

1: Cultural Statistics and Trends for Bulimia

Only white, rich women get eating disorders, society once assumed, and some still do. Yet, more research, thanks to increased funding and awareness, of eating disorders reveals the illness, especially bulimia, permeates lines of gender, ethnicity, and religion. Partly to blame is Western culture's.

Advanced Search Abstract Eating pathology and body image issues are now recognized as affecting all racial and ethnic groups. This article reviews eating pathology and body image concerns in four diverse groups in the U. The major conclusion based on this review is that eating disturbances and body dissatisfaction occur to some degree in children and adolescents from all four major ethnic groups in the U. S; however, there is substantial variability across studies. Future directions include the need for studies of prevalence, prevention and treatment research, and investigations of neurobiological and genetic variables. Moreover, risk factors for these problems may vary due to social, cultural, and economic factors Field et al. This article reviews eating pathology and body image in four diverse groups in the U. Health Disparities in Eating Pathology Why might we expect that there would be differences in the prevalence, and potentially the presentation, of eating pathology across diverse groups, and why is this important to study? According to Kilbourne et al. Detection involves defining the health disparity, defining the vulnerable population, and measuring the disparity. Understanding involves the examination of various social, psychological, and biological processes—as well as methodological issues such as selection bias—that might account for observed statistically significant differences Alegria et al. Both arise from the interplay of genetics and environmental factors, have direct ties to social and cultural influences, and involve behaviors of eating and activity. Thus, we might expect that the influences that play a role in the development of obesity would be important to consider in the understanding of EDs. Yet many individuals from ethnic minority backgrounds, notably AA and Hispanic cultures, celebrate a larger body ideal, often have higher body weight, and may be influenced by cultural and socioeconomic factors related to eating behaviors and physical activity Nasser et al. The clashes between majority values around thinness and issues specific to minority groups may put youth who grow up in the majority culture, but live in a minority family, at risk for the development of various forms of eating pathology and body dissatisfaction. Understanding potential ethnic differences in prevalence rates and symptom presentations has important implications for the development of culturally-relevant prevention and treatment programs. Culture as a Variable It is important to note that culture is neither a monolithic nor a discrete variable, but instead one that is highly nuanced. The identification of variables that carry the influences both risk and protective of culture on EDs are yet to be determined, though postulated variables include the influence of popular culture, familial factors, SES, acculturation, and the intersection between these variables with ethnic group-specific cultural values and beliefs. Influence of Popular Culture and Familial Context on Eating Behaviors Although ethnicity-specific cultural issues likely influence the development of eating pathology, it is likely that the media and popular culture, as well as the more proximal familial context, also play important roles. The interplay between the environmental factors that increase risk for obesity and the contrasting messages that being overweight is to be avoided at all costs conspire to make overweight and EDs and the related body dissatisfaction and problematic eating behaviors significant issues for youth. However, the degree to which such directives interact with ethnic group values to heighten the risk for EDs is an area yet to be explored. Future research is needed to better understand the role of the family in the development of eating concerns in ethnic minority youth. Interactions Between Culture and Other Variables Potentially complex interactions between culture and other important variables in the development of eating disturbances have been investigated, although only with adult samples. In a second study, binge eating disorder BED was associated with lower educational attainment in a national study of Latinos Alegria et al. Despite this evidence, the relationship with SES may be mediated by a number of additional variables, suggesting even greater complexity in the interaction of potential etiological variables in the development of eating disturbances in diverse groups. For example, financial strain e. In this context, our thinking about the development of EDs in diverse ethnic and racial groups in the U. Furthermore, international research has identified that the conflicts

