inhabitants are of European heritage (Nasser, 2001). This shifting inhabitation is present throughout the entire nation and has been labeled the “Argentine Defect” or the “Uprooting Phenomenon” because of the cultural transience and ephemeral attitude that prevailed generations ago, and continues to do so in the present (Mafud 1959).

Polls in Argentina at the beginning of the new millennium revealed that over 20 % of individuals in the nation would prefer moving to a different country. University-aged students were also surveyed and results indicated that one-third of the population of that group desired to leave Argentina and make their home elsewhere. This study provided evidence that individuals with higher education levels and a wealthier economic background tended to aspire to emigrate to a new place (La Nación, 2000).

The obvious yearning that several affluent and highly educated Argentines have is to be perceived as “successful,” which can result in at least two conflicting behaviors. One is the relentless quest for an improvement in their current social situation and the second is the belief that the improvement, if found within Argentina,

can be achieved more easily if they are looked upon as “perfect”, when compared to the surroundings they are in (Katzman 2002).

The concept of what is “perfect” can be a multitude of things in Argentina, but typically it involves being different and distinct in some unique way. This uniqueness can be achieved by being different from one’s bordering countrymen, being unlike the indigenous non-European population, or having characteristics that label you as distinctly either a rural or urban resident. Argentines have the tendency to build intense divisions between those populations living in the rural interior and the metropolitan areas along the coast.

Numerous individuals residing in the country begin to resent the riches, political influence, and cultural pretentiousness of the people who live in the port cities, mainly Buenos Aires, while countless urbanites look down upon the rural farmers of the interior as ignorant, unsophisticated, crude peasants. Generally these populations have had difficulties communicating and understanding each other, despite the fact that they have resided next to each other for over two centuries (Nasser, 2001).

Further placing an emphasis on individuality, Argentina boastfully shows off of its distinction from other Latin American nations. The majority of Argentina, along with parts of Uruguay and southern Brazil were influenced by related cultural influences from Europe, which has resulted in a prevailing attitude that these regions are distinctly elevated and more cosmopolitan than other “primitive” parts of South America (Gordon 2000).

Contemporary Argentines classify their distinction from their neighbors by drawing attention to differences in language, skin tone and education. This is evident by the fact that in contrast to most of South America, in present-day Argentina there are nearly no native aboriginal people or African Americans (Katzman, 1998). This disparity in native and black populations is due to the fact that the majority of indigenous tribes were methodically eradicated over the course of two centuries, while Blacks were put up for sale to neighboring countries prior to the abolition of slavery in 1812 (Ocampo 1982).

Another vivid example of the imported diversity of Argentina can be found in the story associated with the Tango, the national dance of the country. The Tango illustrates the despair and anguish of the hopeless and forlorn immigrant, it can represent the plight of a single mother or also express the mental suffering an abandoned lover. With this being said, it is interesting to note that this national emblem of the nation is performed on European instruments, whereas other countries throughout South America celebrate their own regional music, art and customs using mainly native-made traditional instruments (Katzman 1998).

Also playing a major role in the cultural distinction of Argentina is the high literacy rate it exhibits. Approximately 96% of the population can read which ranks number one in all of South America. The country also boasts the fact that it has produced five Nobel Prize recipients, which further upholds its reputation as being one of high acumen (Nasser, 2002). All of these characteristics that separate Argentina from the rest of Latin America cultivates identification with Eurocentric

standards that permeate most of the country. This recognition of European heritage by individuals living in the country continues to reaffirm the differences that are present between Argentina and its neighbors, which has resulted with the nation embracing its own perceived attractiveness, affluence, and civility.

Social Class, Conflict, and Oppression

In addition to the identity conflict, social transition and attempted flawlessness, Argentina's governmental structure demonstrates well the model of oppression that sets up prime conditions for the onset of eating disorders. After being controlled by the Spanish Empire for nearly three centuries, the nation gained independence in 1810. The country then tried to implement purely European standards, which would then allow free movement between social classes (Katzman, 1998).

Despite these theoretical rules, Argentina maintained a politically inflexible colonial governmental structure (Biagini, 1987). The crux of the problem was that the administration attempted to manage a democratic system using authoritarian methods. In doing this, the presumption was that individuals had more choices and freedom, however, in actuality the authority to exercise such liberties was held by a small, powerful, elite, which was made up almost entirely men.

In the early 1900's, Argentina was referred to as the "world's barn," since it was the world's leading exporter of corn, flax seed and beef (National Council of Technical and Scientific Research, 2006.) World War I and the Great Depression then stifled prosperity throughout the 1920's and 1930's. Administrative changes over

almost the next 50 years employed an import-substitution strategy intended to convert Argentina into a self-reliant industrial nation that profited from agriculture as well. By the end of the 1950's, mechanized production supplied the nation with more economic wealth than crops, livestock, and farming did (Agulla, 1969).

At that point, the country had become almost entirely self-sufficient in consumer commodities, but also become more dependent than ever on fuel imports and mechanical equipment. As a reaction, the administration spent tremendous amounts of money in basic industries such as oil, natural gas, steel, petro-compounds and transportation; it also welcomed investment by foreign corporations (Biagini, 1987). Throughout the 1970's, Argentina was producing the majority of its own petroleum, metal alloys and vehicles, as well as exporting a great deal of industrial goods. As this was happening, the government was carrying out policies of annihilating left-wing dissenters and conducting the infamous "Dirty War" against its own citizens. During this time, the regime also hampered Argentina's growth with the misuse of capital, huge salary increases and wasteful manufacturing processes that produced continual inflation that increased until the 1980s (Fuente, 1996).

In the early 1980's, Argentina elected a new leader, and hoped to establish an equitable system based on self-governing values. The new president, Raul Alfonsin affirmed that with a democratic system Argentina would remain nourished, educated, and healthy (Fuente, 1996). Despite these promises, the citizens of the nation still had to recover from the atrocities carried out during the previous dictatorship by which thousands of people were either executed or were reported to have

“disappeared.” The financial system was in terrible condition because all of the resources had been wastefully used up which led to the eventual collapse of the economy due to hyper-inflation (Agulla, 1996).

With the economy in shambles, Argentina in the 1990’s experienced incredible insecurity and turmoil. Within ten years, loans from foreign companies for many national and private-sector business proposals had more than tripled Argentina’s international debt. Despite the fact that Argentina had farming and manufacturing industries comparable to those of wealthier nations, they were significantly less organized and efficient. Consequently, the country took pleasure in a high standard of living by Latin American benchmarks but maintained it with foreign loans equivalent to those of lesser economically developed countries (Fuente 1996).

At the beginning of the new millennium, in 2001, the economy eventually broke down and reached its lowest point in history. However, since then import substitution strategies, increasing exports and a lower rate of inflation helped the economy rebound. Economic measures by the government have attracted foreign investment and capital which has cut unemployment rates, and stimulated international capital flow into the country as well (International Monetary Fund 2006).

With this way of life engrained throughout individuals in Argentina, an external veneer of success now pervades the nation. The cosmopolitan ideals and extravagant standards contribute to a vogue fixation on beauty that results in many

Argentineans garnishing their lifestyles with material excess (Nasser, 1997). Consequently, many individuals inscribe their perceptions of excellence, status, and success onto their bodies, which in turn provokes the behaviors that are consistent with body-image problems and eating disorders. The importance placed on physical appearance remains high throughout Argentina and images of beauty, accomplishment, and attractiveness continue to be major influences on the public (Nasser, 2001).

Some theorists also view the culture of thinness and beauty that is present in Argentina today as a reaction against the oppression, domination, and subjugation that the nation experienced in the 1970s, which included the final Perón Administration and the subsequent military junta (Facchini 2006). During that period, families and citizens turned against each other and fractured splinters of battling groups weighed down the nation. Countless Argentineans sought protection in secluded communities. One major area was in northern Patagonia, where authoritarian suppression was less severe, while others were expelled from the country and forced into exile. As a result of the upheaval, confusion, and disorder that Argentina experienced, many individuals lost relationships, security, and basic safety that at one time had been comfortably maintained (Katzman 1999).

Katzman and her colleagues have posited a model for anorexia nervosa that analyzes how inherited predispositions merge with attachment experiences and compliance stress to create alterations in mood and hunger regulation that may lead to the onset of an eating disorder (Katzman 1998). For some individuals, hunger and

emotional restraint become adaptive coping mechanisms. Argentina, with its record of societal and governmental restrictions, and its more recent emphasis on appearance, status, and class, may offer the model case study of a country in jeopardy of being a prime suspect for the development of eating pathologies, mainly due to the dynamics that took place throughout the 1970's until present times.

During this time, women faced distinctly different hardships. For two decades, the 1970's and 1980's, thousands of young mothers and pregnant women were often murdered and their children were taken and catalogued as being the biological offspring of government officials (Katzman, 1999). Once the children were forcibly taken from their homes, they were then given to administrative families that were required to raise the children according to "traditional values," which in many cases were aligned with the agenda of the militaristic regime in power at the time (Facchini, 2006).

