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### The Cultural Manifestations of Anorexia Nervosa

Aaron Volk

*Augustana College - Rock Island*

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Aaron Volk  
Dr. France  
LSFY 103  
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### The Cultural Expression of Anorexia Nervosa

Often described in the modern context as a “culture-bound syndrome,” disordered eating is linked almost exclusively to Western cultural ideals that glamorize and prioritize skinniness in women. Anorexia nervosa (AN) is arguably the illness most often associated with disordered eating and so-called Westernized “skinny culture” that equates feminine perfection to thinness. Since its documented discovery in 1874, anorexia nervosa has been defined, described, and explained in an adaptive manner that reflects changes in culture as well as clinical psychology. With these changes, the speculated origins of the disease have been attributed to a range of factors, including biological and mental disorders, sexuality, and the relationship between oneself and one’s environment (Till 437). Currently, anorexia nervosa is defined semi-clinically as the “refusal to maintain a minimally normal weight” and “an intense fear of gaining weight or becoming fat” (Kalodner 45). Still, debate persists as to what forms the foundations of AN. Many academic analyses of anorexia nervosa, as well as the majority of popular expressions of American cultural standards, emphasize the belief that the illness stems from the association of skinniness with “beauty, attractiveness, fashionability [sic], health, achievement, and control” as presented in popular media (Nasser 13). This model has been used to explain the prevalence of AN in women, and many studies conclude that “the issue of body image in the media is much more influential on women” (Kalodner 149). However, contrary to commercialized belief and popular analyses of AN, “culture-bound” influences of Western “skinny culture” are wholly insufficient in defining the foundations of anorexia nervosa. Such culturally-linked geneses of

disordered eating are superficial and fail to account for the deeper psychological illness that often manifests itself through, but not as a result of, cultural influences.

Historical discussion about anorexia nervosa has tended to center upon ties between the disease and cultural connections. Psychoanalyst Hilde Bruch was one of the first to successfully construct an accepted definition of AN when she linked the psyche to external influences via cultural norms and expectations. Specifically, Bruch analyzed the inability of an anorectic to recognize his or her separateness from external pressures, and she asserted that such a failure to separate entities was a generalized cause of anorexia nervosa (56). Bruch's theory remains intact after several decades, and has been molded into a feminist consideration of AN that defines "external pressures" to be cultural influences. It is this "feminist response" to anorexia nervosa that has led to the current definition of the disease that emphasizes Western ideals of feminine sexiness and thinness and simultaneous condemnation of fatness. K. J. Simpson, a nurse in the UK, submitted an essay to the *Journal of Psychiatric and Mental Health Nursing* in 2002 that explores the relationship between "skinny culture" and AN. After acknowledging the existence of the disease outside of the United States, Simpson returned to the conjectured cause of anorexia nervosa and concluded that:

The most popular, current hypothesis blames Western ideals of slimness and beauty, portrayed by the mass media and reinforced by the dieting industry, for the prevalence of anorexia nervosa in Western society. This hypothesis is so potent that Western diagnostic criteria for the disorder, namely the DSM-III-R [*Diagnostic and Statistical Manual of the American Psychiatric Association*], are based on Western cultural ideas about body shape, and fat-phobia is presumed to be the core principal in biomedically defined anorexia nervosa. (65)

Simpson's conclusion is very much in line with current cultural considerations of anorexia nervosa. However, though the popularity of this "skinny culture" view of AN can hardly be disputed, there are several "holes" in the hypothesis that must be accounted for. Many

psychologists and anorectics (both current sufferers and recovered individuals) recognize these inadequacies and push for a more psychological description of AN that will more accurately account for the deeper, individualized causes of the disease.