experienced when women are asked to juggle two cultural worlds, that of their ethnic culture and the popular mainstream culture. For example, a Latina woman who receives the message from her family to celebrate a curvy figure and eat traditional foods in abundance, but is also attuned to the popular cultural media messages that thin is desirable, may struggle with issues of eating, weight, and shape concerns in an attempt to both please her family and respond to idealized beauty standards of the mainstream culture. In a study of Curacao women that utilized quantitative and qualitative methods, women who developed AN: Based on this study, Katzman et al. Katzman promotes shifting our understanding of the development of EDs to thinking about them as problems of disconnection using eating as a coping method when living between two cultures, transition attempting to move between two worlds, and oppression efforts to adapt to a new or popular culture resulting in an attempt to perfect the physical self as a method of coping with prejudices and isolation, rather than disorders of dieting, weight, and fear of fat. Examinations of the intersections of culture with other related variables raises additional research questions. How might mainstream cultural values, acculturation, and SES interact with race and ethnicity to determine eating pathology risk or resilience? Are different racial and ethnic groups more or less susceptible to the media or familial influences, which in turn might influence whether eating pathology or body image disturbances develop? Viewing the factors that protect and increase risk for EDs as complex and interactional will likely result in increased identification and understanding of EDs and fruitful culturally-sensitive prevention and intervention strategies for use with diverse groups. In our review, we begin by defining terms and follow with an examination of the available data in each of the four diverse groups. As a result, we have focused this review on body image, body dissatisfaction, and problematic eating behaviors. Finally, we conclude with a discussion of areas for future direction, which include prevalence studies and investigations of prevention, treatment, and neurobiological variables. Prevalence estimates of these disorders in children are currently not known; however, recent efforts to examine the diagnostic criteria for children and adolescents will likely lead to prevalence studies Bravender et al. AN is characterized by refusal to maintain a normal weight, misperception of size, and amenorrhea, whereas BN is defined by episodes of binge eating followed by various forms of compensatory behaviors. For example, individuals who meet all the other criteria for AN but continue to menstruate or individuals who purge but do not binge eat may both be diagnosed with EDNOS. BED describes individuals who binge eat but do not regularly use inappropriate compensatory weight control behaviors, such as fasting or purging to lose weight. Binge eating may involve the rapid consumption of food with a loss of sense of control, uncomfortable fullness after eating, and eating large amounts of food when not hungry. Body image, body dissatisfaction, eating disturbances, and disordered eating are defined in a number of ways. We will now review what is currently known about body image and problematic eating behaviors often a precursor to EDs in AA, Latino, Asian, and NA youth. As a result we hope to illuminate potential issues to be considered when designing culturally relevant treatment and prevention programs, noting that there is great variability both within and between these groups. Body Image and Disturbed Eating Among African American Youth Overall, studies of body dissatisfaction and eating disturbances indicate that AA girls prefer a larger body size and have less propensity to endorse a thin-body ideal Ruiz et al. AA mothers have been found to convey their positive weight-related attitudes to their daughters Brown et al. Parker, Nichter, Vuckovic, Sims, and Ritenbaugh concluded that rather than using thinness as a standard for beauty, AA girls emphasized appreciating their bodies and described themselves as being very supportive of each other in regard to body size and physical characteristics. This suggests that in general AA girls take pride in their bodies in a manner that sets them apart from other ethnic groups, which may in turn be protective against the development of clinical EDs, particularly AN, which is rarely found in AA women Striegel-Moore et al. Although some EDs are less likely to develop in AAs than other groups, problematic eating behaviors do occur in this group and in fact, binge eating is relatively frequent, particularly in AA boys. In a large study of 3rd grade students, Robinson, Chang, Haydel, and Killen found that AA and Latina girls manifested equivalent or higher levels of disordered eating attitudes and behaviors as White and Asian American girls. And, in a study of suburban female high school athletes of various sports conducted during their competitive season, Pernick et al. Although data suggest that AA groups tend to embrace a larger body ideal and restrictive dieting is not a common behavior, research on children and adolescents indicate that

other types of eating pathology, particularly binge eating, do occur with some frequency in this group, particularly in AA boys. For example, binge eating among Hispanic youth In two studies by Gardner, Friedman, and Jackson a , b that compared perceived and ideal body sizes, no differences between White and Latino children ages 6â€”13 were found. Work by Granillo, Jones-Rodriguez, and Carvajal

2: Culture & Eating Disorders - EAT LAB

Primary Therapist Stacey Rosenfeld, PhD, CGP explores the cultural influences of eating disorders in modern day society. For more information and to follow Dr. Rosenfeld's professional blog, please scroll to the end of the post.

Eating disorders are complex illnesses with a genetic component that can be affected by a wide variety of biological and environmental variables. Eating disorders include a range of conditions that involve an obsession with food, weight and appearance. It is estimated that over 10 million people in the United States suffer from eating disorders such as anorexia, bulimia, and binge eating disorder, and the statistics are growing. Research on the causes of eating disorders is constantly evolving, and we continue to gain increased insight into risk factors that may contribute to the illness. However, the answers remain multi-factorial, and they reflect a complex combination of biopsychosocial factors that may intersect differently for each person. Several major risk factors for eating disorders are outlined below.

Genetics Increasing numbers of family, twin, and adoption research studies have provided compelling evidence to show that genetic factors contribute to a predisposition for eating disorders. This also means that eating disorders are heritable. Individuals who have had a family member with an eating disorder are times more likely to develop one themselves. Newer research is exploring a possible epigenetic influence on eating disorder development. Epigenetics is a process by which environmental effects alter the way genes are expressed.

Temperament Some of the genes that have been identified to contribute to eating disorders are associated with specific personality traits. These aspects of personality are thought to be highly heritable and often exist before the eating disorder and can persist after recovery. Additionally, brain imaging studies have shown that people with eating disorders may have altered brain circuitry that contributes to eating disorders. Problems with the serotonin pathway have also been discovered.

Trauma Traumatic events such as physical or sexual abuse sometimes precipitate the development of an eating disorder. In some cases, the eating disorder is an expression of self-harm or misdirected self-punishment for the trauma.