Could this exploitation of women produce significant impacts on women in terms of conflict identity and self-perception? The answer is seemingly a resounding yes, but the difficulty in such a statement arises when trying to establish causality. Despite the lack of a cause-effect relationship, it is evident that the social, political, and economic turmoil that Argentina has experienced has resulted in limitations and restrictive policies being placed upon the citizens of the nation, particularly women. As a result, the prospect of achievement, success, and wealth now carries much importance throughout the social fabric of the country, and although a few of the

implications of Argentina's erratic past can be seen at present, the long-term effects have not yet fully emerged.

Attractiveness and Self Perception

Throughout the past three decades, high-ranking government officials and Argentina's power-elite have taken pride in displaying their wealth. Examples include politicians shown on magazine covers, newspaper articles, and advertisements socializing with supermodels and surrounded by high-quality luxuries. One instance, when Carlos Menem was president, included the purchase of a jetliner for official use that had specific stipulations attached; those being that the airplane had to be more expensive than the jet that President Clinton had at the time. That same year there was also controversy over the fact that several supermodels were invited to Casa Rosada, the capital building, and awarded honors for their contributions to the country, while family members of the victims of separate international terrorist attacks were never even acknowledged (Nasser, 2001).

The current emphasis on the aesthetic does not just stop at ceremonial awards and governmental amenities either. Although Argentina is now rebounding from what was financial ruin in 2002, there continues to be a disparity in the distribution of wealth throughout the country. Careers that make up the foundation of a society are not compensated as much as occupations for trivial positions. Professions in medicine, education, health care, and public service are poorly funded, but jobs in entertainment, the fashion industry, and television continue to thrive (National Council of Technical and Scientific Research, 2006).

A woman's fight to get a respectable education within Argentina is something that is no longer hidden. Such hardships were articulated over twenty years ago by Silvina Ocampo, one of Argentina's preeminent female authors, when she highlighted the struggle that women during her youth by stating the following.

“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 to 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).

While Argentina currently does not have the same strict standards explicitly in place that used to suppress women, it does have remnants of such sentiment that pervade society to this day. This illustrates how Ocampo's statement, although issued in 1982, may continue to ring true and echo similar situations that women still face today.

It should be noted that currently more women do have more occupational options; however they continue to earn less money and are given fewer benefits than their male counterparts. Domingo Sarmiento, Argentina's earliest well-known educator and president from the years of 1868 -1874, declared that social development can largely be calculated by the social position that women can reach in

a culture. Sarmiento also advised his followers that the nation's future rests upon the educational opportunities that are available to its female populace (Ocampo, 1982).

Despite these ideals of freedom and equality for women, Argentina's treatment of women is checkered with periods of severe subjugation, such as that by the military junta that was in power from 1976 to 1983. During its brief stay in power, the regime reduced funding for schools, halted further construction of educational facilities and docked salaries for teachers, a trend that continued until the 1990's (Katzman, 1999). The resulting effects included overcrowding of schoolrooms, which was solved by the military administration by implementing one-half day work periods for students in elementary schools. This allowed one session in the morning and one session in the afternoon, which were taught to different groups of children, thereby effectively cutting the amount of education students were getting in half (Nasser, 2001).

In total, the authoritarian regime drastically damaged the educational system in Argentina by reducing wages, halting construction, lowering morale, and taking class time away from children. All of these policies, although no longer in place, still have impacts today as conflicts in identity continue to grow and individuals try to overcompensate for what they believe is an inferior character flaw within themselves (Gordon 2000).

Several authors have noted that the occurrence of eating disorders increase during periods of disturbed ambition (Nasser and Katzman, 1999). This is especially the case for Argentineans, who have not been able to fully realize their potential in

terms of political and social opportunities. The complications of guarantees gone wrong, exploitation gone too far and education cut short, are all recognizable situations that medical professionals see in patients suffering from eating disorders. For Argentines, the prospect of regulating the size and shape of one's body carries with it not only a personal sense of self-control but possible profit as well. This is due to the fact that the contemporary social construct in the country promotes and emphasizes what are often unobtainable aesthetic standards.

To highlight this point one only needs to pick up a newspaper and read the classified ads to see the standards that women are held to in Argentina. What would be held as legally discriminatory policies for appearance in some nations is openly a job description for many of the employment opportunities in Argentina. The descriptions are littered with such stipulations as, "*only women ages 18 – 35, excellent figure a must,*" "*above average cultural, intellectual, and attractiveness levels,*" "*good/nice physical appearance a must,*" "*requires extremely good body and appearance,*" "*please send photo for consideration*" and "*attractive women needed*" that are included in everyday media distributions, which partially explain how such an emphasis on superficial appearance arose in Argentina (The Voice of the Interior, "La Voz del Interior," 17 September 2005).

It is easy to see that the subversive and underlying pressures that individuals face in Argentina undoubtedly factor into the steadily increasing rate of eating pathologies that psychiatrists and medical professionals are now treating. The culmination of such pressure placed on women also plays a key role in why Argentina

now has one of the highest percentages of eating disorders per capita in the world (Eisler, 2005).

Masculine versus Feminine Ideals

Another issue to address pertaining to the increase of eating disorders in Argentina is that concerning men and women. If both males and females experience common pressures, why then is there a higher percentage of women developing eating disorders while men are afflicted at a lesser rate? While medical documentation specifying the disparity between the two groups is currently lacking, in the absence of such clinical data, it is hard to know whether there is a factual gender variation in occurrence or not.

While it is feasible that equal numbers of men and women may suffer from body-image disturbances, disordered eating patterns, and identity-conflict, it is more probable that women are afflicted at a greater rate due to the additional risk factors they are exposed to. The previously discussed limits on female education, the commodification of the body, the underlying disparity in employment opportunities, and the emphasis placed on physical appearance coupled with societal ideals that emphasize beauty, attractiveness and aesthetic appeal all further contribute to the pressures that women face in Argentina.

It is also important to note the notorious machismo tradition that Latin America has been stereotyped with as a contributing element. While overgeneralizations and essentialist labels should be avoided in most cases, it would be leaving at least some part out of the equation if the masculine culture of Argentina

was not addressed when analyzing the body-image pressure that women currently face. The external demands that are placed on men to affirm their masculinity and strength thereby remaining mentally and physically dominant have been engrained throughout generations in Argentina in both the social and political realms. These forces may continue to add to the external pressures that women face in regard to their body-shape, which is to be small, petite, feminine, and submissive to the more masculine dominance that pervades the social construct.

As women continue to gain increased independence and have more opportunities in terms of education, employment, and authority positions, it may be seen that the masculine ideals that once dominated the atmosphere of the country are threatened. The reaction against this is to increasingly apply pressure on women to fit a certain body-type, especially if more women are gaining positions of power. In doing so, the masculine hegemonic norm that once dominated Argentina, can keep the rising femininity in check by forcing aesthetic standards on them which they must adhere to in order to be perceived as successful. While the preceding illustrations have not been established as definite causal diagnostic criteria in the onset of eating pathologies, it certainly does seem as if such factors do play some role in the increasing prevalence of eating disorders that Argentina is experiencing.

The dilemma that Argentina now faces is both a theoretical and realistic one. It is a challenge to understand how a culture can develop such pathologies at various levels and at the same time cope with the side effects that result from differing levels of identity conflict. It seems evident that in order to alleviate the increasing problems

that eating disorders are causing within the country, Argentina must implement preventative actions that continue to enact measures that treat the onset of these eating pathologies.

With such cultural diversity and traditional modalities of thinking, there is a continual danger of placing blame on the individuals who develop the illnesses and leaving treatment and coping skills up to those who are struggling with such afflictions. With these dynamic forces all in place, there also remains the obstacle that Argentines face pertaining to its past, present and future. After experiencing such highs and lows throughout its history, Argentina now must work to safeguard its resources, embrace its zeal, and maintain the vitality of its country. In doing this however, Argentina must proceed cautiously and learn not to evaluate its success based on the attention and evaluation it receives from others, but must do so by taking into account the fullness of potential it has as a diverse and vibrant nation.

Chapter 6: Conclusion

Discipline and Control

In early explanations of eating disorders, evidence citing cultural expectations and the role of societal norms was identified as the major contributor to eating pathologies. Bruch points to disruptions in family dynamics as the key mechanism causing the identity conflict that one experiences while suffering from an eating disorder (1982).

With this confusion and inconsistency of the self in place, it has been suggested that the symptoms associated with anorexia and bulimia serve as defense mechanisms against the mind-set of powerlessness that an individual is experiencing. The action of refusing and restricting their diet becomes a representation of one's autonomy, control, and self-restraint, as well as an affirmation that the individual displays more willpower than others who do give into the ingestion of food. In later research, the concept of this internal struggle was expanded to include factors outside of family dynamics, due to the fact that individuals with relatively stable family units were also beginning to become afflicted with eating disorders (Lawrence, 1984).

