

Disordered eating in a non-Western cultural context: Mexico

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Introduction

Biocultural nutritional anthropology has argued that, for humans, eating is imbued with cultural meaning and both serves and is an outcome of complex social interactions. After all, “all animals feed, but only humans eat” (Farb and Armelagos: 1980, 3). However, since eating is central to the human experience, the presence of “disordered eating” appears to serve no function at all. But on closer examination, phenomena such as anorexia nervosa and bulimia nervosa, though seemingly irrational, are outcomes of cultural experience.

This paper investigates the complex ways in which disordered eating is conceptualized, experienced and subverts conventional thinking about its etiologies and their relationships to culture. More specifically, this paper explores how what is commonly considered a “culture bound syndrome” transcends cultural boundaries within the context of rapid modernization and globalization. The presence of disordered eating in Mexico is connected to emerging attitudes about the body, beauty and personal success, resulting from the effects of modernization as they adapt to and integrate with local cultures.

Literature Review

Eating disorders have long been conceptualized as “cultural bound syndromes”, which are disorders that occur in specific cultural contexts (Lee: 1996). This position has been maintained on the basis that the thin body ideal is present only in Western, industrialized cultures, such as those of North America and Europe. In contrast, non-Western cultures typically idealize a full female figure, one which Western cultures would label as obese. For

example, a British study compared body ideal opinions of a group of British students and a group of Ugandan students (Furnham and Buguma: 1993). Both groups were shown line drawings of female and male figures, ranging on a scale of one to twelve from very thin to very fat. They were asked to rate the figures' attractiveness on a scale of zero to seven from attractive to unattractive. Ugandans rated obese figures more positively than the Britons did (female figure 10: $F = 23.87$, $p < .001$). A preference for fatness is not limited to Africans. Traditionally, Latin Americans have also preferred a full female figure to a thinner one (Bojorquez and Unikel: 2004).

However, some scholars have begun to rethink the notion that disordered eating is a product of Western culture and its encroachment on non-Western societies. Gremillion (2005) questions whether criteria for diagnosing disordered eating and analyzing its etiology can be applied to non-Western cultures because to do so imposes Western categories onto such cultures and attempts to explain behavior in terms that do not accurately describe it in a way that is meaningful for them. She calls for greater reflexivity when working around non-Western eating behaviors. Polinka (2000) points out that there are records of disordered eating among female saints in medieval Europe. In this context, disordered eating was an act of self-denial, and an expression of devotion to faith and asceticism. Lee (1996) points out that not only are eating disorders present in the non-Western world, such as in East Asia, but that many patients with eating disorders in these areas do not attribute their behavior to "fat phobia". He argues that the Western focus on social proscriptions about appearance obscures other problems affecting anorexic and bulimic women. Rather than being preoccupied with their appearance,

some of these patients report other reasons for not eating normally, such as asserting self-control in a social context lacking female empowerment. Lee gives two examples to illustrate this point. The first is that of an Ethiopian woman presenting with psychosomatic vomiting and weight loss resulting from torture (Lee: 1996). The second is a woman in Hong Kong who presented with anorexia, but explained that her disorder was an attempt to deflect attention from problems between her family and herself (Lee: 1996).

Lester continues with this line of reasoning. Similarly to Lee, Lester does not find “fear of fat” to be the dominant etiology in disordered eating among neither Mexican nor the American girls. Drawing on her ethnographic research, she compares treatment for disordered eating in the United States to that in Mexico. Despite their differences, both populations experience disordered eating in the context of social relationships, particularly within the family. In the U.S., disordered eating is commonly connected to the patient’s lack of self-individuation. According to Lester, the American treatment model usually focuses on the relationship between the patient and her overly controlling mother, one in which the patient has no concept of herself as separate from her mother. In Mexico, treatment focuses on the idea of co-dependency, or psychological dependency on others for emotional or material security (Lester: 2007). The differences between American and Mexican treatment methods in Lester’s study highlight an important component of the cultural processes that affect disordered eating in the developed West. This is the concept of personhood in terms of individualism and success in terms of competitiveness.

In her study of treatment facilities in Mexico and the United States, Lester found that the discourse on treatment differed between the two populations. The American treatment center stressed individuality and independence, and the methods were based on the belief that disordered eating was the patient's response to her overprotective and meddling mother and her attempt to assert her individual identity and a sense of self-control. The goal of such therapy was for the patient to detach herself from her home environment in order to offset the struggle for identity that presents itself there. In Mexico, treatment was concerned with patients' pathological attachment to family members, but only insofar as it affected their self-esteem and influenced unhealthy eating patterns. Otherwise, the treatment paradigm was focused on the social support of other patients at the treatment center, and healthy, integrated relationships with partners and family members, facilitated by the patients taking responsibility for their problems in order to repair those relationships (Lester: 2007).

