Undergraduate Research Journal
University of California, Merced

Redefining Western Culture-Bound Syndromes: The Classification of Anorexia Nervosa

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Abstract

The concept of culture-bound syndromes have come into question, in regards to the definition as well as the general claim that, to some extent, culture plays a role in many disorders, syndromes, and dysfunctions. A culture-bound syndrome (CBS) is defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) as an array of symptoms categorized as a disease or a dysfunction specific to a certain culture and has yet to be experienced in any other cultures. A Western culture-bound syndrome is a culture-bound disorder that has, thus far, solely been viewed in Western civilizations such as North America and Western Europe. Anorexia nervosa is recognized as an eating disorder that arises from the influence of Western cultural ideals, conditions, and beliefs such as the emphasis on thinness and losing weight. The definition of culture-bound syndromes is in dire need of an update and anorexia nervosa should be included as a prime example of a Western culture-bound syndrome. The present paper discusses the possible reforms and changes to the current definition of culture-bound disorders as well as evidence as to why, based off of the previous criterion and possible future definition, Anorexia Nervosa should be classified as a Western culture-bound disorder.

Key terms: *Culture-bound syndrome, Western culture-bound syndrome, anorexia nervosa, eating disorders*

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Culture-bound syndromes, such as ataque de nervios, a disorder primarily reported in Latin American, Latin Mediterranean, and Caribbean groups, exist in many diverse cultures (DSM-IV-TR, 2000). In recent years, much attention has been brought to anorexia nervosa and other eating disorders and their quest to becoming classified as Western culture-bound syndromes, such attention corresponds to the growing calls for reform and adjustment of the definition of culture-bound syndromes. The proposition in this paper is that the DSM alters the criterion of culture-bound syndromes to coincide with the Cassidy/Ritenbaugh definition, a definition that considers all diseases to have cultural influences to varying degrees (Swartz, 1985). Reform adhering to such a definition allows for a less strict categorization of unnecessary divisions between classes of dysfunctions or disorders and leaves open the idea that a given condition can be, to some extent, more culturally influenced than another (Swartz, 1985). Culture affects many aspects of an individual's existence and in regards to disorders and syndromes culture is placed on a continuum and its influence varies depending on the disorder.

Anorexia nervosa is considered to be a Western culture-bound syndrome in many respects because of the Western emphasis on thinness and Western culture's body-oriented entertainment and media- media that further solidifies the desire to be thin. Anorexia nervosa is defined in the DSM as an eating disorder where the sufferer refuses to maintain a healthy body

weight for their height and age (DSM-IV-TR, 2000). Refusal to maintain healthiness is usually produced by an extreme fear or phobia of weight gain, coinciding with their warped view of self-body image. In some cases, dealing with females in maturity, amenorrhea occurs, which is the absence of a period. The second proposition of this paper is that anorexia nervosa be considered and classified as one of the Western culture-bound syndromes in the Diagnostic and Statistical Manual of Mental Disorders.

Culture-Bound Syndromes

In the DSM-IV-TR a culture-bound syndrome is recognized as "symptoms which have been categorized as a dysfunction or disease" characterized by one or more of these factors:

(1) Disorder cannot be postulated when taken out of the specific cultural or subcultural background.
(2) Etiology of disorder summarizes and embodies central meanings and behavioral norms of that specific culture.
(3) Culture-specific technology and ideology are implemented for diagnosis of disorder.
(4) Only participants belonging to that culture accomplish successful treatment.

These factors have set the precedent for culture-bound syndromes and this paper will attempt to prove that anorexia nervosa can fit into these categories as well as the new categories proposed.