As Bruch's theory was later applied outside the boundaries of the family realm, it began to focus on the individual's struggle for control in the face of societal pressures over a much wider context. Feminist theory puts the concept of identity-conflict at the heart of the problem in explaining the onset of eating disorders. With these ideas in place, self-induced purging and starvation is seen as a reaction against the powerlessness that women feel under the pressures of societal standards. In order

to maintain a feeling of autonomy, individuals typically turn to other ways to express authority over themselves because of the lack of control they are experiencing in other aspects of their life (Orbach, 1986). When situations such as this develop, the onset of eating disorders may occur, manifested by behaviors that include caloric restriction, binge eating, self-induced emesis, and over-exercising.

Current literature is also expanding the discourse due to the increasing number of men diagnosed with eating disorders (Katzman, 2004). The conflict of self identity that was once largely viewed as a mental illness that only women suffered is now being applied to male populations as well. With the rate of eating pathologies continuing to grow throughout the entire world, it is evident that expanding our understanding of the intangible characteristics of eating disorders is vital to the ongoing discourse and literature seeking remedies to such pathologies.

Social Transition and Cultural Transformation

Traditionally the disruption in the locus of control over the body has been known to transpire during periods of societal transformation, predominantly when the self-characterization of one's identity is internally addressed (Nasser, 2001). When these circumstances occur individuals take measures to exact bodily control over themselves due to internal conflicts they experience while adjusting to shifting societal standards (Gordon, 1998). The result of such disturbances in identity during times of shifting cultural norms is often the marked by the emergence of disordered eating patterns. In explaining the manifestation of eating disorders, Taylor cites the importance that culture has on an individual by stating that such illnesses typically

occur during taxing societal transitions or situations that are complex, multifaceted, disruptions of self-perception that vary across time and place (Taylor, 1985.)

Theorists now suggest that further understanding the cultural diversity involved with transitioning social standards can lead to a more thorough comprehension of the factors involved in the onset of eating disorders, as well as aid in earlier identification of the behaviors associated with anorexia and bulimia (Di Nicola 1990).

Commodification of the Body

Within South Korea, South Africa, and Argentina the increase in economic freedom has led to a plethora of significant changes. While these countries are becoming wealthier as a whole, there also remains the fact that coupled with these new opportunities comes greater disparity between wealthy and poverty-stricken communities within the same nation. A consumption-driven economy is based on the principle of profitability and cost-effectiveness. These consumerist tenets serve to enhance competition and increase standardization in hopes of improving productivity.

This economic liberalization functions based on the premise that individual choice will drive the social system and those best suited to succeed will continue to thrive, while others will be left to learn from their mistakes. Profit-driven consumption often ends up producing an increase in social inequality, an inequitable distribution of resources, and heightened levels of social isolation (Nasser, 1997). This growing commercialization of markets within emerging economies, coupled with an increase in material aspirations, are prime external conditions that lead to the onset of body-image distortions, identity conflict, and disturbances in self-perception.

Several medical professionals and scholars from around the world have posited that the increase in consumerism and shifting gender roles, in addition to transitions in educational, employment, and health care opportunities have resulted in the commodification of the body (Nasser, 2002). The heightened pressure to fit newly formed standards of beauty, success and aesthetic perfection have caused numerous consequences, some of which include eating pathologies (Katzman et al., 2001).

Once an individual begins to inscribe certain societal ideals onto their body, gradual distortions of reality begin to envelop their thought patterns and eventually shape new behaviors. These thought patterns are typically harsh self-criticisms and result in feelings of a loss of control. When this identity conflict occurs, the influence of cultural norms typically becomes the external standard that individuals strive to achieve.

Once these outside forces become the main goal of an individual they begin shaping their body to reflect this projected illusion of what perfection, attractiveness and success is. These factors, particularly for women, may result in making individuals more susceptible to identity confusion, eating pathologies, and body-image distortions. These dilemmas often coerce individuals to adapt their bodies into new forms, while simultaneously adjusting to new identity roles that are occurring with the shifting societal norms. With this cycle of shifting cultural norms leading to identity confusion operating in a nation, individuals ascribe ideals of perfection onto

themselves; hence their bodies may become signs for internal distress and personal conflict (Nasser, 2001).

Barriers to Treatment

As cultural transitions occur throughout South Korea, South Africa, and Argentina, the escalated increase in eating pathologies will continue to create public health problems for these countries. In the majority of areas throughout these countries, specific medical facilities and specialized treatment options are scarcely available (Hoek, 2006). Patients often have to cycle through a variety of medical professionals before they obtain any sort of psychiatric treatment. With these obstacles to treatment in place numerous cases are not reported and the individuals suffering from the eating disorder simply go untreated. The end result for these untreated patients largely remains clouded with uncertainty, and the investigation of such cases remains an intriguing social confrontation that warrants future exploration (Katzman 2006).

Theorists have postulated that eating disorders may be triggered by dilemmas involving social transformations, identity disruptions and oppression that generate manipulations in weight, diet, and body-shape (Katzman and Lee 1997). As one investigates the transition of eating disorders from individual diagnoses to large-scale markers of cultural distress, it becomes vitally important that the identification of eating pathologies is effectively operationalized and that treatment and prevention strategies are accessible. Rather than simply focusing on the documentation and recording of these neuroses, psychiatrists, medical doctors, and therapists should

continue to augment treatment by further analyzing the cultural and social factors that precipitate the onset of such pathologies. By organizing the case studies and occurrences of such mental illnesses, researchers can aid medical professionals, as well as the individuals themselves, with the assistance needed to heighten self-determination and increase the empowerment needed to treat eating disorders.

Global Prevention

Leading researchers have stated that the prevention of eating disorders can be improved by the implementation of new cultural standards pertaining to success, beauty, and achievement. It is also essential that careful effort is put forth to provide different ways of belonging for individuals throughout the educational, political, and economic sectors of society (Katzman, 2006).

As the social position of individuals, principally women, continues to shift internationally it is paramount that treatment and prevention of eating disorders recognize the cultural factors and focus on societal change, not merely symptom identification. It will be important for professionals to continue to analyze aesthetic concerns pressuring individuals when diagnosing eating disorders, however, there also needs to be a conscientious focus on cultural diversity as well. These steps will require the expansive assessment of identity conflicts, eating pathologies and psychological disturbances associated with eating neuroses, and should also further examine the effects that subordinate positions have on individual psyches within cultures. If it continues to be understood that eating disorders are an indication of

societal transitions then the future challenge that remains will be to empower individuals as they progress into these new shifting roles.

Foucault and Geography

Drawing once again from the work of Michel Foucault we can begin to question the ideas and norms that society has established. Foucault's analysis of the disciplinary powers exercised over one's identity expose the underlying currents of dominance that individuals experience on a personal level. Foucault's conception of control, and its relationship to the body, has offered theorists a functional apparatus for the examination of the constructs that pervade gender and identity.

Foucault's recognition that the body is one of the primary objects of control targeted by authoritative systems of power which seek to constrain individuals into "docile bodies" has opened up a reinterpretation of how identity-conflict arises (Foucault, 1979). With these new concepts in place, the etiology of eating disorders can be researched in entirely new ways.

Based on the evidence pertaining to South Korea, South Africa, and Argentina it is imperative to understand that the geography of eating disorders has essential significance when investigating the etiology, prevention, treatment, and epidemiology of such pathologies. While these places are all experiencing similar increases with the same type of psychological illnesses, it is unmistakably apparent that the specific cultures, societal standards, traditions and histories associated with each country have taken drastically different paths.

When analyzing the epidemiology of eating pathologies it is vital to look at the geography of each distinct region in order to gather a discernable sense of the multitude of factors that are associated with the onset of such disorders. The main task at hand for future researchers, medical professionals, and psychiatric practitioners is to understand and take into account not only the symptomology associated with these mental illnesses, but also gain a comprehension of the varied and diverse cultures that are associated with each place affected by such disorders.

When a thorough knowledge pertaining to the geography of economic, political, environmental, and social factors is gathered, the epidemiology of eating disorders can be researched in more effective ways, and a comprehensive understanding of each individual culture will aid in the prevention and treatment of eating disorders.