The concept of the person as an individual, separate from others, is particularly strong in the West and in other regions of the world which have undergone Western-style modernization (Littlewood: 2004; Warren et al.: 2005). This individualism manifests itself in a preoccupation with self-expression and competitiveness in terms of appearance, and may be responsible for Western women's obsession with losing weight and being thin. An emphasis on individualism is often linked to a higher risk of developing an eating disorder (Bojorquez and Unikel: 2004).

Additionally, there appears to be a link between class identity and disordered eating. In a study taking place in Brazil, patients with eating disorders were found to fit the typical North American pattern of being middle class and well-educated. One difference between the study

and data gathered from Western studies was in the age of onset of disordered eating (mean age = 17, SD = 5.2). Brazilian women seem to develop eating disorders slightly later in life than American women do, probably because, in Brazil, women tend to live with their parents longer than women do in the United States (Negrão and Cordás: 1996). Additionally, in non-Western countries, disordered eating seems to be connected with upward mobility in terms of employment. When women are looking for jobs, they often use weight loss as a strategy for appearing to be competitive and successful. For example, Becker studied the effects of mass media on a population in Fiji previously without exposure to media outlets such as television. Before the introduction of television, teenage girls in Fiji had little awareness of the thin body ideal and little insecurity about their own body size. After several months of viewing American television and being presented with images of successful, attractive, thin women, the girls began to feel that they were too large to be successful and employable. They began to associate greater size with lack of ambition to work hard (Becker: 2004). There seem to be connections between individualism, success, independence and being thin.

Acculturation is often thought to be the best explanation for the appearance of disordered eating outside of North America and Europe. The problem with this hypothesis for applying it to Latin America is that most studies investigate Latina immigrants in the United States or their U.S. born descendants as a proxy for women living in Latin America. For example, studies have compared white and Latina female American college students to determine their awareness of the Western thin body ideal and to what degree it has been internalized. Predictably, the white women were both more aware than the Latinas of the

pressure to be thin and felt a stronger personal need emulate that standard (Warren et al.: 2005; Cachelin et al.: 2006). However, it is important to point out that “Latina” is not a monolithic category. Immigrants and their descendents live in a different society and culture than the one in which they originate. As a result, social expectations will be different and their goals and priorities will reflect those social expectations. Therefore, while it may be valuable to know that Latinas are somewhat less affected than white women by the Western body ideal, it yields an incomplete analysis of disordered eating in Latin America.

Eating disorders among Mexican girls and women

Traditionally, Mexicans have preferred a larger body type for women. This preference still exists in rural, isolated parts of Mexico. Monárrez -Espino et al. (2004) interviewed 81 Tarahumara, an indigenous group in Chihuahua, Mexico. After being shown ten photographs of women of varying body mass index (BMI), they were asked questions about their opinions about the women’s appearances, including attractiveness. There were no definite trends between demographics and responses except for language. Spanish speakers preferred “plump” (BMI = 24-32) and obese (BMI > 32) women. Non-Spanish speakers preferred plump women. Only in the last half century, has Mexico been introduced to the rapid economic growth and increased consumerism of the post-industrial, high-technology world. Economic changes, such as those brought about by the North American Free Trade Agreement (NAFTA) have increased trade between Mexico and other countries, particularly the United States, the number of wage-paying jobs, and the availability of foreign commodities (Rothstein: 2005). The result has been an increase in consumerism and greater access to mass media, including

American media and Mexican television which is often funded by American advertising (Wilkinson: 2006). Additionally, Central Americans now have more exposure to American print media, as American publishers now offer Spanish-language versions of publications such as fashion magazines (Casanova: 2004).

Television, and other media such as cinema, reproduces cultural expectations about behavior, roles, and appearance. This is particularly evident with respect to gender. Mexican “telenovelas”, serial dramas, explicitly reflect cultural norms about gender roles (Beard: year). One such telenovela is called “La Vida en el Espejo” (“Life in the Mirror”). Telenovelas portray the male-dominant/female-subservient dynamic that is often prevalent in Mexican culture. One manifestation of this gender dynamic is female beauty. As in many cultures, Mexican women are expected to maintain a particular appearance. The correct appearance partly defines femininity. Because this social expectation is imposed on women from a young age and to such a large degree, having the right look is very important to women and many will expend much effort to achieve it (Polinska: 2000).