Coping Skill Deficits Individuals with eating disorders are often lacking the skills to tolerate negative experiences. Behaviors such as restricting, purging, bingeing and excessive exercise often develop in response to emotional pain, conflict, low self-esteem, anxiety, depression, stress or trauma. In the absence of more positive coping skills, the eating disorder behaviors may provide acute relief from distress but quickly lead to more physical and psychological harm. Instead of helping, the eating disorder behaviors only serve to maintain a dangerous cycle of emotional dysregulation and numbing feelings. Effective treatment for the eating disorder involves education about and practice of alternative coping mechanisms and self-soothing techniques such as in Dialectic Behavior Therapy. In , a researcher documented the response of adolescents in rural Fiji to the introduction of western television. This landmark study illustrated a vulnerability to the images and values imported with media.

Dieting Dieting is the most common precipitating factor in the development of an eating disorder. Restrictive dieting is not effective for weight loss and is an unhealthy behavior for anyone, especially children and adolescents. For individuals who are genetically predisposed to eating disorders, dieting can be the catalyst for heightened obsessions about weight and food. Dieting also intensifies feelings of guilt and shame around food which may ultimately contribute to a cycle of restricting, purging, bingeing or excessive exercise. More worrisome though is that dieting is associated with higher rates of depression and eating disorders and increased health problems related to weight cycling. Intuitive eating and the health-at-every size paradigms are recommended as alternatives to diets for people looking to improve their health and overall well-being. As more research is done on the diverse contributing factors discussed above, it becomes more and more clear that this is not the case. While stressful or chaotic family situations may intersect with other triggers to exacerbate or maintain the illness, they do not cause eating disorders. The Academy of Eating Disorders AED released a position paper that clarifies the role of the family in the acquisition of eating disorders. The paper points out that there is no data to support the idea that eating disorders are caused by a certain type of family dynamic or parenting style. Alternatively, there is strong evidence families play an integral role in the recovery process. In particular, family-based treatment for younger patients, implemented early on in their illness, leads to positive results and improvements in

conjunction with professionally guided family interventions. The family is an integral system in the healthy development of a child. While parents and families are not to blame for eating disorders, they can play a role in helping kids establish a positive body image, healthy coping skills and eating competence which are all important protective factors against eating disorders. The heritability of eating disorders: Curr Top Behav Neurosci. Shared genetic and environmental risk factors between undue influence of body shape and weight on self-evaluation and dimensions of perfectionism. An investigation of temperament endophenotype candidates for early emergence of the core cognitive component of eating disorders. Prospective predictors of the onset of anorexic and bulimic syndromes. Int J Eat Disord. Personality characteristics of women before and after recovery from an eating disorder. Neuroticism and low self-esteem as risk factors for incident eating disorders in a prospective cohort study. The biology of human starvation. Neurocircuitry of eating disorders. Neurobiology of anorexia and bulimia nervosa. Lee Y, Lin PY. Association between serotonin transporter gene polymorphism and eating disorders: Threshold and subthreshold post-traumatic stress disorder in bulimic patients: Prevalences and clinical correlates. Posttraumatic stress disorder in anorexia nervosa. Body image, eating disorders, and the media. Adolesc Med State Art Rev. Spettigue W, Henderson KA. Eating disorders and the role of the media. Can Child Adolesc Psychiatr Rev. Television, disordered eating, and young women in Fiji: Eating behaviours and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls. This group is FREE and facilitated by a licensed clinician.

3: Causes of Eating Disorders – Cultural Influences

Culture has been identified as one of the etiological factors leading to the development of eating disorders. Rates of these disorders appear to vary among different cultures and to change across time as cultures evolve. Additionally, eating disorders appear to be more widespread among contemporary.

Eating disorders have traditionally been viewed as impacting the lives of non-Hispanic White women in Western countries. As you can imagine cultural and ethnic differences in eating disorders are a very complex topic! Some researchers have argued that eating disorder diagnoses such as anorexia nervosa and bulimia nervosa are culture-bound syndromes motivated by Western ideals of thinness, while others have emphasized the substantial biological and genetic components to eating disorders. After a review of the evidence on eating disorders across cultures and time periods, Keel and Klump concluded that bulimia nervosa is heavily influenced by culture, while anorexia nervosa is experienced similarly across cultures. The authors suggest that bulimia nervosa may be so influenced by culture because binge eating is reliant upon an individual having access to enough available food to have a binge episode. In spite of the traditional view of eating disorders outlined before i. Lifetime prevalence rates of eating disorders vary among ethnic groups in the United States, yet disordered eating has been found among European Americans, African Americans, Hispanic Americans, and Asian Americans for a recent review see: Our lab recently completed a review on disordered eating across ethnic groups. I will discuss a bit about what this review found. African American women tend to show lower levels of disordered eating behaviors than European American women, which may be related to the lower levels of both body dissatisfaction and thin-ideal internalization reported by African American women as compared with European American women. Hispanic American women may have higher levels of binge eating than either European American women or African American women. Asian American women show lower levels of many disordered eating behaviors than European American women. Ethnic minority groups in the United States are less likely than European Americans to seek treatment for eating disorders, suggesting a further need to examine how cultural and ethnic differences relate to differences in eating disorder symptomatology and treatment. Both similarities and differences in disordered eating symptoms have been found across cultures as well. Researchers have found that Japanese women may have levels of body dissatisfaction that are similar to women in the United States; yet there may be different motivations behind body dissatisfaction among Japanese women. For example, body dissatisfaction is largely motivated by the thin-ideal in American culture, while body dissatisfaction may be driven more by a desire for delayed maturation in Japanese culture. In Chinese culture, fear of fatness may play a role in body dissatisfaction similar to American culture. However, such generalizations may be limited by common definitions of cultural and ethnic groups. For example, China is inhabited by 56 different ethnic groups. Imprecise definitions of culture or ethnicity can contribute to difficulties in examining similarities and differences across cultures. Eating disorders are the outcome of a complex interaction between a variety of factors, including culture, environmental risk factors, individual differences in personality, and genetic factors. In so doing, researchers and clinicians can create interventions that best meet the needs of diverse populations.