References

- Anderson, A. and Di Domenico, L. (1992). Diet vs. shape content of popular male-female magazines: A dose response relationship to the incidence of eating disorders? *International Journal of Eating Disorders*. 11, 283—287.
- Altabe, M. (1998). Ethnicity and body image: Quantitative and qualitative analysis. *International Journal of Eating Disorders*, 23, 153–159.
- Agulla, J.C (1969). *Tiempos de Cambio: Testimonio de un Sociologo Argentino* (Changing Times: Testimony of an Argentinean Sociologist'). Universidad de Belgrano. Buenos Aires, Argentina. Dic 271-278/289.
- American Psychiatric Association Committee (1979). Report of the Committee to visit South Africa. *American Journal of Psychiatry*. 136, 1498-506.
- Andersen, A. E.,and DiDomenico, L. (1992). Diet vs. shape content of popular male and female magazines: A dose–response relationship to the incidence of eating disorders? *International Journal of Eating Disorders*. 11, 283–287.
- Anderson–Fye, E. P. (2004). A“Coca–Cola” Shape: Cultural change, body image, And eating disorders in San Andres, Belize. *Culture, Medicine, and Psychiatry*. 28, 561–595.
- Anderson–Fye, E. P. and Becker, A. E. (2004). Sociocultural aspects of eating disorders. In J. K. Thompson (Ed.), *Handbook of Eating Disorders* (pp. 565–589). New York: Wiley.
- Back, L (1996). *New Ethnicities and Urban Culture. Racisms and Multiculture in Young Lives*. London: UCL Press.
- Barlow, D.H., Durand VM (1999). *Abnormal Psychology (Second Edition)*. Pacific Grove, CA: Brooks Cole.
- Barnett, H. L., Keel, P. K., & Conoscenti, LM. (2002). Body type preferences in Asian and Caucasian college students. *Sex Roles*, 45, 867–878.
- Bartky, S. L. (1990). *Femininity and domination: Studies in the phenomenology of repression*. New York: Routledge.
- Bartky, S. 'Foucault, femininity and the modernization of patriarchal power' in I. Diamond & L. Quinby (eds), *Feminism and Foucault: Reflections on Resistance*. Boston: Northeastern University Press, 1988.

- Becker, A.E. Hamburg P (1996). Culture, the Media and Eating Disorders. *Harvard Review of Psychiatry*, 163-167.
- Becker, A. E. (2004). Television, disordered eating, and young women in Fiji: Negotiating body image and identify during rapid social change. *Culture, Medicine, and Psychiatry*. 28, 533–559.
- Becker, A. E., Burwell, R. A., Gilman, S. E., Herzog, D. B., & Hamburg, P. (2002). Eating behaviours and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls. *British Journal of Psychotherapy*. 180, 509–514.
- Bell, David and Valentine, Gill (1997). *Consuming Geographies: You Are Where You Eat*. London: Routledge.
- Bell, David, & Chaibong, H. (2003). The contemporary relevance of Confucianism. In D. A. Bell & H. Chaigbong (Eds.), *Confucianism for the Modern World*. (pp. 1–28).Cambridge, UK: Cambridge University Press.
- Bemporad, J.R. (1996). Self-starvation through the ages: Reflections on the Pre-history of Anorexia Nervosa. *International Journal of Eating Disorders*. 217-237.
- Bhugra D, Bhio K, Gupta, K.D. (2000). Bulimic Disorders and Sociocentric Values In North India. *Social Psychiatry and Psychiatric Epidemiology*. 86-93.
- Biagini. H.E. and Mafud, J. (1987). *Historia de las Ideas* (Argentina’s Thoughts and Ideologies from 1950-59). Ideas en Ciências Sociais (6). Universidad de Belgrano. Buenos Aires, Argentina.
- Bondi, Liz (1999). Stages on journeys: some remarks about human geography and psychotherapeutic practice. *The Professional Geographer*. 51: 11-24.
- Bondi, Liz (2003). A situated practice for (re)situating selves; trainee counsellors and the promise of counselling, *Environment and Planning A*. 35: 853-870.
- Bondi, Liz with Judith Fewell. (2003) ‘Unlocking the cage door’: the spatiality of counseling, *Social and Cultural Geography*. 4: 527-547.
- Bordo, S. (1988). “Anorexia Nervosa: Psychopathology as the Crystallization of Culture” in I. Diamond & L. Quinby (eds) *Feminism and Foucault: Reflections on Resistance*. Boston: Northeastern University Press.

- Bordo, S. (1993). *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley, CA: University of California Press.
- Boskind-Lodahl, M. (1976). Cinderella's Stepsisters: A Feminist Perspective on Anorexia Nervosa and Bulimia: Signs. *Journal of Women in Culture and Society*. 342-356.
- Bruch, H. (1966). Anorexia nervosa and its differential diagnosis, *Journal of Nervous & Mental Disease*. 141 (5), 555— 566.
- Bruch, H. (1982). Anorexia nervosa: Therapy and theory. *American Journal of Psychiatry*. 139, 12.
- Bruch, H, (1979). *The Golden Cage: The Enigma of Anorexia Nervosa*. New York: Basic Books.
- Bruch, H, (1973). *Eating Disorders: Obesity, Anorexia Nervosa, and the Person Within*. New York: Basic Books.
- Buchan T, Gregory LD (1984). Anorexia Nervosa in a Black Zimbabwean. *British Journal of Psychiatry*, 326-330.
- Bulbeck, C. (1998). *Re-orienting Western Feminism: Women's Diversity and a Postcolonial World*. New York: Cambridge University Press.
- Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*, NY: Routledge 1990.
- Button, E.J. & Whitehouse, A. (1981) Subclinical anorexia nervosa. *Psychology, Health and Medicine*. 11, 509— 516.
- Cash, T. F., & Pruzinsky, T. (2002). *Body Image: A Handbook of Theory, Research, and Clinical Practice*. New York: Guilford.
- Cassidy, CM. (1991). The Good Body: When Big is Better. *Medical Anthropology*. 13, 181-213.
- Central Statistical Service (South Africa) (2007). *Census '06. Facts No. 8*.
- Chaibong, H. (2003). *Family versus the individual: The politics of marriage*. In D. A. Bell & H. Chaibong (Eds.), *Confucianism for the Modern World* (pp. 334–359). Cambridge, UK: Cambridge University Press.

- Chandler E, Rovira A (1998). *Admission and Treatment Protocol: Eating Disorders Clinic*. Hospital Nacional de Clínicas 'José de San Martín', Buenos Aires, Argentina.
- Chiodo, J. & Latimer, P. (1983) Vomiting as a learned weight control technique in bulimia. *Journal of Behavior Therapy and Experimental Psychiatry*. 14 (2), 131—135.
- Chiu, C–Y., & Hong, Y–Y. (2006). *Social Psychology of Culture*. New York: Psychology Press.
- Choudry IY, Mumford DB (1992). A pilot study of eating disorders in Mirpur (Pakistan) using an Urdu version of the Eating Attitude Test. *International Journal of Eating Disorders*. 11, 243-51.
- Chouinard, Vera (1999a). Body politics: disabled women's activism in Canada and beyond, in Ruth Butler and Hester Parr (eds) *Mind and Body Spaces: Geographies of Illness, Impairment and Disability*. London and New York: Routledge, pp. 269-294.
- Chun ZF, Mitchell JE, Li K, *et al.*, (1992). The Prevalence of Anorexia Nervosa and Bulimia Nervosa among Freshman Medical Students in China. *International Journal of Eating Disorders*. 209-214.
- Clarke, M. & Palmer, R.L. (1983). Eating attitudes and neurotic symptoms in university students. *British Journal of Psychotherapy*. 142, 299—304.
- Connan F, Katzman MA, Treasure J (1999). *A neurodevelopmental model for eating disorders*. Paper presented at the British Association for Behavioral and Cognitive Therapy Meeting (transcript). Bristol, England.
- Crago, M, Shisslak CM, Estes LS (1996). Eating disturbances among American minority groups: A review. *International Journal of Eating Disorders*. 19, 239-48.
- Crewe, Louise (2001). The besieged body: geographies of retailing and consumption. *Progress in Human Geography*. 25:4: 629-640.
- Crisp, A.H. (1981). Anorexia nervosa at normal body weight. The abnormal normal weight control syndrome. *International Journal of Psychiatry and Medicine*. 11 (3), 203—233.

- Cullen, L. T. (2002, July 29). *Changing Faces*. Time Asia Download June 8, 2007 from <http://www.time.com/time/asia/covers/1101020805/story.html>.
- Cusumano, D. L., & Thompson, J. K. (1997). Body image and body shape ideals in magazines: Exposure, awareness, and internalization. *Sex Roles*, 37, 701–721.
- Dancyger, I. & Garfinkel, P.E. (1995) The relationship of partial syndrome of eating disorders to anorexia nervosa and bulimia nervosa. *Psychology Health and Medicine*. 25, 1018—1025.
- Davis C, Katzman MA (1999). Perfection as acculturation. *International Journal of Eating Disorders*, 25, 65-70.
- Diamond, I. & Quinby, L., (1988). *Feminism and Foucault: Reflections on Resistance*. Boston: Northeastern University Press.
- Di Nicola, V.F. (1990). Anorexia: Multiform self-starvation in historical and cultural context. Part II: Anorexia nervosa as a culture reactive syndrome. *Transcultural Psychiatry*. 27, 245—285.
- Dolan B (1991). Cross-Cultural Aspects of Anorexia Nervosa and Bulimia: A Review. *International Journal of Eating Disorders*. 10, 67-78.
- Dolan B, Lacey H, Evans C (1990). Eating behaviors and attitudes to weight and shape in British women from three ethnic groups. *British Journal of Psychiatry*. 157, 523-8.
- Eagles JM, Johnston MI, Hunter D, Lobban M, Millar HR (1995). Increasing Incidence of Anorexia Nervosa in the Female Population of Northeast Scotland. *American Journal of Psychiatry*. 509-517.
- Efron J.M. (1997). Eating Disorders go Global. *Los Angeles Times*, October 18.
- Eisler, Ivan (2005). The empirical and theoretical base of family therapy and multiple family day therapy for adolescent anorexia nervosa. *Journal of Family Therapy*. 27 (2) 104–131.
- Estudio de Auditoria del Mercado Farmacéutico Argentino (1996). The Argentinean Chemist and Pharmaceutical Trust. *La Nacion*, 11 Oct 1996.
- Facchini M, Rozensztejn R (2006). Habits and Eating Behaviours in Teachers and Students in Buenos Aires. *Rev. Argentina de Clínica Psicológica*. 12. (21-24).

