

Cross-Cultural Research on Anorexia Nervosa: Assumptions Regarding the Role of Body Weight

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Abstract: Objective: *To critically examine two assumptions guiding cross-cultural research on the weight concerns of anorexia nervosa: (1) that weight concerns are specific to contemporary, Western manifestations of the disorder and (2) that the dissemination of Western values regarding thinness is primarily responsible for the development of anorexia nervosa in non-Western contexts. Method:* A review of theoretical and empirical literature on cross-cultural aspects of anorexia nervosa and the medical records of 14 Asian patients treated for eating disorders in Sydney, Australia. **Results and Discussion:** *Regarding the first assumption: It is argued that weight concerns when defined as weight loss that is positively valued (rather than a fat phobia) is a defining characteristic of anorexia nervosa and is not limited to contemporary, Western cases of the disorder. Regarding the second assumption: It is argued that the occurrence of anorexia nervosa in non-Western contexts cannot be solely attributed to the acceptance of Western thinness ideals because values and practices intrinsic to non-Western cultures are also likely to be etiologically relevant. © 2001 by John Wiley & Sons, Inc. Int J Eat Disord 29: 205–215, 2001.*

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INTRODUCTION

Throughout the last decade, cross-cultural aspects of anorexia nervosa have received considerable attention (for a review, see Nasser, 1997). Much of this interest has focused on the role of body weight and shape concerns in the disorder. At least two major assumptions can be discerned within the literature, which interestingly reflect diametrically opposed positions regarding the centrality of weight concerns.

The first assumption, primarily elaborated in the work of Lee (1995), claims that differences exist in the cross-cultural presentation of anorexia nervosa regarding weight concerns. Lee (1993) characterized the weight concerns associated with anorexia nervosa in terms of a "fat phobia" (i.e., an intense fear of becoming obese). The notion that "the

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clinical features of eating disorders in ethnically diverse patient groups are similar to those of westernized Caucasian patients" (p. 163) is rejected by Lee (1993) on the basis that fat phobia is frequently absent among patients with anorexia nervosa in non-Western cultures.

While Lee's (1993) position challenges fat phobia as "the *sine qua non* of contemporary anorexia nervosa" (p. 163), the second assumption evident in cross-cultural research reinstates the centrality of weight concerns in the disorder. Here, the emergence of anorexia nervosa in non-Western cultures is attributed to a process of westernization whereby "the great [Western] cultural value placed on thinness" (Nasser, 1997, p. 12) is increasingly becoming a universal preoccupation. Thus, rather than dismissing the centrality of weight concerns, this approach assumes that it is the dissemination of Western values in the form of the "thinness ideal" (Nasser, 1997, p. 57) that is primarily responsible for the increasing prevalence of anorexia nervosa in non-Western cultures.

With rare exceptions (Habermas, 1996; Mukai, Crago, & Shisslak, 1994), both assumptions appear to have gone largely unchallenged. In support of the former (i.e., the notion that weight concerns are not a universal feature of anorexia nervosa), several writers have questioned the validity of current diagnostic criteria for anorexia nervosa that pertain to weight concerns (Palmer, 1993; Russell, 1995). According to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association [APA], 1994), the diagnosis of anorexia nervosa requires "an intense fear of gaining weight or becoming fat, even though underweight" (p. 544) and a "disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of current low body weight" (p. 545). Partly on the basis of cross-cultural research in which weight concerns appear to be absent in patients with anorexia nervosa, Russell (1995) contended that "the time may be approaching when it will be advisable to retreat from our cherished diagnostic criteria of anorexia nervosa, as there may be a false precision in the current formulations" (p. 10).

The second assumption (i.e., the notion that the occurrence of anorexia nervosa in non-Western cultures is due to the globalization of the Western cult of thinness) is also widely endorsed. For instance, Bemporad (1996) maintained that eating disorders "are the price paid for Western civilization" (p. 236), whereas Abou-Saleh, Younis, and Karim (1998) attributed the occurrence of cases of anorexia nervosa in an Arab culture to a process of "increasing westernization" (p. 211).