The pervasive role of the media in manipulating cultural conceptualizations of health and beauty sometimes leads to overgeneralizations about the roots of an anorectic's pursuit of thinness. Psychologist Cynthia R. Kalodner writes in her book *Too Fat or Too Thin?* about American, Hollywoodized cultural expectations of women, declaring television and magazines "examples of media that inundate people with messages about the importance of being thin" (119). Her book, which includes several lists of contemporary and famous individuals who suffer from eating disorders, emphasizes the role of the media and celebrity culture in the development of anorexia nervosa. Kalodner summarizes the omnipotence of the media near the end of the book, stating: "Even if one consciously avoids the media, he or she will be exposed to it, unless completely refusing to engage in the outside world" (141). While this statement is entirely justifiable and likely can be reinforced with statistical evidence, it gives way to a problem with the aforementioned hypothesis that declares Western culture to be the cause of AN. If all persons are exposed to the media that encourages to development of anorexia nervosa, should most, if not all, exposed persons not then develop the disease? Nancy Etcoff, a psychologist at Harvard University, points out: "... one must keep in mind that ninety-eight percent of women do not develop diagnosable levels of eating disorders although all are exposed to the media" (203). It therefore remains unclear why some individuals develop AN and others do not: there must be some cause that lies within each anorectic that explains the development of AN for which media and cultural influences cannot account. In other words, if exposure to infectious media is assumed, something must immunize non-anorectics against the development

of AN; otherwise, the incidence of anorexia nervosa would more closely match the prevalence of media messages which stress extreme thinness.

Gender constructions are commonly linked to the cultural forces that drive the development of anorexia nervosa and the “skinny culture” hypothesis because of the prevalence of the disease in women and the emphasis of the media on feminine beauty in particular. In his paper “The quantification of gender: Anorexia nervosa and femininity,” Chris Till develops the relationship between gender and AN in a way that explores the possibility of defining “femininity as causative of, and masculinity as a protection against, AN” (437). Placing the cause of anorexic behavior within the individual sufferer as opposed to his or her environment, Till defines gender identity scales as tools utilized by psychiatrists to measure gender and use it as a way to diagnose AN. The usage of such scales that quantify the feminine and masculine traits of an individual resulted in Till’s conclusion that “either low levels of masculinity or high levels of femininity, and sometimes both, are related to eating disorders” (442). This theory certainly aligns with the approximate 9:1 ratio of female to male anorectics (Lemberg xiii). Yet if “skinny culture” and the correlating media that exhibit the connections between thinness and *feminine* perfection are truly causative of anorexia nervosa, and if masculinity is truly an inherent safeguard against AN, then males technically should not be able to develop the disease in substantial numbers or even at all. However, males continue to be diagnosed with anorexic behavior and account for up to 15% of all diagnosed anorectics (Costin 24). Further disproving the theory that gender differences play a role in the development of AN is a study conducted by Arthur Crisp (and collaborators) that compared anorexia nervosa in males to the disease in females. Crisp concluded in his report: “In nearly all respects anorexia nervosa is the same in male and female patients,” even with respect to “cultural aspects of the background to eating

disorders” (166). Therefore, cultural factors, even as they relate to gender definitions and differences, cannot be the primary causes of all cases of AN because such factors cannot account for all diagnosed sufferers. Even if one were to ignore male sufferers, comparing the prevalence of female anorectics to Western cultural ideals for a “perfect” woman results in an inconsistency in what is considered to be feminine perfection.

The quest for feminine bodily “perfection” amid cultural demands for specific weights and body types is often cited as an impellent of AN, even though the disease does not actually strictly conform to said Western cultural demands. Cynthia Kalodner explains normative cultural definitions of perfect body types as follows: “The body of a woman is supposed to be thin and fit, while men’s bodies are supposed to be muscular” (121). This opinion is central to the hypothesis that labels Western “skinny culture” as the cause of AN. Another common conception of a perfect woman is her ability to bear children, an ability that is valued in cultures worldwide. However, anorexia nervosa often causes a lack of menstruation (called “amenorrhea”), which commonly results in permanent infertility in women who have practiced a lifestyle of prolonged and extreme food restriction (Lemberg 17). Interestingly, therefore, by pursuing ultra-thinness and conforming to Western culture’s bodily demands of a perfect woman, an anorexic woman is simultaneously *resisting* her culture’s reproductive demands of feminine perfection. During a session with a female patient, psychoanalytic psychotherapist Yael Kadish discovered that her patient’s distress as expressed through her anorexic behaviors “seemed to be strongly influenced by her cultural beliefs pertaining to how a woman should *be*, in all possible aspects” (442). The patient’s “cultural beliefs” of femininity, however, did not include a woman’s ability to give birth because she was appalled by the idea of gaining weight during pregnancy. It can again be concluded that “skinny culture” as a definition of a perfect