- Fairburn CG, Welch SL, Doll HA, Davies BA, O'Conner ME (1997). Risk Factors for Bulimia Nervosa: A Community-based Case-control Study. *Archives of General Psychiatry*. 509-517.
- Famuyiwa O.O. (1988). Incidence of Anorexia Nervosa in Two Nigerians. *Acta Psychiatrica Scandinavica*. 550-554.
- Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, 7, 117-140.
- Fombonne E (1995). Anorexia: Evidence of an Increase. *British Journal of Psychiatry*, 462-471.
- Foucault, M. (1977). *Discipline and Punish: The Birth of the Prison*, trans. A. Sheridan, Harmondsworth: Peregrine.
- Foucault, M. (1977). *The History of Sexuality*, translated by R. Hurley, Penguin Books.
- Foucault, M. (1980). 'Body/Power' and 'Truth and Power' in C. Gordon (ed.) *Michel Foucault: Power/Knowledge*, U.K.: Harvester.
- Foucault, M. (1982). 'The subject and power' in H. Dreyfus and P. Rabinow, *Michel Foucault: Beyond Structuralism and Hermeneutics*, Chicago: Chicago University Press.
- Foucault, M. (1984). *Politics, Philosophy, Culture: Interviews and Other Writings, 1977-1984*, L. Kritzman (ed.), London: Routledge.
- Foucault, M. (1988). 'The ethic of care for the self as a practice of freedom' in J. Bernhauer and D. Rasmussen (eds), *The Final Foucault*, Cambridge MIT Press.
- Forbes, G. B., Adams-Curtis, L. E., Jobe, R. L., White, K. B., Revak, J., Zivcic-Becirevic, I., & Pokrajac-Bulian, A. (2005). Body dissatisfaction in college women and their mothers: Cohort effects, developmental effects, and the influences of body size, sexism, and the thin body ideal. *Sex Roles*. 53, 281-296.
- Forbes, G. B., Collinsworth, L. L., Jobe, R. L., Braun, K. D., & Wise, L. M. (2007). Sexism, hostility toward women, and endorsement of beauty ideals and practices: Are beauty ideals associated with oppressive beliefs? *Sex Roles*. 56, 265-273.

- Forbes, G. B., Doroszewicz, K., Card, K., & Adams–Curtis, L. (2004). Association of the thin body ideal, ambivalent sexism, and self–esteem with body acceptance and the preferred body size of college women in Poland and the United States. *Sex Roles*. 50, 331–345.
- Franzoi, S. L., & Shields, S. A. (1984). The Body Esteem Scale: Multidimensional structure and sex differences in a college population. *Journal of Personality Assessment*. 48, 173–178.
- Fraser, N. (1989). *Unruly Practices: Power, Discourse and Gender in Contemporary Social Theory*, Cambridge: Polity Press.
- Fredrickson, B. L., & Roberts, T–A. (1997). Objectification theory: Toward understanding women’s lived experiences and mental health risks. *Psychology of Women Quarterly*. 21, 173–206.
- Fuente (1996). Department of Agriculture and Stockbreeding – Quarterly report, Argentina.
- Furnham A, Alibahai N (1983). Cross-cultural differences in the Perception of Female Body Shapes. *Psychological Medicine*. 829-837.
- Gard MC, Freeman CP (1996). The dismantling of a myth: A review of eating disorders and socioeconomic status. *International Journal of Eating Disorders*. 20, 1-12.
- Garner, D.M. & Garfinkel, P.E. (1980). Sociocultural factors in the development of anorexia nervosa, *Psychology, Health and Medicine*. 10, 483—491.
- Garner DM, Garfinkel, PE, Schwartz D, Thompson M (1980). Cultural expectations of thinness in women. *Psychological Reports*, 47, 483-91.
- Garner DM, Olmsted MP, Bohr Y, *et al.*, (1982). The Eating Attitudes Test: psychometric features and clinical correlates. *Psychological Medicine*. 12, 871-8.
- Glick, P., Fiske, S. T., Mladinic, A., Saiz, J. L., Abrams, D., Masser, B. et al. (2000). Beyond prejudice as simple antipathy: Hostile and benevolent sexism across cultures. *Journal of Personality and Social Psychology*. 79, 763–775.

- Gordon, R.A. (1989). A Sociological Interpretation of the Current Epidemic of Eating Disorders. In Blinder BJ, Chaiting BF, Goldstein R. *The Eating Disorder*. PMA Publishing. Great Week, New York.
- Gordon, R. (1998). Concepts of eating disorders: A historical reflection. In H. Hoek, J. Treasure, & M.A. Katzman. *Neurobiology in the Treatment of Eating Disorders*. London: Wiley.
- Gordon, RA, Neal N (1998). *Is the Prevalence of Eating Disorders Declining among College Students? A Partial Replication*. Presented at Eighth New York International Conference on Eating Disorders, New York International Conference on Eating Disorders, New York, NY.
- Gordon, RA (2000). *Eating Disorders: Anatomy of a Social Epidemic* (second edition). Oxford Blackwell.
- Grimshaw, J. (1993). "Practices of Freedom" in *Up Against Foucault*, C. Ramazanoglu (ed.), London and NY: Routledge.
- Grogan, S. (1999). *Body image: Understanding body dissatisfaction in men, women, and children*. New York: Routledge.
- Grosz, E. (1994). *Volatile Bodies: Toward a Corporeal Feminism*. Bloomington: Indiana University Press.
- Guillen, E. O., & Barr, S. I. (1994). Nutrition, dieting, and fitness messages in a magazine for adolescent women, 1970–1990. *Journal of Adolescent Health*, 15, 464–472.
- Hall, C. C. I. (1995). Asian eyes: Body image and eating disorders of Asian and Asian American women. *Eating Disorders*, 3, 8–19.
- Han, M. (2003). Body image dissatisfaction and eating disturbance among Korean college female students: Relationship to media exposure, upward comparison, and perceived reality. *Communications Studies*, 54, 65–78.
- Harrison D (1987). *The White Tribe of Africa. South Africa in Perspective*. Johannesburg: Southern Book Publishers.
- Hartsock, N. (1990). 'Foucault on power: a theory for women?' in L. Nicholson (ed.), *Feminism/Postmodernism*, London & NY: Routledge.

- Heatherton TF, Nichols P, Mahamedi F, Keel P (1995). Body weight, Dieting, and Eating Disorders, Symptoms of College Students, 1982-1992. *American Journal of Psychiatry*, 1623-1629.
- Heinberg, L. J. (1996). Theories of body image disturbance: Perceptual, developmental, and sociocultural factors. In J. K. Thompson (Ed.), *Body Image, Eating Disorders, and Obesity* (pp. 27–47). Washington, DC: American Psychological Association.
- Heinberg, L. J., Thompson, J. K., & Stormer, S. (1995). Development and validation of the Sociocultural Attitudes Toward Appearance Questionnaire. *International Journal of Eating Disorders*. 17, 81–89.
- Hekman, S. (ed.). (1996). *Feminist Interpretations of Michel Foucault*, Pennsylvania: Pennsylvania University Press.
- Heredia, V. (1986). *Todavía Cantamos* (We still Sing). Popular Argentinean folk song, 1986. (April 2000).
- Hildebrandt, T., & Walker, D. C. (2006). Evidence that ideal and attractive figures represent different constructs: A replication and extension of Fingeret, Gleaves, and Pearson (2004). *Body Image*. 3, 173–182.
- Hoek, H., Aaad, I., Bartelds, M., Jacqueline, J., Bosveld, M., Yolanda van der Graaf, M., Veronique, E., Limpens, M., Maiwald, M., Carlyne, J., Spaaij, M. (1995). Impact of urbanisation on detection rates of eating disorders. *American Journal of Psychiatry*. 152 (9), 1272—1285.
- Hoek, H. (2006). Review of epidemiological studies of eating disorders. *International Review of Psychiatry*. 5, 61—74.
- Hoeken, D van, Lucas AR, Hoek HW. Epidemiology. Chapter 4 (pp.97-126); in Hoek HW, Treasure JL, Katzman MA (1998). *Neurobiology in the Treatment of Eating Disorders*. London: Wiley.
- Hofstede, G. (1991). Empirical models of cultural differences. In N. Bleichrodt and P. J. D. Drenth (Eds.). *Contemporary Issues in Cross-cultural Psychology* (pp. 4–20). Lisse, Netherlands: Swets & Zeitlinger.
- Howe, S. (1998). Afrocentrism. *Mythical Pasts and Imagined Homes*. London: Verso.
- Hsu, LKG. (1997). Can Dieting Cause an Eating Disorder? *Psychological Medicine*, 509-513.