Yet, despite widespread endorsement, both assumptions have received minimal critical examination. In the case of the first assumption, this may have resulted in a premature discarding of the role of weight concerns in anorexia nervosa. In the case of the second assumption, this may have exaggerated the role of Western weight preoccupations in the occurrence of anorexia nervosa in diverse cultural contexts. An examination of these assumptions suggests a need to reconceptualize aspects of cross-cultural research on anorexia nervosa.

WEIGHT CONCERNS AS A DEFINING FEATURE OF ANOREXIA NERVOSA

The position rejecting weight concerns as a defining feature of anorexia nervosa is largely based on cross-cultural findings that deem such concerns to be minimal or entirely absent in non-Western contexts (Neumärker, Dudek, Vollrath, Neumärker, & Steinhausen, 1992; Steinhausen, 1984; Steinhausen, Neumärker, Vollrath, Dudeck, & Neumärker,

1992 for research comparing anorexia nervosa in the former East and West Berlin). Among the largest studies of this kind, Lee, Ho and Hsu (1993) investigated the symptomatology of 70 Chinese patients in Hong Kong who had been diagnosed with anorexia nervosa. Less than one half of the patients were found to report fat phobia at any time during their illness. Instead, weight loss was primarily attributed to stomach bloating, loss of appetite, fear of food, or simply eating less. Lee et al. (1993) concluded that "fat phobia, cross-culturally speaking, is not the *raison d'être* for all cases of morbid self-starvation" and proposed "that the identity of anorexia nervosa should be conceptualised without invoking the explanatory construct of fat phobia exclusively" (p. 1014). Instead, Lee (1995) suggested criteria for the "culture-flexible diagnosis of anorexia nervosa" (p. 33) in which the diagnostic criteria are broadened beyond a fear of fatness to include other possible reasons patients report for reducing their food intake (i.e., abdominal bloating or pain, loss of appetite, no hunger, distaste for food or simply "don't know").

Perhaps the major limitation of Lee's (1995) broadening of the diagnostic criteria for anorexia nervosa is the loss of specificity incurred. Diagnostic confusion is exacerbated by the fact that the symptoms described by Lee (1995) occur in disorders other than anorexia nervosa. For instance, a reduction in food intake arising from abdominal bloating or pain is consistent with a diagnosis of conversion disorder, whereas loss of appetite and no hunger may be indicative of a depressive condition (APA, 1994). Indeed, it is not always clear in the cases reported (Kam & Lee, 1998; Lee, 1995) that a diagnosis of anorexia nervosa is warranted. In one such case, symptoms such as "often in a low mood," "transiently tearful," "thoughts of life being not worth living," and "socially withdrawn" (Lee, 1995, p. 27) are consistent with a depressive disorder, although the case is reported as an instance of "non-fat phobic" (Lee, 1995, p. 30) anorexia nervosa. With nonspecific symptoms (such as loss of appetite) utilized to define anorexia nervosa, the disorder is reduced to a "residual category" (Habermas, 1996, p. 319), employed when "no other biomedically defined disorder is found to account for the weight loss" (Lee, 1995, p. 33).

However, since the earliest clinical descriptions of the disorder, anorexia nervosa has been known to possess a highly specific characteristic that distinguishes it from other conditions in which weight loss features, namely, denial of illness in which extreme emaciation is not perceived by the patient as problematic but, to the contrary, is highly valued (Theander, 1995). This aspect of the disorder, that is, the egosyntonic nature of emaciation, was identified by Lasègue (1873/1997) who stated that the patient with anorexia nervosa is dominated by

Above all, the state of quietude—I might almost say a condition of contentment truly pathological. Not only does she not sigh for recovery, but she is not ill-pleased with her condition, notwithstanding all the unpleasantness it is attended with. In comparing this satisfied assurance to the obstinancy of the insane, I do not think I am going too far. Compare this with all other forms of anorexia, and observe how different they are. At the very height of his repugnance, the subject of cancer hopes for and solicits some aliment which may excite his appetite ... The dyspeptic, without organic lesion, exhausts his ingenuity in varying his regimen, and complains with all the bitterness habitual to those who suffer from affections of the stomach. (p. 495)