female body is inadequate in describing the cause of AN because anorexic behavior, though initially in compliance with bodily perfection, often eventually results in a contradiction of society's perfect female as a reproductive individual. Furthermore, Kadish asserts that "most anorexics and bulimics do not consciously consider themselves martyrs for the feminist cause," thereby implying that AN is not related in most sufferers to cultural definitions of feminine beauty (437). Given the several inadequacies and deficiencies that accompany the "skinny culture" hypothesis defined above by Simpson, Western ideals of skinniness as expressed in the media and "skinny culture" cannot justify the development of anorexia nervosa. The questionable infectiousness of the media, flawed and generalized conceptions of gender roles in disordered eating, and inconsistencies in an anorectic's abidance with culture's definitions of "perfection" all prove that the roots of AN are deeper, more complex, and more individualized than cultural influences. Specifically, individual psychology must also be taken into account.

"Skinny culture" as a cause of AN fails to efficiently define the roots of the disease in part because it is too one-sided and does not allow for factors that are psychologically unique to each individual sufferer. Professors of psychiatry and neurology Deborah Michel and Susan Willard affirm this flaw in their book *When Dieting Becomes Dangerous*: "many proposed explanations [that] focus primarily on one aspect or another of eating disorders ... are too simplistic or limited to account for all facets of these disorders" (31). It is important, then, to conclude that anorexia nervosa is not a disease that can be generalized to include an external universal cause, especially one that is external to the sufferer because it is a disease that varies with the psychology of each individual anorectic. In her paper "Anorexia Nervosa and the Body Image Myth," recovered anorectic C. N. Zanker denounces hypotheses that deem Western culture body ideals to be causative of AN. She states that an emphasis on AN as a "disorder of

‘body image’ ... trivialises AN and reduces it to some fashionable cultural whim” (328). Instead of describing her struggles with anorexia nervosa as a way of complying with her sense of “body image,” Zanker identifies her ritualistic practices of restricting food and excessively exercising as means by which she provided herself with a sense of control. Mention of a quasi-instinctual search for control is common in much published literature about AN, even in works that emphasize culture as a main cause of the disease. For example, psychotherapist Raymond Lemberg distills disordered eating in his book *Controlling Eating Disorders* by establishing the relationship between eating disorders and control: “Anorexia and bulimia are both attempts to gain control of your life” (123). That said, defining the anorexic’s constant, rigid desire for control as the driving force of AN opens the door to a theory that dismisses that of the causative influences of Western culture ideals.

The psychology that forms the foundation of anorexic behavior is often brought to light when a sufferer pursues psychiatric therapy for the disease. During the course of several of her patients’ therapy sessions, for example, Kadish began to notice a trend deeply rooted in each anorectic’s psychology that explained the individualized causes of each person’s disease: “... it became evident that to different degrees each displayed a sadomasochistic pathological organization” (443). The “sadomasochistic pathological organization” mentioned refers to a psychological phenomenon that occurs in response to a debilitating stress or anxiety that disrupts the mind and the body. When an individual encounters such a disturbance, a “rigid configuration of defences ... [takes] over psychological functioning” and subsides as the stressor or trauma is no longer a threat (443). However, Kadish notes that the organized “defences” abnormally fail to disappear in an anorexic, and remain as self-defeating, sadomasochistic demands that are fueled by a perpetual craving for control. Kadish further conjectures that the afflicted anorectic