- Huon, GF, Walton CJ, Lim J, Zheng R (1999). Dieting Among Adolescent Girls in Beijing. *Eating Disorders: Journal of Treatment and Prevention*. 271-278.
- Ifekwunigwe, JO. (1999). *Scattered Belongings. Cultural Paradoxes of "Race", Nation and Gender*. London: Routledge.
- Jackman, K. (1998). Culture shock taking its toll. *Saturday Star*, December 12, p. 9.
- Jeffreys, S. (2005). *Beauty and Bisogyny: Harmful Cultural Practices of the West*. New York: Routledge.
- Johnson-Sabine, E., Wood, K., Patton, G., Mann, A. & Wakeling, A. (1988) Abnormal eating attitudes in London school girls: A prospective epidemiological study: factors associated with abnormal response on screening questionnaires. *Psychology, Health, and Medicine*. 18, 615—622.
- Jourard, S. M. & Secord, P. F (1955). Body–cathexis and the ideal female figure. *Journal of Abnormal and Social Psychology*. 50, 243–246.
- Jung, J. & Forbes, G. B. (2006). Multidimensional assessment of body dissatisfaction and disordered eating in Korean and US college women: A comparative study. *Sex Roles*. 56, 39–50.
- Jung, J. & Lee, S–H. (2006). Cross–cultural comparisons of appearance self–schema, body image, self–esteem, and dieting behavior between Korean and U.S. women. *Family and Consumer Sciences Research Journal*. 34, 350–365.
- Jung, K. (2003). Practicing feminism in South Korea: The issue of sexual violence and the women’s movement. *Hecate*. 29, 261–284.
- Kaffman, M., Sadeh, T. (1989) Anorexia nervosa in the Kibbutz: Factors influencing the development of monoideistic fixation. *International Journal of Eating Disorders*. 8 (1), 33—53.
- Katzman, M.A. & Waller, G. (1998) Implications of therapist gender in the treatment of eating disorders: Daring to ask the questions. In W. Vandereycken (Ed.), *The Burden of the Therapist*. London: The Athlone Press.
- Katzman, M.A. (1997) Getting the difference right. It is power not gender that matters. *European Eating Disorders Review*. 5 (20), 71—74.

- Katzman, M.A., Wolchik, S.A. & Braver, S.L. (1984) The prevalence of frequent binge eating and bulimia in a non clinical college sample. *International Journal of Eating Disorders*. 3, 53—61.
- Katzman, MA (1999). *Cultural Curiosities: Questions for the next millennium*. Address given at the eight international conference on eating disorders. (transcript) New York, NY, USA.
- Katzman, M.A. (1998). Feminist approaches to eating disorders: Placing the issues in context. In S. De Risio, P. Bria, & A. Ciocca (Eds), *Psychotherapeutic Issues on Eating Disorders: Models, Methods and Results*. Rome: Societa Editrice Universo.
- Katzman, Ma, Lee S (1997). Beyond Body Image: The Intergration of Feminist and Transcultural Theories in the Understanding of Self-Starvation. *International Journal of Eating Disorders*, 317-327.
- Katzman, M. & Leung, F. (2006, April) *When East meets West: Does disordered eating follow?* Seventh International Conference on Eating Disorders, New York.
- Kaw, E. (1993). Medicalization of racial features: Asian American women and cosmetic surgery. *Medical Anthropology Quarterly*. 7, 74–89.
- Keel, P. K. (2005). *Eating Disorders*. Upper Saddle River, NJ: Pearson Prentice Hall.
- Kennedy, M. A., Templeton, L., Gandhi, A., & Gorzalka, B. B. (2004). Asian body image satisfaction: Ethnic and gender differences across Chinese, Indo–Asian, and European–descent students. *Eating Disorders*. 12, 321–336.
- Khandewal SK, Sharan P, Saxena S (1995). Eating Disorders: An Indian Perspective. *International Journal of Social Psychiatry*, 132-146.
- King, M. B. (1993). Cultural aspects of eating disorders. *International Review of Psychiatry*. 5, 205–216.
- Kim, O. & Kim, K. (2001). Body weight, self–esteem, and depression in Korean female adolescents. *Adolescence*. 36, 315–322.
- Kim, O. & Kim, K. (2003). Comparisons of body mass index, perception of body weight, body shape satisfaction, and self–esteem among Korean adolescents. *Perceptual and Motor Skills*. 97, 1339–1346.

- Kim, O. & Yoon, H. (2000). Factors associated with weight control behaviors among high school females with normal body weight. *Journal of the Korean Academy of Nursing*. 30, 391–401.
- Ko, C. & Cohen, H. (1998). Intra-ethnic comparisons of eating attitudes in native Koreans and Korean Americans using a Korean translation of the Eating Attitudes Test. *Journal of Nervous and Mental Disease*. 186, 631–636.
- Kuboki T, Nomura S, Ide M, Suematsu H, Araki S. (1996). Epidemiological Data on Anorexia Nervosa in Japan. *Psychiatry Research*. 11-16.
- Kuczmariski RJ, Flegal KM, Campbell SM, Johnson CL (1994). Increasing Prevalence of Overweight among US Adults: The National Health and Nutrition Examination Surveys, 1960 to 1991. *Journal of American Medical Association*, 205-211.
- La Nación* (1996). Revista *La Nación*, Buenos Aires, Argentina, 11 Oct 1996.
- La Nación* (2000), Revista *La Nación*, Buenos Aires, Argentina, 15 July 2000.
- La Voz del Interior* (2005). The Voice of the Interior. Córdoba, Argentina 17 September 2005.
- Lariguet E (2000). *Discourse Analysis and Language Teaching*. English Literature and Stylistic Departments, Universidad Nacional de Córdoba, Argentina.
- Laségue, C. (1873) *De l'anorexie hystorique*. Reprinted in R.M. Kaufman & M. Heinman (Eds), *Evolution of Psychosomatic Concepts: Anorexia Nervosa, a Paradigm* (1964). New York: International University Press.
- Lawrence, M. (1984) *The Anorexic Experience*. London: The Women's Press.
- Le Grange D, Telch CF, Tibbs J (1998). Eating attitudes and behaviors in 1,435 South African Caucasian and non-Caucasian college students. *American Journal of Psychiatry*. 155, 250-4.
- Lee, K. J., Um, C. C., & Kim, S. (2004). Multiple roles of married Korean women: Effect of depression. *Sex Roles*. 51, 469–478.
- Lee, S. (1995) Self-starvation in context: Towards a culturally sensitive understanding of anorexia nervosa. *Social Science and Medicine*. 41, 25—36.

- Lee, S., Chiu, H.F.K. & Chen, C. (1989) Anorexia nervosa in Hong Kong. Why not more in China? *British Journal of Psychotherapy*. 154, 683—685.
- Lee S, Hsu G, Wing Y (1992). Bulimia nervosa in Hong Kong Chinese patients. *British Journal of Psychotherapy*, 161, 545-51.
- Lee S, (1991). Anorexia in Hong Kong: A Chinese Perspective. *Psychological Medicine*. 703-711.
- Lee, S. (2001). Fat phobia in anorexia nervosa: Whose obsession is it? In M. Nasser, M.A. Katzman, & R.A. Gordon (Eds.), *Eating Disorders and Cultures in Transitions* (pp. 40-54). New York: Taylor & Francis.
- Lee S, Katzman MA. (2004). Cross-cultural Perspectives on Eating Disorders. In: *Eating Disorders and Obesity: A Comprehensive Handbook*, edited by Fairburn C, Brownell, K. New York: Guilford Press.
- Lee, S., & Lee, A. M. (2000). Disordered eating in three communities of China: A comparative study of female high school students in Hong Kong, Shenzhen, and rural Hunan. *International Journal of Eating Disorders*. 27, 317–327.
- Lee YH, Rhee MK, Park SH *et al.* (1998). Epidemiology of eating disordered symptoms in the Korean general population using a Korean version of the Eating Attitudes Test. *Eating and Weight Disorder*, 153-161.
- Levine, M.P. (1994). Beauty myth and the beast: What men can do and be to help prevent eating. *Eating Disorders: Journal of Treatment and Prevention*. 2, 101—113.
- Levine, M.P., Piran, N., Steiner-Adair, C. (1999). *Preventing Eating Disorders: A Handbook of Interventions and Special Challenges*. London and Philadelphia: Brunner/Mazel, Taylor & Francis Group.
- Levine, M. P., & Smolak, L. (1998). The mass media and disordered eating: Implications for primary prevention. In W. Vandereycken & G. Noordenbos (Eds.), *The Prevention of Eating Disorders*. (pp. 23–56). London: Athlone.
- Lim, I-S. (1997). Korean immigrant women's challenge to gender inequality at home: The impact of economic resources, gender, and family. *Gender and Society*. 11, 31–51.