Additionally, advertisers capitalize on these expectations. They are aware that people have a notion of the “ideal self”, which is the type of person they want to be. An important component of the ideal self is physical appearance. Advertisers know that consumers are more inclined to buy products that are presented to them by models who look the way the consumers want to look (Bjerke and Polegato: 2006). For example, Bjerke and Polegato interviewed women in cities across Europe and asked which hair colors they thought were the most beautiful. There was a clear difference in opinion between women in the northern cities

of Hamburg and London and the southern cities of Madrid and Milan. Women in Milan preferred black hair to blond (black = 14.7%, blond = 7.3%) while the women in Hamburg preferred blond hair to black (blond = 14%, black = 7.3%). American advertisers are interested in successfully marketing products and services to Mexicans and people of other cultures. They know they must try to convince their target demographics that these products and services are necessary or desirable while at the same time appealing to their cultural sensibilities (Gregory and Munch: 1997). Additionally, Mexicans increasingly utilize television and advertising for educational purposes, as a proxy for less biased sources of information (Wilkinson: 2006).

Thus, mass media and advertising affect women's body image and put some at greater risk for developing eating disorders (Cusumano and Thompson: 1997). Particularly at risk are women who have internalized cultural expectations about weight and body shape (Santoncini et al.: 2006; Wareen et al.:2005). Mexican and Mexican-American women in the United States are less prone to internalization of the thin body ideal than are white women, and a strong Mexican ethnic identity has been shown to be a protective factor against developing eating disorders (Warren et al.: 2005; Cachelin et al.: 2006). However, despite the traditional appreciation for a full female figure in Mexico, and the relatively late entrée of Mexico into the post-industrial global economy, there are signs that disordered eating in Mexico is on the rise.

Bojorquez and Unikel (2004) found that disordered eating was prevalent in both rural and urban Mexico. They interviewed 458 girls (mean age = 16.5) in a small town in Michoacan, Mexico and compared their responses to a previously conducted survey of high school girls in Mexico City (n = 1216, min. age = 15, max. age = 18). Of the rural population, 27.9 per cent

were concerned with their weight, 14.3 per cent binged at least twice a week, and 17.9 exercised to lose weight at least twice a week. Of these girls, 10.1 per cent reported frequent dieting and 4.2 per cent reported fasting. Self-induced vomiting was reported by 2.4 per cent of the population. Compared to the rural population, a lower percentage of the urban population were concerned about weight (19.6%), practiced bingeing (6.8%), exercising to lose weight (15.5%), dieting (5.1%), fasting (2.9%), or self-induced vomiting (1.0%). A lower percentage of the Mexico City population practiced all of the risky eating behaviors than the Michoacan population.

While these data may seem to contradict the widely held belief that eating disorders are cultural phenomena found predominantly in urban, industrialized populations, the authors insist that culture can still explain their findings. A more detailed analysis reveals that many of the girls in the rural population are “upwardly mobile”, meaning that they are in a social group that aspires to greater wealth and social prestige and that they are in a social position that potentially offers them an opportunity for that advancement. Unemployment rates were low among their parents, with most mothers staying at home to care for the children (72.3%) and all other mothers having some outside employment, and only 0.2 per cent of fathers without jobs. In terms of education level, the highest percentage of parents in this population did not complete elementary school (mothers = 29.9%, fathers = 24.5%). Additionally, the vast majority of the households have television (97.6%). The authors point out that since the parents, who have a low level of education, have kept their daughters in school longer, they value their daughters’ education and wish for them to be materially successful. While there were no

significant associations between various dimensions of the family's socioeconomic status, such as employment and educational level, and the presence of disordered eating, the authors believe that cultural forces are likely working to push the girls to wish to conform to a certain body ideal. The socioeconomic trends found in this study are interesting because they seem to indicate that the girls may be struggling to adjust to changing roles regarding gender and material success.

Comparative studies of Mexican women, and either American or Spanish women, reveal complex results. In these studies, Mexican women often present more severe or dangerous behaviors than the other groups. Toro et al. (2006) found that a greater proportion of Mexican subjects practiced more purging behaviors (13.8%, $n = 327$, $p < .002$, $df = 1$) than the Spanish subjects (6.9%, $n = 463$, $p < .002$, $df = 1$). Additionally, a greater proportion of Mexican than Spanish subjects skipped meals (Toro et al.: 2006). For example, 18.3 per cent ($n = 327$, $p < .00001$, $df = 2$) of the Mexican women reported never eating supper, while only 0.7 per cent ($n = 463$, $p < .00001$, $df = 2$) of the Spanish women reported the same behavior. Caballero et al. found that, in a study comparing American and Mexican women in treatment for disordered eating, more Mexican women practice compulsive (or ritualistic) behavior relating to their eating disorders (for example, eating rituals = 86, $n = 87$, $p < .05$; purging rituals = 63, $n = 87$, $p < .05$; weight rituals = 51, $n = 87$, $p < .05$) than the American women (eating rituals = 65, $n = 87$, $p < .05$; purging rituals = 48, $n = 87$, $p < .05$; weight rituals = 26, $n = 87$, $p < .05$). Additionally, more of the Mexican women than the American women thought their compulsive behaviors were egosyntonic, meaning that they were consistent with their internal values and

personalities. Caballero et al. suggest that the relative severity of disordered eating symptoms in Mexican women may be due to lack of previous treatment. Nearly all of the Mexican women in this study had no had prior treatment, but about half of the American women had. Cognitive behavioral therapy helps to reduce compulsive behavior in patients with eating disorders. The authors suggest that it is also possible that Mexican women wait longer than American women to seek treatment (Caballero et al.: 2006).