4: The Cultural Influences of Eating Disorders - Oliver-Pyatt Centers

Bridget Engel, Psy.D., Natalie Staats Reiss, Ph.D., and Mark Dombeck, Ph.D. Particularly in modern Westernized countries, models, the media and dieting fads currently influence women and girls to be as thin as possible. Sociologists studying the development of eating disorders across time have noted.

Physical signs and symptoms of this eating disorder are: Bulimia Treatment Since negative body image and poor self-esteem are often the underlying factors at the root of bulimia, it is important that therapy is integrated into the recovery process. Treatment for bulimia nervosa usually includes: Discontinuing the binge-purge cycle: The initial phase of treatment for bulimia nervosa involves breaking this harmful cycle and restoring normal eating behaviors. The next phase of bulimia treatment concentrates on recognizing and changing irrational beliefs about weight, body shape, and dieting. The final phase of bulimia treatment focuses on healing from emotional issues that may have caused the eating disorder. Treatment may address interpersonal relationships and can include cognitive behavior therapy, dialectic behavior therapy, and other related therapies. Seek out an eating disorder treatment facility in your area. Articles on Bulimia Nervosa Recovery from an eating disorder is difficult and there are many opportunities to backslide into old habits. There are tools available that will help in the continued journey of recovery after the completion of treatment. One of the more detrimental and common side effects of bulimia involves dental damage. The negative ways in which teeth are impacted by bulimia is often overshadowed by other major health consequences, such as cardiovascular complications, electrolyte imbalances, gastrointestinal distress, and bone loss. Trying to getting insurance coverage for bulimia is a confusing and frustrating experience for many patients, families and treatment providers. Several factors play into the difficulties. Interpersonal Therapy is based on a simple idea: Weight fluctuations can be a common occurrence within a healthy individual. However, individuals who consistently engage in chronic dieting behavior, as well as individuals suffering from bulimia nervosa, experience weight fluctuations beyond the normal day to day variance. Bulimia Nervosa is a psychological disorder resulting in devastating health consequences if left untreated. New research findings are creating more effective methods and approaches for the treatment of bulimia nervosa, which can improve outcomes for individuals seeking recovery from this eating disorder. Addressing the underlying issues related to bulimia along with the use of effective psychotherapy methods can dramatically improve the chances for recovery. Learn more about these new research findings for bulimia treatment in this article. Often times, men and women with eating disorders may not appear as though they are struggling. Part of this is due to the fact that eating disordered behaviors are hidden and may not be as obvious to concerned family and friends. This is especially true for Bulimia, where binge and purge cycles are usually done in secret. This secrecy can allow individuals suffering from Bulimia to do so for several years before seeking help. If you are concerned that someone you care about may be struggling with Bulimia, read this article to learn more about identifying signs and tips for approaching your loved one with bulimia. Add the chaos and pressure from the transition to college life and the lifestyle changes this involves, and the perfect storm may be created for college students struggling with bulimia. Is it possible to be compelled to lose weight for reasons other than aesthetics? Last but not least to ask is, whether there are external forces that reinforce weight loss in order to achieve success in an occupation or avocation? I would like to examine some of those differences to illustrate how an obvious, general similarity can obscure a telling difference. Exercise, body image, and the effects of media among males are prime examples where apparent similarities with females can obscure crucial differences. Because excessive exercise is a normative behavior in competitive athletes, exercising as a compensatory behavior may go unrecognized, thus putting the athlete at physical and psychological risk. When a loved one is struggling tension is often created within the family unit. Eating disorders are often said to be both compulsive and impulsive. Compulsive means to act repeatedly on an irresistible urge. Impulsive means to act without thought, to act on a whim. So, eating disorders are repeated behavior, often taken without thought. What about the link between specific manifestations of an eating disorder and impulsivity, though? How does bulimia intersect with impulsive behavior? When a bulimic individual purges their body, they are inadvertently