- Littlewood, R. (1995) Psychopathology and personal agency: Modernity, culture change and eating disorders in South Asian societies. *British Journal of Medical Psychology*. 68, 45—63.
- Lloyd, M. (1988). *A Feminist Mapping of Foucauldian Politics' in Feminism and Foucault: Reflections on Resistance*. I. Diamond & L. Quinby (eds), Boston: Northeastern University Press.
- Longhurst, Robyn (2001). *Bodies: Exploring Fluid Boundaries*. London and New York: Routledge.
- Louie, M. C. Y. (1995). Minjung feminism: Korean's women's movement for gender and class liberation. *Women's Studies International Forum*. 18, 417—430.
- Lucas, A., Beard, C., O'Fallon, W. & Kurland, L. (1991) 50-year trends in the incidence of anorexia nervosa in Rochester, Minnesota: A population based study. *American Journal of Psychiatry*. 148, 917—922.
- Lumerman, J. (2000). *Instituto Austral de Salud Mental (IASaM), Neuquén, Argentina, April. IASaM 2000 Internal Audit Report*.
- Mafud, J. (1959). *El Desarraigo Argentino, (The Argentinean Unrootlessness)*. Americalee. Buenos Aires, Argentina.
- Mann, A.H., Wakeling, A., Wood, K., Monck, E., Dobbs, R. & Szukler, G. (1983) Screening for abnormal eating attitudes and psychiatric morbidity in an unselected population of 15 year old school girls. *Psychology, Health and Medicine*. 13, 573—580.
- McNay, L. (1994). *Foucault: A Critical Introduction*. Cambridge: Polity Press.
- McNay, L. (1992). *Foucault and Feminism: Power, Gender and the Self*. Polity Press.
- McKinley, N. M., & Hyde, J. S. (1996). The Objectified Body Consciousness Scale. *Psychology of Women Quarterly*. 20, 181—215.
- Meehan O, Insua J. (2000). Psychiatric Training in Argentina's Two Major Cities, *The Bulletin*, cited in *The British Journal of Psychiatry*. 4, 55 – 67.
- Meehan O, Chandler E, Rovira. (1998). The Hospital Nacional de Clinicas 'San Martin' Eating Disorders Clinic, *Audit 1994-1998*.

- Mendelson, B. K., Mendelson, M. J. & White, D. R. (2001). Body Esteem Scale for Adolescents and Adults. *Journal of Personality Assessment*. 76, 90–106.
- Miller, M. N., & Pumariega, A. J. (2001). Culture and eating disorders: A historical and cross-cultural review. *Psychiatry*, 64, 93–110.
- Morley, D. & Robins, K. (1997) *Spaces of Identity, Global Media, Electronic Landscapes and Cultural Boundaries*. London: Routledge.
- Moss, Pamela. (1999). Autobiographical notes on chronic illness, in Ruth Butler and Hester Parr (eds) *Mind and Body Spaces: Geographies of Illness, Impairment and Disability*. London and New York: Routledge, pp. 155-166.
- Nadaoka T, Oiji A, Takaahashi S, Morioko Y, Kashiwakura M, Totsuka S (1996). An epidemiological study of eating disorders in a northern area of Japan. *Acta Psychiatrica Scandinavica*. 305-310.
- Nasser, M., Katzman, M. & Gordon, R. (2001). *Eating Disorders and Cultures in Transition*. London and New York: Bruner-Routledge.
- Nasser, M. (1997). *Culture and Weight Consciousness*. London: Routledge.
- Nasser M, Katzman MA. (1999). Transcultural perspectives inform prevention. In: *Preventing Eating Disorders: A Handbook of Interventions and Special Challenges*. edited by Piran N, Levine, M, Steiner-Adair C. New York: Brunner Mazel, pp. 26-43.
- Nasser, M., Katzman, M. A., & Gordon, R. A. (2001). *Eating Disorders and Cultures in Transitions*. New York: Taylor & Francis.
- National Council of Technical and Scientific Research, 2006. Department of Agriculture and Stockbreeding, Annual Report. Argentina.
- Neumarker, U., Dudeck, U., Voltrath, M., Neumarker, K. & Steinhausen, H. (1992). Eating attitudes among adolescent anorexia nervosa patients and normal subjects in former West and East Berlin: A transcultural comparison. *International Journal Eating. Disorders*. 12 (3), 281—289.
- Nightingale EO, Lawrence R, Spurlock J, *et al.*, (1990). *Apartheid Medicine. Health and Human Rights in South Africa*. Washington, DC: AAAS Publication.
- Nisbett, R. E. (2003). *The Geography of Thought: How Asians and Westerners Think Differently and Why*. New York: Free Press.

- Nogami, Y., Yanaguchi, T. & Ishiwata, H. (1984). *The prevalence of binge eating in the Japanese university and high school population*. Presented at the International Conference of Eating Disorders, Swansea, UK.
- Norris, D. (1979). Clinical Diagnostic Criteria for Primary Anorexia Nervosa. An Analysis of 54 Consecutive Admissions. *South African Medical Journal*, 987-93.
- Nwaefuna, A. (1981). Anorexia nervosa in a developing country. *British Journal of Psychiatry*. 138, 270-2.
- Ocampo, S. (1982). *'El Imperio Insular'*—Autobiography II: The Insular Empire—Ediciones Revista Sur, 'Yesterday in Today's Language', Buenos Aires, Argentina, p. 16.
- Ohzeki, T., Haanaki, K., Motozumi, H., Ishitani, N., Maatsuda-Ohatahara, H., Sunaguchi, M. & Shiraki, K. (1990) Prevalence of obesity, leanness and anorexia nervosa in Japanese boys and girls aged 12—14 years. *Ann. Nutrit. Metab.* 34, 208—212.
- Orbach, S. (1986). *Hunger Strike: the Anorexic Struggle as a Metaphor for our Age*. New York: Norton.
- Oyewumi, LK. Kazarian SS. (1992). Abnormal eating attitudes among a group of Nigerian youths: Bulimic Behavior. *East African Medical Journal*. 481-485.
- Park, H. P., & Cho, L-J. (1996). Confucianism and the Korean family. *Journal of Comparative Family Studies*. 26, 117-134.
- Philp, R. (1999). New spin on empowerment. *Sunday Times Metro*. May 2, p. 8.
- Piran, N. (1996) The reduction of preoccupation with body weight and shape in schools: A feminist approach. *Eating Disorders: Journal of Treatment and Prevention*. 4, 323—333.
- Piran, N., Levine, M. & Steiner-Adair, C. (2000). *Preventing Eating Disorders. A Handbook of Interventions and Special Challenges*. London and Philadelphia: Brunner/Mazel.
- Pope, HG., Phillips, KA., Olivardia, R. (2000). *The Adonis Complex: The Secret Crisis of Male Body Obsession*. New York: The Free Press.

- Popenoe, R. (2005). Ideal. In D. Kulick & A. Meneley (Eds.). *Fat: The Anthropology of an Obsession*. (pp. 9–28). New York: Penguin.
- Powdermaker, H. (1960). An Anthropological Approach to the Problem of Obesity. *Bulletin of the New York Academy of Sciences*, 286-295.
- Prince, R. (1983). Is Anorexia Nervosa a culture-bound syndrome? *Transcultural Psychiatric Research Review*, 299-301.
- Ramazanoglu, C. *Up Against Foucault: Explorations of Some Tensions Between Foucault and Feminism*. London & NY: Routledge, 1993.
- Rathner, G., Tury, F., Szabo, P., Geyer, M., Rumpold, G., Forgacs, A., Sollner, W. & Plattner, G. (1995). Prevalence of eating disorders and minor psychiatric morbidity in central Europe before the political changes of 1989: A cross-cultural study. *Psychology, Health and Medicine*. 25, 1027—1035.
- Reese, Lyn. (1994). Gender Equity and Texts. *Social Studies Review*. v 33 n 2 p 12-15.
- Robertson, M. (1992). *Starving In Silence: An Exploration of Anorexia Nervosa*. Sydney: Allen & Unwin.
- Rodin, J., Silberstein, L. R., & Striegel–Moore, R. H. (1984). Women and weight: A normative discontent. In T. B. Sonderegger (Ed.), Nebraska symposium on motivation: *Psychology and Gender*. (Vol. 32, pp. 267–307). Lincoln: University of Nebraska Press.
- Romer, G. *et al.* (1996). Para *La Nación* Oct 11.
- Root, M. P. P. (1990). Disordered eating in women of color. *Sex Roles*. 22, 525–536.
- Rouse, J. (1994). 'Power/Knowledge' in Gary Gutting (ed). *The Cambridge Companion to Foucault*. Cambridge: Cambridge University Press, 1994.
- Ruggiero, G.M., Hannower, W., Mantero, M. & Papa, R. (2000). Body acceptance and culture: A study in northern and southern Italy. *European Eating Disorders Review*. 8, 40—50.
- Russell, G.F.M. (1970). Anorexia nervosa: Its identity as an illness and its treatment. In Harding Price (Ed.) *Modern Psychological Medicine* (Vol. II; pp. 131—164). London: Butterworths.