Indeed, Lasègue (1873/1997) maintained that the positive valence of symptomatology for the patient with anorexia nervosa, in contrast to other conditions in which weight loss features, constituted the core defining feature of the disorder, claiming that "the whole

disease is summed up in this intellectual perversion" (p. 495). For Lasègue (1873/1997), anorexia nervosa could be distinguished from other disorders in which weight loss features on the basis of the patient's indifference and even valuing of emaciation resulted in it "bearing no resemblance" (p. 495) to other conditions.

Current clinical descriptions of anorexia nervosa continue to highlight the patient's positive attitude toward weight loss as a distinctive feature of the disorder. For instance, Orimoto and Vitousek (1992) maintained that "the essential anorexic attitude" (p. 87) relates to the egosyntonic quality of the disorder, referring to the "sense of pleasure, accomplishment, and moral virtue anorexics derive from their pursuit of thinness" (p. 88). That weight loss is highly valued by afflicted individuals is also evident in personal accounts of the disorder, with one patient stating:

It's like I never knew what self-respect was all about until now. The thinner I get, the better I feel . . . I'm proud of my stoic, Spartan existence. It reminds me of the lives of the saints and martyrs I used to read about when I was a child . . . This has become the most important thing I've ever done. (Ciseaux, 1980, p. 1468)

In contrast to the egosyntonic nature of weight loss, Lee et al. (1993) emphasized the fat phobic aspect of weight concern. For Lee (1995), fat phobia stems from "the desire to pursue slimness for beautification" (p. 30). Because fat phobia is consistent with the values of contemporary Western culture, it is unlikely to characterize cases of anorexia nervosa occurring "in the absence of a permeative cultural fear of fatness" (Lee, 1995, p. 31). As Steiger (1995) pointed out, "to conceptualise the disorder as a 'weight phobia', embodying a Western cultural preoccupation with thinness, risks being unnecessarily ethnocentric" (pp. 64–65). Yet, if weight concern is construed as weight loss that is egosyntonic (rather than fat phobia), there is evidence to suggest its existence among cases of anorexia nervosa in historical and cultural contexts beyond contemporary Western society.

Historically, much debate has focused on whether cases of ascetic fasting from the 12th to 16th centuries constituted instances of anorexia nervosa (Bell, 1985; Bynum, 1987; Reineke, 1990). Certainly, in such accounts it is difficult to discern any fear of fatness consonant with contemporary Western preoccupations. More apparent, however, is the notion that extreme weight loss was experienced by such individuals as egosyntonic. For example, the 14th century ascetic mystic, Catherine of Siena, is reported to have engaged in extreme fasting, purging, and consequent emaciation (Bynum, 1987). That such emaciation was likely to have been experienced as egosyntonic is suggested by the fact that Catherine "abhorred her own flesh, condemning it as a 'dung heap'" (Bynum, 1987, p. 175). Starvation, emaciation, and illness were consistent with her theology of suffering:

It was in suffering, not in triumph, that she saw herself becoming Christ . . . Her agonies of starvation, illness, and stigmata were the agonies of the cross. Such suffering was fertile and generative, for it was the source of salvation. (Bynum, 1987, pp. 179–180)

It is conceivable that Catherine of Siena was akin to "the true anorexic [who] is identified with [her] skeleton-like appearance, denies its abnormality, and actively maintains it" (Bruch, 1973, p. 252).

From a historical point of view, it is noteworthy that at the time when Lasègue (1873/1997) initially identified the syndrome of anorexia nervosa, the ideals of feminine beauty

were the voluptuous female forms of Renoir's paintings. The cult of thinness that characterizes the modern era only received sustained adherence in the post-World War II era (Russell, 1995). As has been noted, however, the defining aspect of weight concern in anorexia nervosa for Lasègue was not a fat phobia but a positive value accorded weight loss.