robbing their body of insulin. This is the same with a diabetic who purges or limits their insulin injections. For this reason, diabetics have a higher chance of becoming bulimic, compared to individuals who are not. Young women with Type One diabetes are shown to be 2. The National Center on Addiction and Substance Abuse has shown that approximately 35 percent of all women who suffer from alcoholism also suffer from an eating disorder. Eating disorder sufferers also have an increased risk of abusing alcohol or illicit drugs, with studies revealing that up to 50 percent of individuals with eating disorders simultaneously struggling with substance abuse. For a mother who is trying to raise a family while also dealing with an eating disorder, the struggles encountered are much more intense and forceful. The effects of a severe psychiatric illness, such as bulimia, are wearisome for any individual who may be suffering from this disorder. Unless we have lived it ourselves, bulimia may seem clouded in mystery. Without the facts, misinformation circulates. If we want to be part of the solution, we do well to become more informed about this troubling psychological disorder. Here are a few common misunderstandings. Weight suppression WS is defined as highest ever historical weight minus current weight. It represents a measure of the level of weight lost since being at the highest ever weight achieved over a lifetime. Although the psychological and behavioral symptoms of bulimia nervosa BN are undoubtedly the major focus in this eating disorder, it has been argued that the magnitude of weight suppression may play an important role. Researchers have discovered a link between women who suffer from post-traumatic stress disorder PTSD and bulimia, finding that the chances of developing bulimia nervosa are increased significantly when an individual is diagnosed with PTSD. While headway has been made to moderate the impact of the thin-ideal in the sports and dance industries, similar pressure is yet to be applied to the beauty and fashion industries. There is little doubt that the pressure to be thin has seen an increase in eating disorders in recent years and there is much evidence that social norms and ideals can be changed. In a similar way that the public health discourse of smoking has changed radically in the last years, so too, can discourse around thinness transform to occupy a new and better-informed space in the health debate. Here are some helpful things you can do. While no single factor can be pinpointed as the cause of bulimia nervosa, the role of genetics in eating disorder development has been increasingly understood. Because the heritability factor is not as readily discussed, it seems more straightforward to base our insight on these disorders on what we know, namely what is seen in our environment. For those who have struggled with Bulimia, it is easy to identify and recognized the heightened anxiety that often comes hand-in-hand with this mental illness. Whether severe anxiety is a co-occurring condition with Bulimia, if anxiety is induced by the eating disorder, or if bulimia is used to help cope with anxiety, these two conditions are often intertwined.

5: Cultural Differences in Eating Disorders – Great Plains Skeptic

Eating disorders in the Jewish community arise and manifest themselves very similarly to eating disorders in the secular world. What differs is the effect that culture has on the eating disorder, and in the treatment and recovery process.

Alamy Akira, 37, lives in the heart of Tokyo, a metropolis that lights up like a fluorescent fairground at night. She shares the city with She also started going to an English language help centre for counselling, but the service is expensive and ineffective. Their condition is very severe. Sometimes they are even close to death. Another study last year, which was based on questionnaires sent to schools in seven prefectures in Japan, found that the prevalence of anorexia nervosa among adolescents is similar to that found in Europe and the US. It particularly affects girls: Few hospitals in Japan deal specifically with eating disorders and most sufferers, like Akira, must go to independent clinics where staff are not trained to assess the psychological causes of the illness. The government partly funds a handful of community support groups, which can help spot the early signs of illness. But change may be on the way. In , the ministry of health, labour and welfare drew up plans to research the issue and established specialised medical centres throughout Japan. Last year, they created a policy to fund five acute treatment centres for eating disorders in hospitals around the country, as well as putting money towards a national centre. The biggest independent support organisation at the moment is the Nippon Anorexia and Bulimia Association , a self-help group comprised of chronic sufferers of anorexia and bulimia. Part of the reason for the lack of treatment is cultural, according to Hanu, 23, who says there is a stigma around eating disorders and mental health concerns in Japan. Hanu has been bingeing and purging since she was in high school but has never been diagnosed, despite seeing a psychiatrist for years. Hanu says that her eating disorder is not about body image. Both she and Hanu also talk about the shame and guilt associated with wasting food. I remember I was pressured into eating every last grain of rice otherwise I would have to feel sorry and sinful. At school those kids with lactose intolerance were commonly seen puking up milk. With its small portions of low-calorie foods such as vegetables and oily fish, the country has one of the lowest obesity rates in the world.

6: Bulimia in Western Culture | Anthropology

Eating disorders, including anorexia nervosa, bulimia nervosa, and binge eating disorder, are psychological disorders that involve extreme disturbances in eating behavior. A teen with anorexia.