- Ryu, H. R., Lyle, R. M., & McCabe, G. P. (2003). Factors associated with weight concerns and unhealthy eating patterns among young Korean females. *Eating Disorders*. 11, 129–141.
- Sawicki, J., 'Feminism and the Power of Discourse' in J. Arac (ed.) (1988). *After Foucault: Humanistic Knowledge, Postmodern Challenges*, New Brunswick and London: Rutgers University Press, pp. 161-178.
- Sawicki, J. (1994). "Foucault, feminism, and questions of identity." in ed. G. Gutting, *The Cambridge Companion to Foucault*, Cambridge: Cambridge University Press.
- Sawicki, J. (1998). "Feminism, Foucault and "Subjects" of Power and Freedom." in *The Later Foucault: politics and philosophy*, J. Moss (ed.), London; Thousand Oaks: Sage Publications.
- Seidell, JC. and Flegal, KM. (1997). Assessing Obesity: Classification and Epidemiology. *British Medical Journal*. 238-252.
- Shih, M–Y., & Kubo, C. (2005). Body shape preference and body satisfaction of Taiwanese and Japanese female college students. *Psychiatry Research*. 133, 263–271.
- Shin, D. C., & Rutkowski, C. P. (2003). Subjective quality of Korean life in 1981 and 2001. *Social Indicators Research*. 62–63, 509–534.
- Sibley, David. (1995). *Geographies of Exclusion*. London and New York: Routledge.
- Sidman, S. and W. Matthysse (Eds.). (1997). *The Genetics of Neurological and Psychiatric Disorders*. (pp. 115–120). New York: Raven Press.
- Silverstein B, Perlick, D. (1995). *The Cost of Competence: Why Inequality Causes Depression, Eating Disorders, and Illness in Women*. Oxford: Oxford University Press.
- Skov, L. (1995). *Women, Media and Consumption in Japan*. St. Johns: Honolulu University of Hawaii Press.
- Smith, P. B., Dugan, S., & Trompenaars, F. (1996). National culture and the values of organizational employees: A dimensional analysis across 43 nations. *Journal of Cross–Cultural Psychology*. 27, 231–264.

- Smolak, L., Levine, M. P., & Thompson, J. K. (2001). The use of the Sociocultural Attitudes Toward Appearance Questionnaire with middle school boys and girls. *International Journal of Eating Disorders*, 29, 216–223.
- Smolak, L., & Streigel–Moore, R. H. (2004). Challenging the myth of the golden girl: Ethnicity and eating disorders. In J. K. Thompson (Ed.), *Handbook of Eating Disorders*. (pp. 111–132). New York: Wiley.
- Soper, K. (1993). “Productive contradictions.” *Up Against Foucault: Explorations of Some Tensions Between Foucault and Feminism*, London & NY: Routledge.
- Son, A. (2006). Confucianism and the lack of development of the self among Korean American women. *Pastoral Psychology*, 54, 325–336.
- Stice, E., Ziemba, C., Margolis, J., & Flick, P. (1996). The dual pathway model differentiates bulimics, subclinical bulimics, and controls: Testing the continuity hypothesis. *Behavior Therapy*, 27, 531–549.
- Steiger, H. (1993). Anorexia nervosa: is it the syndrome or the theorist that is culture- and gender bound? *Transcultural Psychiatric Research Review*, 30, 347–58.
- Stunkard, A. J., Sorenson, T., & Schlusinger, F. (1983). Use of the Danish adoption register for the study of obesity and thinness. In S. Kety, L. P. Rowland, R. L. Swartz, M., Thompson, M., & Johnson, C. *Eating Disorders and the Culture, Anorexia Nervosa. Recent Developments in Research*. (pp. 83—84) New York: Alan R. Liss.
- Swartz, L. (1985). Anorexia nervosa as a culture-bound syndrome. *Social Science and Medicine*, 20, 725–30.
- Swartz, L. (2002). *Culture and Mental Health: A Southern African View*. Cape Town: Oxford University Press.
- Suematsu, H., Ishikawa, H., Kuboki, T. & Ito, T. (1985) Statistical studies of anorexia nervosa in Japan: Detailed clinical data on 1011 patients. *Psychotherapy and Psychosomatics*, 43, 96—103.
- Sypeck, M. F., Gray, J. J., & Ahrens, A. H. (2004). No longer just a pretty face: Fashion magazine’s depictions of ideal female beauty from 1959 to 1999. *International Journal of Eating Disorders*, 36, 342–347.
- Szabo CP, Berk M, Tiou E, Allwood. (1995). Eating disorders in black South African females. A series of cases. *South African Medical Journal*, 85, 588–90.

- Szabo, CP, Hollands C. (1997). Abnormal eating attitude in secondary-school girls in South Africa—a preliminary study. *South African Medical Journal*. 87, 524-30.
- Szabo, CP. (1999). Eating attitudes among black South Africans. *American Journal of Psychiatry*. 156, 981-2.
- Szmukler, G. (1983). Weight and food pre-occupation in a population of English school girls. In B.G. Bergman (Ed.), *Understanding Anorexia Nervosa and Bulimia* (pp. 21—27). 4th Ross Conference on Medical Research. Ohio: Ross Laboratories.
- Taylor, D. (1985). The sick child predicament. *Australian and New Zealand Journal of Psychiatry*. 19, 130—137.
- Thompson, A. (1994). Expert committee on maternal and child health and family planning in the 1990s and beyond: Recent trends and advances [World Health Organization congress, Geneva, 7-13, December 1993]. *Midwifery*, 10, 49-50.
- Thompson, J. K., Heinberg, L. J., Altabe, M., & Tantleff–Dunn, S. (1999). *Exacting beauty: Theory, assessment, and treatment of body image disturbance*. Washington, DC: American Psychological Association.
- Thompson, J. K., & Heinberg, L. J. (1999). The media’s influence on body image disturbance and eating disorders: We’ve reviled them, now can we rehabilitate them. *Journal of Social Issues*. 55, 339–353.
- Thompson, J. K., van den Berg, P., Roehrig, M., Guarda, A. S., & Heinberg, L. J. (2004). The Sociocultural Attitudes Toward Appearance Scale–3 (SATAQ–3): Development and validation. *International Journal of Eating Disorders*. 35, 293–304.
- Tiggemann, M. (2004). Body image across the adult life span. *Body Image*. 1, 29–41.
- Troop, N., Treasure, J. & Schmidt, U. (1993) From specialist care to self directed treatment. *British Medical Journal*. 307 (6904), 577—578.
- Tsai, G. (2000). Eating disorders in the Far East. *Eating and Weight Disorders*, 5, 183–197.

- Van der Reis A.P., Mabaso L.T. (2005). *Aspirations, Values and Marketing Issues Among Black Youth in Gauteng, 2005*. Research Report No. 223. Pretoria: Bureau of Market Research, University of South Africa.
- Wassenaar, DR. Le Grange D, Winship J, Lachenicht L. (2000). The prevalence of eating disorder pathology in a cross-ethnic population of female students in South Africa. *European Eating Disorders Review*. 8, 225-36.
- Weedon, C. (1999). *Feminism, theory, and the politics of difference*. Malden, MA: Blackwell.
- Wheeler, L., & Miyake, K. (1992). Social comparison in everyday life. *Journal of Personality and Social Psychology*. 62, 760-773.
- Wiseman CV, Gray JJ, Moismann JE, Ahrens AH (1992). Cultural expectations of thinness in women. *International Journal of Eating Disorders*, 84-89.
- Wildes, J. E., Emery, R. E. & Simons, A. D. (2001). The roles of ethnicity and culture in the development of eating disturbance and body dissatisfaction: A meta-analytic review. *Clinical Psychology Review*. 21, 521-551.
- Wolf, N. (1991). *The Beauty Myth: How Images of Beauty Are Used Against Women*. New York: Dutton.
- Yang, S., & Rosenblatt, P. C. (2001). Shame in Korean families. *Journal of Comparative Family Studies*. 32, 361-375.
- Yates, A., Edman, J., & Aruguete, M. (2004). Ethnic differences in BMI and body/self-dissatisfaction among Whites, Asian subgroups, Pacific Islanders, and African-Americans. *Journal of Adolescent Health*. 34, 300-307.
- Zukerfeld, R. Zukerfeld R, Quiroga. (1998). Eating conduct, corporal weight and psychopathology in young women. *Rev. Argentina de Clínica Psicológica*. VII : 1-19.