then fulfills his or her needs for control by practices such as restricting food intake, consuming laxatives after meals, and over-exercising in order to strictly control his or her body weight. An anorectic's practice of extreme food restriction is then deemed a sadomasochistic compliance with his or her desire for control because such behaviors result in the anorectic feeling pleasure as control is achieved, despite the body being physically devastated. In this way, an anorexic is conforming to Western body ideals by yearning to create an ultra-thin body. However, the anorectic's pursuit of thinness is not actually in response to cultural demands, but in response to his or her anomalous psychological demands for control. Kadish solidifies this argument and relates AN to "skinny culture" by concluding that "contemporary cultural trends facilitate the manner in which psychological distress is expressed in eating disorders, i.e. the form of the symptoms" (437). In other words, anorexia nervosa is not a result of cultural body pressures and ideals, but an external expression of an interior psychological trauma that has become tangled with a system of organized control. Thus, AN can be considered a psychosomatic disorder in that mental disruptions eventually give way to bodily illness as a result of self-starvation and extreme food control. Western body ideals and "fat-phobia" are therefore exterior channels through which psychological distress can be internalized and manipulated into means that can be utilized by an anorexic to claim ultimate, sadomasochistic control over his or her physical being.

Recognizing the centrality of the presence of a psychosomatic malady in the development of AN demands a reexamination of the disease as a "culture-bound syndrome" in order to understand its prevalence in Western culture. The cultural bounds of anorexia nervosa can be elucidated by examining the effects of Western body ideals in a cross-cultural context. In her 1995 book *Body, Self and Society*, as summarized in a paper entitled "Fat Is out in Fiji" from *The Journal of the American Medical Association*, Harvard professor of global health and social

medicine Anne Becker famously analyzed the effects of elements of American culture when introduced to Fijian communities. When Becker first studied Fijian body ideals early in the 1990s, she determined that female fatness was celebrated and symbolic of “strength, sound nourishment, vigour and the highly valued personal qualities of kindness and generosity” (X.B.). Furthermore, thinness was not favored because of its association with poor health and undernourishment. Fijian notions of weight, therefore, were wholly contradictory to their American counterparts. However, when Becker returned to the islands in 1998, she noted that Fijian women had become self-conscious of their weight and many younger women had begun to diet in order to achieve thinner physiques that complied with Western ideals of femininity (X.B.). As Kadish summarizes in her paper, Becker theorized that the change in attitudes and behaviors was a result of Fiji being exposed to Western media influences, especially via television programs such as *Melrose Place* which “[depicted] slender women as objects of male desire” (440). Becker’s hypothesis runs parallel to that which defines “skinny culture” influences as the causes of anorexia nervosa, and it strengthens the reputation of AN as a syndrome bound to (but not immune to traveling with) Western culture. Yet, an important distinction must be made between dieting in Fijian society and anorexia nervosa. Dieting itself is not expressive of disordered eating, nor is it implicative of psychological trauma; rather, dieting is most often a response to cultural ideals of body shape and weight (Newsome 18). On the other hand, AN is indicative of deeply-rooted psychological upset, which is often expressed in Western societies via an internalization of cultural emphasis on thinness and simultaneous extreme food restriction. Furthermore, keeping in mind culture’s capacity to “mould opinions and behaviours, especially those of young women,” the introduction of Western culture to Fijian communities should be considered a behavioral guidebook by which a potential Fijian anorectic

could express his or her psychological trauma (Kadish 441). Western culture ideals are again, therefore, presented as an outward translation of psychological disturbance, not a cause of anorexia nervosa.

Anorexia nervosa is a disease unique in its causes because, as Hilde Bruch noted in her 1978 book *The Golden Cage: The Enigma of Anorexia Nervosa*, AN is “without contagious agent” (xx). Cultural influences attributed with Western ideals of body weight are commonly associated with the disease, though they cannot define AN in terms of its psychological roots. However, Western emphasis on thinness and its synonymization with success and control allows for an external route by which the anorectic’s organized response to internal stress manifests in a physical manner. Cultural archetypes, therefore, are crucial in the *expression* of anorexia nervosa as a mental disorder that is externalized by extreme physical control of the body, but Western culture is not to be confused with a *causation* of the disease.

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