In addition to historical cases, there is evidence to suggest that instances of anorexia nervosa occurring in non-Western cultures manifest weight concern in the form of egosyntonic emaciation, even if fat phobia is absent. For example, Kam and Lee (1998) described the case of a 16-year-old female from Hong Kong diagnosed with anorexia nervosa for whom, throughout the course of treatment, "the fear of fatness . . . never constituted an issue" (p. 229). However, given the formulation that food restriction arose from a sense of powerlessness in the family context, it is possible that the patient experienced her emaciation as egosyntonic, with her low body weight consonant with the goal of not wanting "to 'give in' to her family, especially her mother, who forced her to eat even when she was not in a mood to" (Kam & Lee, 1998, p. 229). Unfortunately, Kam and Lee (1998) provided little information regarding how the patient experienced her emaciated state, in particular, whether emaciation was at least partially valued by the patient.

Cases of anorexia nervosa in which low body weight is egosyntonic even though fat phobia is absent also exist in contemporary Western contexts. Banks (1992) described the subjective experiences of several patients with anorexia nervosa in which the Western "cultural focus on dieting and ideals of thinness for women" (p. 867) are absent. Nevertheless, weight loss appears to be experienced by these patients as egosyntonic. Using religious idioms, for instance, one such patient "believed the soul or spirit to be heavy when the body is fat and overweight" (Banks, 1992, p. 874). In addition, extreme emaciation for this patient "kept boys at a far and 'safe' distance and allowed her to remain virginal, [whereas] it was also a means of attracting attention from her peers and family" (Banks, 1992, p. 875). Thus, although weight loss in this case is consistent with the patient's self-definition, there is no evidence for the existence of fat phobia in the form of a Western preoccupation with dieting and thinness.

Historical, cross-cultural, and atypical contemporary Western cases of anorexia nervosa are useful in helping to disentangle the disorder's core psychopathology from its cultural "colouring" (Russell, 1995, p. 10). Such material suggests that weight concerns may indeed be part of the core psychopathology of anorexia nervosa (if defined in terms of emaciation experienced as at least partially egosyntonic) rather than being culturally specific (if defined as fat phobia consonant with Western values of dieting and thinness). As part of the disorder's cultural plasticity, Russell (1995) conceded that "the dread of fatness is likely to be a modern development in the psychopathology of anorexia nervosa" (p. 10). That which is immutable, however, is the fact that "the patient avoids food and induces weight loss by virtue of a range of psychosocial conflicts whose resolution she perceives to be within her reach through the achievement of thinness and/or the avoidance of fatness" (Russell, 1995, p. 10). In other words, weight loss is in accordance with the patient's goals: it is egosyntonic. Fat phobia is but one manner in which emaciation is egosyntonic.

WEIGHT CONCERNS IN NON-WESTERN CONTEXTS

The second theme requiring reexamination in cross-cultural research on anorexia nervosa asserts that the occurrence of anorexia nervosa in individuals from non-Western

cultures is due to the acceptance of Western values regarding thinness. Thus, the occurrence of anorexia nervosa among immigrants to Western countries has been assumed to result from "attempts to adapt to a new culture [which] can lead to an exaggerated overidentification with aspects of that culture, in this case an overvaluation of slimness as desirable" (Dolan, 1991, p. 73). Steiger (1993) maintained "that when anorexia nervosa develops in non-Western families, it may often be in those with strong Western affiliations" (p. 350).