Another difference between Mexican and European women is the triggers for disordered eating. Toro et al. found that more Spanish women were personally dissatisfied with their bodies (5.6 %, $n = 468$, $p < .002$, $df = 1$), than were Mexican women (1.2 %, $n = 329$, $p < .002$, $df = 1$). Also, more Mexican women dieted at the suggestion of their parents (5.2%, $n = 329$, $p < .02$, $df = 1$), than did the Spanish women (1.9%, $n = 329$, $p < .02$, $df = 1$). This suggests that social pressures to be thin are different for the two groups. Mexico is a collectivist society, where strong family relations are very important (Gregory and Munch: 1997). In contrast Spain may be more individualist, with more emphasis on personal success.

Discussion

It is clear that disordered eating is intimately connected to culture. It may be connected to biology as well. If a specific appearance is what is needed for a woman to attract a viable partner, and disordered eating is necessary to have that appearance, then it follows that disordered eating increases fitness. Disordered eating could be a cultural adaptation to

increase a woman's likelihood of having children and passing on her genes to future generations. What is not clear is exactly how culture affects an individual's risk for developing an eating disorder. For decades, eating disorders have fallen under the rubric of "culture bound syndrome" because they appeared only to exist within the specific cultural context of Western, post-industrial modern societies. But more recently, social scientists have seen an increase in disordered eating in other parts of the world that are just beginning to modernize.

Additionally, some scholars argue that what Western scientists call "eating disorders" may be found in non-Western cultures and conceptualized in different ways, and not always pathological ones. Some scholars question the validity of applying Western concepts and definitions to behaviors seen in other cultures that superficially resemble Western "eating disorders". However, other scholars contend that the presence of disordered eating in non-Western cultures is a product of acculturation into a more Western way of life, which includes wage work, individualism, and consumerism.

A more useful way to conceptualize this complex situation may be to think of culture as a template. It is the mental structure within which the interactions between collectively held beliefs, values, and behaviors take place. But between different cultures, those variables differ. In this case, it is clear that Mexican women, similarly to women in other cultures, turn to disordered eating to cope with social pressures relating to their identity as women, but the motivations that necessitate such coping are different. Both are influenced by images of female ideal types. But the motivations for conforming to these types differ. Mexican women are more likely to feel pressure from their families to conform to a standard of beauty and

femininity. American and European women are more likely to feel pressure from peers, their work environment, and even themselves to achieve a certain look or weight. Nevertheless, the respective standards of beauty are beginning to resemble each other, as the cultures become more connected to each other via mass media and the global economy.

This area of study could benefit from several changes in direction. The first obstacle is the lack of epidemiological data on disordered eating in Latin America. The second is the lack of published research in this area, and in particular the lack of research published in English. Third, culture is generally treated in a superficial manner by biomedical, psychological, and public health researchers. Rather than thinking of culture as a monolithic hegemonic device that forcefully controls human behavior, it may be more useful to think of it in a more flexible way. Culture does influence people's thoughts and behaviors, but people often respond to culture with adaptation, appropriation, and resistance. In other words, people use culture as much as they are affected by culture. For these reasons, it is much more useful to conduct in-depth ethnographic research to investigate how a social group constructs its identity, beliefs and behaviors. Research on disordered eating in Mexico and other Latin American countries is lacking in ethnography.

Additionally, this subject could benefit from a critical medical anthropological perspective. The political-economic structures that are beginning to change how people in non-Western cultures think of the body, the self, gender roles, and beauty should be analyzed. All too often, public health and biomedical discourse fail to take into account the broader political context, and instead focus too heavily on individual identity and choices. They fail to

understand just how culturally contingent such a point of view really is. When working within any culture, but especially a non-Western one, it is important to consider the large social forces that shape everyday reality.

Finally, it may be useful to investigate disordered eating from a more biological point of view. To some degree, disordered eating could be an adaptive behavior that can easily become maladaptive. The essence of biocultural anthropology is to explore how people use culture to meet biological needs, and the ways in which physical environments construct cultural systems. Disordered eating should not be excluded from biocultural inquiry. It is another way in which food, one of the most basic biological human needs, is used symbolically, socially and culturally.

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