Proposition for reform of culture-bound syndromes. Cassidy/Ritenbaugh and other scholars have discussed the possible alterations to the definition of a culture-bound syndrome. Cassidy/Ritenbaugh, et. al, suggest that the DSM consider these syndromes to be viewed in regards to the cultural fixations and meaning that they might demonstrate (Swartz, 1985). Also, Cassidy/Ritenbaugh and colleagues, propose that these syndromes be categorized on a continuum rather than a strict division of disorders due to the concept that all diseases or disorders in any particular cultures can, to alternating magnitudes, be culture-bound (Lee, 1996). The redefinition of CBS is supported by the idea that "terminology has evolved, and how cultural psychiatry has gone through various stages of development in association with the study of culture" and culture-bound syndromes (Tseng, 2006). This change or evolution of terminology has illustrated the greater need for a redefinition of culture-bound syndromes.

Western Culture-Bound Syndromes. Research views Western culture-bound syndromes as syndromes that are restricted to Westernized cultures or cultures who are undergoing the process of Westernization such as Japan (Prince, 1985). In this respect, the previous factors that qualify a syndrome as culture-bound, such as culture-specific ideology, still apply. Western ideas, norms, customs and more play a critical role in the understanding, etiology, diagnosis, and treatment of the disease/disorder. In this respect, anorexia nervosa would fall under such the category of a Western culture-bound syndrome.

Anorexia nervosa. Eating disorders are disorders in which the sufferer has severe disturbances in their eating behaviors as well as in the regulation of their body weight. Anorexia nervosa is an eating disorder characterized by low body weight, less than 17 BMI, a lack of consumption of food to control weight gain, fatigue, extreme weight loss, and, in some cases, no presence of a menstrual period (Keel & Klump, 2003). Anorexia nervosa tends to be prevalent amongst young women, aged 12-26, with an altered or warped view of self-image, which leads to extreme and even obsessive measures to control what they want to look like. These obsessive measures include extreme dieting, deliberate starvation, overly excessive exercise, etc. Anorexia nervosa is argued to be a Western culture-bound disorder because it is "largely confined to Western cultures" or Westernizing cultures (Banks, 1992). Western or Western-influenced cultures tend to see a much higher prevalence of anorexia nervosa than cultures not under the influence of Western cultural ideals, beliefs, and more.

Factor one: a lack of understanding. The first criterion that needs to be considered a culture-bound syndrome is the concept that the disease cannot be understood outside of its specific cultural context (DSM-IV-TR, 2000). Anorexia nervosa is presently considered a culture-bound syndrome by many fields, like Ethnopsychiatry, because of its prevalence in Western culture (Banks, 1992). Western culture and rapidly westernizing cultures place an emphasis on body image and thinness that does not correlate to the beliefs of other non-Western counterparts. Anorexia nervosa is seen as absent or "extremely rare outside of Western Europe, North America,

Australia, and South Africa (Lee, 1996). There have been epidemiological studies that have come to the conclusion that "fatness is no longer valued by young women in many non-Western societies" (Lee, 1996). Less stigmatization towards overweightness is viewed in cultures like the Chinese, and the concept of thinness does not seem to be so interwoven with a woman's future as in Western cultures (Lee, 1996). Non-Western societies have yet to experience the stigma and humiliation that comes with being overweight, which is so highly experienced in Western cultures.

Factor two: cultural etiology. Criterion two, in regards to culture-bound syndromes, is that the disease or dysfunction embodies and encapsulates the central meanings and norms pertaining to a certain culture. Western ideals, beliefs, media, and entertainment deem thinness as the ultimate goal, praising those who attain the desired thin body shape and shunning those who are overweight or even healthy because they are not thin enough. The "social and cultural trends" influence the sufferers of this disease to a great extent (Swartz, 1985). Factors coinciding with anorexia and other eating disorders, like fat phobia, appear to be present in "virtually all socioeconomic strata and ethnic groups in Western societies" (Lee, 1996). It has also been observed that "anorectics give meaning to their self-starvation and use explicit cultural symbols and belief systems to do so" (Banks, 1992). In addition to this, it has been observed that Western patterns of "current cultural beauty ideals" are present in the "etiology and maintenance of eating

disorders" (Keel & Klump, 2003). Anorexia nervosa is one of these eating disorders that have many cultural ties in regards to diagnosis and etiology.