Although widely endorsed, such statements belie the fact that research findings regarding the role of identification with Western weight concerns in the development of anorexia nervosa are highly inconsistent. Several studies do suggest that a process of exposure to Western weight preoccupations is implicated in the onset of anorexia nervosa. For example, Nasser (1986) found that a higher proportion of Arab female students in London scored in the abnormal range on a measure of eating disturbance and met criteria for an eating disorder compared with students in Cairo. She attributed this finding to differences between the two groups "in their level of Westernization" (p. 624). Similarly, she believed that the finding that 12% of the Cairo sample obtained questionnaire scores in the abnormal range was due to an influx of Western values, claiming that "new concepts of beauty and femininity are constantly being transmitted through television programmes" (Nasser, 1986, p. 625). Also suggestive of a role for exposure to Western values in the genesis of eating disturbances are the results reported by Davis and Katzman (1999). They reported that among female Chinese students in the United States, scores on the Eating Disorders Inventory (EDI) were correlated with the degree of acculturation to Western values.

Other findings, however, are contrary to the hypothesis that the process of westernization is pathogenic for eating disorders. For example, similar to the Davis and Katzman (1999) study, Haudek, Rorty, and Henker (1999) administered the EDI to Asian and Caucasian American women. In contrast to the results of Davis and Katzman (1999), they found no significant relationship between acculturation and eating-disordered psychopathology. Among British Asian girls, high dietary restraint was associated with a more traditional (rather than a Western) cultural orientation (Hill & Bhatti, 1995). Similarly, Mumford, Whitehouse, and Platts (1991) observed that higher levels of eating disturbance were associated with a more traditional cultural orientation in British Asian girls, whereas the contribution made by the degree of westernization was not significant. On the Caribbean Island of Curacao, in the absence of a strong Western preoccupation with thinness, Hoek, van Harten, van Hoeken, and Susser (1998) obtained a prevalence figure for anorexia nervosa that was comparable to that in the West. Apter et al. (1994) also obtained some unexpected findings given their expectation that "ethnic subpopulations most exposed to Western values and body ideals . . . would have the highest eating pathology scores" (p. 94). Instead, a group of village Muslim women described as experiencing only minimal social change and exposure to Western ideals obtained eating pathology scores indistinguishable from a group of patients with anorexia nervosa.

Despite these inconsistent findings, the hypothesis that acceptance of Western values is largely responsible for the occurrence of eating disturbances and disorders among individuals of non-Western backgrounds remains remarkably resilient. In the context of mixed results, Apter et al. (1994) nevertheless concluded that "we expect that the ever increasing infiltration of Western values of slimness, self-control, and female independence into non-Western societies will render these societies susceptible to epidemics of anorexia nervosa and similar eating disorders" (p. 97). Other unexpected results are attributed to methodological limitations rather than to veridical findings that may chal-

lenge the role of westernization in the development of anorexia nervosa. For instance, in finding that Greek female students from various towns in Greece reported a higher level of "figure consciousness" than Greek students living in Munich, Fichter, Weyerer, Sourdi, and Sourdi (1983) proposed that "the Greek sample in Munich was more experienced in psychological testing than the samples in Greece and could thus have denied symptoms . . . more effectively than the two samples in Greece" (p. 103). Given this interpretation, the position that "the current emphasis on slimness, dieting behaviour, and figure consciousness in Western societies" (Fichter et al., 1983, p. 104) contributes to the development of anorexic symptoms remains intact.

Clearly contradictory results may arise from methodological problems encountered in cross-cultural research such as referral bias (Ratan, Gandhi, & Palmer, 1998) and the questionable validity of instruments utilized in diverse cultural settings (King & Bhugra, 1989). However, results that are contrary to the expectation that the acceptance of Western values is largely responsible for the development of anorexia nervosa in non-Western contexts may be due to a rarely considered possibility: Non-Western cultures share with Western cultures an ideology that values thinness.