She is known for her *Unbearable Weight: Feminism, Western Culture, and the Body*, a text that looks at the impact of popular culture television, advertisements, and magazines, for example in shaping the female body while also looking at typical female disorders such as hysteria, agoraphobia, anorexia nervosa and bulimia as "complex crystallizations of culture". She currently holds the Otis A. Bordo specializes in contemporary culture and its relation to the body, focusing on modern female disorders such as anorexia and bulimia, cosmetic surgery, beauty and evolutionary theory. She also deals with racism and the body, issues of masculinity along with issues of sexual harassment. While certain cultural theorists, for example John Fiske, who wrote *Television Culture*, see elements of culture like television as "demonstrating the way representational codes and techniques shape our perception" but also as a means for resistance, where audience members could "decode" such messages and thus be able to "think resistantly about their lives", [11] Bordo sees cultural coding as a more pernicious, binding and overwhelming force. For Bordo "the rules of femininity have come to be culturally transmitted more and more through the deployment of standardized visual images"; [12] cultural transmitters such as television and print media work insidiously to "impose models of bodily beauty that get construed as freely chosen options by those victimized by them". Bordo appropriates the ideas of Michel Foucault in critiquing, analyzing and bringing to light "the normative feminine practices of our culture". If, in a Foucauldian sense, power works from below, then "prevailing forms of selfhood and subjectivity gender among them are maintained, not chiefly through physical restraint and coercion although social relations may certainly contain such elements, but through individual self-surveillance and self-correction to norms". She critiques the stable notion of objectivity and knowledge inherent in Cartesian thought, notions that, in our contemporary society, have become critically distanced, for "[t]he limitations of science and the interested, even ideological nature of all human pursuits now seem unavoidable recognitions". In the tenth anniversary reissue edition of *Unbearable Weight* was nominated for a Pulitzer Prize after its original release date. In the reissue of the book, Bordo considers the cultural images of the female body within the framework of the patriarchy, contemporary feminism, and postindustrial capitalism. She writes that "[f]or us, bedazzlement by created images is no metaphor; it is the actual condition of our lives". She writes that "we need to rehabilitate the concept of "truth" for our time. *A New Look at Men in Public and in Private* [edit] *With The Male Body* Bordo shifts her focus from looking specifically at female and feminized bodies to looking at the male body from a female perspective. She includes analyses of the male body that take into consideration the representation of the male body in popular cultural modes of communication such as movies, advertisements and literature, revealing how anxieties over bodily form and beauty are not limited to women but are of concern for men also. She also analyzes attitudes surrounding the penis and gay culture in the twentieth century. *A Feminist Appropriation of Foucault. Feminist Reconstructions of Being and Knowing.* Jaggar and Susan R. *The Flight to Objectivity: Essays on Cartesianism and Culture.* State U of New York P, *A Look at Men in Public and in Private.* Farrar, Straus and Giroux, U of California P, *Feminism, Western Culture, and the Body.* Pennsylvania State UP, *Feminisms,* Dorothy Allison, and the Body. HMH Bordo, Susan. *The Destruction of Hillary Clinton.* Melville House April 4,

7: NPR Choice page

Eating disorders affect people of all races and ethnicities, but existing research and treatments often don't take into account the cultural factors that come into play in minority communities.

However, individuals from different cultures and ethnicities are also developing disordered eating behavior. The etiology of Eating Disorders is strongly related to social norms, culture, and ethnicity. Geophagia, for example, is the ingesting of non-nutritive substances such as clay or chalk during pregnancy or religious ceremonies. A diagnosis of pica would not be necessary for someone engaging in geophagia. Also, many religions fast for periods of time, but these periods would not warrant a diagnosis of Anorexia Nervosa. Many cultures however, are beginning to experience an increase in the prevalence of Eating Disorders, specifically Anorexia Nervosa and Bulimia Nervosa. Some studies have found an increase in eating related psychopathology among women around the world. White American women, African American women and Asian women are the most commonly studied populations when it comes to understanding Eating Disorders. In many Asian cultures, they consider heavier people to have wealth and fortune and assume skinny people are suffering from poverty or being sick. Although the number of Eating Disorders has increased significantly, it is still low compared to Western countries. Unhealthy dieting behaviors start in adolescence in Japan, which is similar to Western countries. Japan and Western countries also have more young females with Eating Disorders or eating disturbance than men or older females. Obesity is a major concern in many Western countries but it is also on the rise in some Asian countries as well, including Japan. This increase in obesity has the potential to precipitate or worsen body image concerns as well as develop eating disturbance. The normal weight among adolescents has actually been getting lower over the past two decades. Body image disturbance and body dissatisfaction are growing in both Western and non-Western countries. Body disturbance can lead to a decline in health among those who experience it. The decline in health comes from extreme eating disorder behaviors including, restrictive dieting, excessive exercise and use of laxatives or diuretics. Body estimation among Japanese females may be distorted and many women desire to be thinner, regardless of their actual size. It has been suggested that women living in Western countries aspire to the thin ideal regardless of their cultural background. Therefore, it could be that as other countries become more Westernized or are more infiltrated by Western ideas, including the beauty myth, the rate of Eating Disorders and eating disturbances increase. Many socio-cultural factors also contribute to Eating Disorders in all cultures, but Japan may have some factors that are particular to that culture. The tripartite model of body image disturbance includes three factors that can be socio-culturally influential – peers, parents, and media. The tripartite model factors are where many individuals develop a sense of their body and self-esteem. Some mothers in non-Western cultures pressure their children into losing weight or maintaining a thin figure, similar to some parents in Western countries. Also, some children develop their eating disturbance by copying the behavior of their mothers. Ultimately the Japanese culture has a strong ideal of thinness created by a mix of their own personal cultural values and Western ideals. Low self-esteem can lead to body disturbance and eating problems. Many adolescents face low self-esteem anyway, but Japanese females are attempting to balance their gender roles as liberated women and also conservative, traditional mothers. Females must likewise praise men and confirm their higher status in the virtual hierarchy. This can place a strain on their self-esteem and lead to eating disturbance. Prevalence rates of Eating Disorders in African American women living in Western countries are on the rise. Research suggests that African American women were once less susceptible to Eating Disorders. One theory is that African American women did not internalize the negative body image comments of others. Non-internalization is a common coping strategy used to confront racism in the larger society, but also has the benefit of combating Eating Disorders. The use of non-internalization may be on the decline however, because Eating Disorders in African American women is now on the rise. However, research still shows white samples with more eating disturbance and body dissatisfaction. It may be that the rise of eating disturbance in non-white women is being caused by the changing economic and professional status of many ethnic minorities. Some could argue that as women increase their socioeconomic