Factor three: culture-specific diagnosis. Diagnoses of culture-bound syndromes are reliant upon technology and ideology unique to a certain culture. In the case of anorexia nervosa, the diagnosis correlates to many Western beliefs and assumptions. One main example is the observed difference between females and males in regards to speaking out and seeking help for problems of physical and mental problems. In Western culture, it is recognized more that a female will seek help or admit to an issue more frequently than a male would (Lee, 1996). These "gender-specific worldviews", recognized throughout Western culture, claim that "women and men are psychologically in 'world's apart', and that each genders modus operandi for perceiving and communicating reality" represent Western cultural ideals (Lee, 1996). The perception and communication of reality, in regards to an individual's physical and mental well-being affects the diagnosis of disorders such as anorexia nervosa. These Western assumptions can account for the fact that anorexia nervosa is observed and diagnosed more often in females than males.

Factor four: culture-related treatment success. Treatment success of culture-bound syndromes is contingent upon and accomplished only by participants of that culture. This concept is true in regards to many other disorders, dysfunctions, and syndromes because receiving treatment from a doctor or psychologist who has been influenced by the same culture as the patient can have a better understanding of the beliefs and cognitions of the individual

which can lead to a more successful treatment. In terms of anorexia nervosa, the success of the patient and overall treatment requires communication within a specific cultural context (Swartz, 1985). Treatment of anorexia nervosa, as well as many other diseases, benefit from having a rapport between doctor and patient that possesses cultural congruence (Lee, 1996).

Opposition. Anorexia nervosa cannot be found in the Diagnostic and Statistical Manual of Mental Disorders under culture-bound syndromes. The difficulty in classifying anorexia nervosa as a culture-bound syndrome has been linked to the concept that there have been instances where similar syndromes were observed in other non-Western cultures. Incidences of anorexia nervosa were seen in the Czech Republic, Africa, and the Caribbean (Uher & Rutter, 2012, n.p.). Another source of opposition is found in the idea that "evidence is by no means conclusive" that the aesthetic attitude claimed to coincide with eating disorders is a "sufficient let alone necessary, cause of anorexia nervosa" in regards to treatment (Lee, 1996, n.p.).

Response to opposition. Discoveries made in regards to the few cases of anorexia nervosa observed in other cultures support the claim that Western culture had influenced some of the women who suffered from the disease. Incidences of anorexia nervosa in the Czech Republic correlate to the exposure of Western media and values following the fall of the iron curtain (Uher & Rutter, 2012). In regards to the Caribbean, "all identified cases of anorexia nervosa were among young women… who had spent time in the USA or the Netherlands…" (Uher & Rutter, 2012, n.p.). In response to the concept of 'no conclusive evidence', there has also

been no significant, definitive evidence that suggests or supports the claim that Western-cultural values and beliefs have zero influences on cases of eating disorders such as anorexia nervosa.

Anorexia nervosa corresponds with change. The case of anorexia nervosa corresponds significantly to the possible redefinition or alteration of the definition of culture bound syndromes. Anorexia has demonstrated to accommodate the benchmark of the Cassidy/Ritenbaugh definition of culture-bound syndromes (Swartz, 1985). As stated previously in the paper, the Cassidy/Ritenbaugh definition proposes to categorize all culture-bound syndromes on a continuum based upon how much the specific culture influences etiology, diagnosis, treatment, and overall understanding of the disorder. In regards to anorexia nervosa, it would fall towards the end of the spectrum that illustrates a high amount of cultural influence.

Conclusion

With recent research in mind, the most common reason for the complications in determining the status of anorexia nervosa as a culture-bound syndrome is the lack of data as to whether or not it is observed enough in other cultures and the lack of significant evidence as to whether or not culture is a significant influence on its etiology, diagnosis, and treatment. However, based upon the evidence presented in this paper, anorexia nervosa meets all four of the requirements necessary to be considered a Western culture-bound syndrome. In addition, anorexia nervosa

also coincides with the proposition for reformation of the definition of culture-bound syndromes and would be considered more culture-bound than other dysfunctions or disorders.

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