status their risk of yielding to unrealistic beauty ideals increases. There is still disagreement about the actual prevalence of Eating Disorders in non-Western countries. The Western measurements Eating Attitudes Test used such as the DSM for diagnosing Eating Disorders often do not take religious, cultural, or beauty practices into account from other non-Western cultures. Therefore, clinical Eating Disorders and subclinical Eating Disorders have different prevalence rates across non-Western cultures. Eating disturbance is present in non-Western cultures, but may be more difficult to identify without knowledge of the culture. The increase in eating disturbance can soon lead to an increase in Eating Disorders. Western cultural ideals may be leading to the increase in eating disturbance. The beauty myth and other thin messages that come from the media need to be addressed to lower the prevalence of Eating Disorders in all cultures. Some cultures may have more access to such messages and the more access they have the more likely women in that area will develop eating disturbance or body dissatisfaction.

8: Susan Bordo - Wikipedia

Bulimia nervosa, also known as simply bulimia, is an eating disorder characterized by binge eating followed by purging. Binge eating refers to eating a large amount of food in a short amount of time. [2].

Rates of these disorders appear to vary among different cultures and to change across time as cultures evolve. Additionally, eating disorders appear to be more widespread among contemporary cultural groups than was previously believed. Anorexia nervosa has been recognized as a medical disorder since the late 19th century, and there is evidence that rates of this disorder have increased significantly over the last few decades. Bulimia nervosa was only first identified in , and there has been some speculation that it may represent a new disorder rather than one that was previously overlooked Russell, However, historical accounts suggest that eating disorders may have existed for centuries, with wide variations in rates. Long before the 19th century, for example, various forms of self-starvation have been described Bemporad, The exact forms of these disorders and apparent motivations behind the abnormal eating behaviors have varied. Scrutiny of historical patterns has led to the suggestion that these behaviors have flourished during affluent periods in more egalitarian societies Bemporad, It seems likely that the sociocultural factors that have occurred across time and across different contemporary societies play a role in the development of these disorders. Sociocultural Comparisons Within America Several studies have identified sociocultural factors within American society that are associated with the development of eating disorders. Traditionally, eating disorders have been associated with Caucasian upper-socioeconomic groups, with a "conspicuous absence of Negro patients" Bruch, However, a study by Rowland found more lower- and middle-class patients with eating disorders within a sample that consisted primarily of Italians with a high percentage of Catholics and Jews. Rowland suggested that Jewish, Catholic and Italian cultural origins may lead to a higher risk of developing an eating disorder due to cultural attitudes about the importance of food. More recent evidence suggests that the pre-valence of anorexia nervosa among African-Americans is higher than previously thought and is rising. A survey of readers of a popular African-American fashion magazine Table found levels of abnormal eating attitudes and body dissatisfaction that were at least as high as a similar survey of Caucasian women, with a significant negative correlation between body dissatisfaction and a strong black identity Pumariega et al. It has been hypothesized that thinness is gaining more value within the African-American culture, just as it has in the Caucasian culture Hsu, Other American ethnic groups also may have higher levels of eating disorders than previously recognized Pate et al. A recent study of early adolescent girls found that Hispanic and Asian-American girls showed greater body dissatisfaction than white girls Robinson et al. Furthermore, another recent study has reported levels of disordered eating attitudes among rural Appalachian adolescents that are comparable to urban rates Miller et al. Cultural beliefs that may have protected ethnic groups against eating disorders may be eroding as adolescents acculturate to mainstream American culture Pumariega, The notion that eating disorders are associated with upper socioeconomic status SES also has been challenged. Association between anorexia nervosa and upper SES has been poorly demonstrated, and bulimia nervosa may actually have an opposite relationship with SES. In fact, several recent studies have shown that bulimia nervosa was more common in lower SES groups. Thus, any association between wealth and eating disorders requires further study Gard and Freeman, Eating Disorders in Other Countries Outside the United States, eating disorders have been considered to be much rarer. Across cultures, variations occur in the ideals of beauty. In many non-Western societies, plumpness is considered attractive and desirable, and may be associated with prosperity, fertility, success and economic security Nassar, In such cultures, eating disorders are found much less commonly than in Western nations. However, in recent years, cases have been identified in nonindustrialized or premodern populations Ritenbaugh et al. Cultures in which female social roles are restricted appear to have lower rates of eating disorders, reminiscent of the lower rates observed during historical eras in which women lacked choices. For example, some modern affluent Muslim societies limit the social behavior of women according to male dictates; in such societies, eating disorders are virtually unknown. This supports the notion that freedom for women, as well as affluence, are sociocultural factors that may

predispose to the development of eating disorders Bemporad, Cross-cultural comparisons of eating disorder cases that have been identified have yielded some important findings. In Hong Kong and India, one of the fundamental characteristics of anorexia nervosa is lacking. In these countries, anorexia is not accompanied by a "fear of fatness" or a desire to be thin; instead, anorexic individuals in these countries have been reported to be motivated by the desire to fast for religious purposes or by eccentric nutritional ideas Castillo, Such religious ideation behind anorexic behavior also was found in the descriptions of saints from the Middle Ages in Western culture, when spiritual purity, rather than thinness, was the ideal Bemporad, Thus, the fear of fatness that is required for the diagnosis of anorexia nervosa in the Diagnostic and Statistical Manual, Fourth Edition American Psychiatric Association may be a culturally dependent feature Hsu and Lee, Conclusions Anorexia nervosa has been described as a possible "culture-bound syndrome," with roots in Western cultural values and conflicts Prince, Eating disorders may, in fact, be more prevalent within various cultural groups than previously recognized, as such Western values are becoming more widely accepted. Historical and cross-cultural experiences suggest that cultural change, itself, may be associated with increased vulnerability to eating disorders, especially when values about physical aesthetics are involved. Such change may occur across time within a given society, or on an individual level, as when an immigrant moves into a new culture. In addition, cultural factors such as affluence and freedom of choice for women may play a role in the development of these disorders Bemporad, Further research of the cultural factors influencing the development of eating disorders is needed. Miller is an associate professor at James H. Pumariega is professor and chair of the department of psychiatry at the James H.

9: About Bulimia: Symptoms, Signs, Causes & Articles For Treatment Help

After a review of the evidence on eating disorders across cultures and time periods, Keel and Klump () concluded that bulimia nervosa is heavily influenced by culture, while anorexia nervosa is experienced similarly across cultures.

Samantha Gluck Fatness has traditionally been a greater preoccupation in western societies than in third world countries. Women living in third world countries appear much more content, comfortable and accepted with fuller body shapes. In fact the cultural stereotype of attractiveness within these societies includes a fuller figure. Studies have been done observing women from these societies acculturating into areas in which there is a greater preoccupation on thinness and the results appear disheartening. These women began adopting the British viewpoint desiring a smaller physique unlike their African peers. These studies suggest that to fit the given cultural stereotype of attractiveness, women may try to overcome their natural tendency toward a fuller figure. It is apparently hard to "just say no" to society. A study by Bulik suggests that attempting to become a part of a new culture may encourage one to over-identify with certain aspects of it. This may be due to the fact that eating disorders have been reported much less among African Americans, Asian Americans and American Indians. This oversight reflects a cultural bias and unintended yet prevalent bigotry. Individuals from other cultures should also not be excluded from the possibility of an eating disorder diagnosis. Westernization has affected Japan. In densely populated urban areas it has been found that Anorexia Nervosa affects 1 in The incidence of Bulimia is markedly higher. In a study by Gandi , anorexia has been found within the American Indian and Indian populations. Five new cases were diagnosed out of 2, referrals over a four year period. A study by Nasser looked at Arab students studying in London and in Cairo. These results tend to lead one back to the theory of cultural stereotypes and the over-identification which may occur when attempting to acculturate into a new society. No culture appears immune to the possibility of eating disorders. Middle-aged women as well as children can also develop eating disorders. For the most part the development of these disorders appears linked to the cultural standards. A study by Rodin states that in women over the age of 62 the second greatest concern for them are changes in their body weight. Another study by Sontag focuses on the "double standard of aging" and reveals how aging women in Western society consider themselves less attractive or desirable and become fixated on their bodies. The scariest statistics of all are those surrounding year old girls. Children as young as 5 have expressed concerns about their body image Feldman et al. Their research indicates these children at this young age have internalized a sociocultural value regarding thinness on a personal level. Boys as well as girls reported very similar perceived social pressures. The study goes on to state that these children have demonstrated an ability to reduce their anxiety about becoming fat by implementing early weight control behaviors. One concern cited involved the possibility of using more extreme measures, such as vomiting or using medication if the earlier methods fail or the pressure to be thin intensifies. At this tender age girls apparently have equated success and popularity with thinness, potentially planting the seeds for the development of an eating disorder.

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