Even a cursory exploration of non-Western understandings of the body reveals that thinness is often imbued with positive meanings. Thus, Mukai et al. (1994) noted that "the thin body ideal for Japanese women is not necessarily the result of recent Western influences but is itself a tradition in Japan" (p. 685). Lee (1991) contrasted the Western valuing of thinness with the Chinese attitude where "there is actually a stigma towards thinness, which is associated with ill health and bad luck" (p. 704). However, divergent Chinese conceptualizations of the body can be discerned. Comparable to the ascetic practices in the history of Christianity are the fasting practices in the Chinese Daoist tradition (Eskildsen, 1998). These practices sought to transform the body as a means of gaining immortality. According to one Daoist text, the *Sandong zhunang*, the spiritual benefits to be derived from fasting and transforming the body are as follows:

After 30 days [of fasting], his body will be emaciated and thin and he will feel heavy and weary when he walks. . . . After 80 days, he will be peacefully content, and will be in serene solitude. . . . After 9 years have elapsed, he will employ and command demons and spirits, and will take on the title of Perfected Man. . . . His lifespan will equal that of Heaven and his radiance will merge with the sun. (Eskildsen, 1998, p. 52)

In addition to enhancing longevity, fasting was engaged in to demonstrate separation from the mundane world as a means of discipline and sacrifice and to encourage mystical experiences (Cahill, 1993).

Particularly noteworthy is the fact that several writers make the link between fasting practices and female religiosity explicit (Boltz, 1987; Cahill, 1993). For instance, in describing the religious practices of Daoist women during the Tang dynasty (who lived in isolation and abstained from food, including herbal drugs), Cahill (1993) states that control of eating, even to the point of fasting to death . . . "characterises Chinese as it does Western female saints" (p. 230). The history of Chinese thought thus suggests that, in certain traditions at least, the emaciated body has been highly valued and pursued in a manner highly reminiscent of Western observances. The fact that non-Western cultures may have their own traditions in which thinness is accorded positive meaning is not to suggest that the acceptance of Western values is irrelevant in the development of anorexia nervosa among individuals from non-Western backgrounds. However, the process of

adopting Western attitudes toward the body is likely to be facilitated if the new value system is compatible with existing cultural values (Allen, 1971; Strasser & Randall, 1981). As noted by Linton (1952), "If we know what a society's culture is, including its particular system of values and attitudes, we can predict with a fairly high degree of probability whether the bulk of its members will welcome or resist a particular innovation" (in Allen, 1971, p. 288). Theorizing on the process of social change must therefore consider the relationship between the new and existing value systems. In focusing on Western values regarding the body, most cross-cultural work on anorexia nervosa has ignored the latter.

Aside from values regarding thinness, non-Western cultures may have other cultural attitudes and practices that are pathogenic for anorexia nervosa. For example, Confucian familial practices do not encourage autonomy or the overt expression of hostility against authority figures (Rhi, 1998; Slote, 1998). These practices may render individuals susceptible to anorexia nervosa, a disorder that is frequently attributed to deficits in the development of an autonomous self. According to Goodsitt (1997):

Excessive attempts to control the shape of one's body derive from a terrible sense that one's body, as an aspect of self-organisation, is out of control—easily influenced, invaded, exploited, and overwhelmed by external forces, whether these are peers, parents, or food. (p. 210)

In addition, "in the anorexic's profound stubbornness, negativism, and oppositionalism" (Goodsitt, 1997, p. 211), overtly disavowed hostility is apparent. The preeminence of food in Chinese culture may render it a particularly apt vehicle for the expression of such psychological concerns. Chang (1977) maintained that "few other cultures are as food oriented as the Chinese" (p. 11). In contemporary China, "sharing food is a great social bond, and the foods shared communicate the forms and contents of social interactions," including "to determine the nature and extent of interpersonal distance between people" and "to reward, punish, or influence the behaviour of others" (Anderson & Anderson, 1977, p. 366). Thus, in addition to certain understandings of the body, non-Western cultures feature other factors that may precipitate the development of anorexia nervosa. To attribute the occurrence of anorexia nervosa in such contexts solely to the acceptance of Western values regarding thinness fails to acknowledge the possible role of factors intrinsic to non-Western cultures.

IMPLICATIONS FOR FUTURE RESEARCH

To clarify the nature of the shape and weight concerns featuring in cross-cultural cases of anorexia nervosa, future research is required in which fundamental assumptions are critically examined. These include the assumption that weight concerns are not a universal feature of anorexia nervosa and that non-Western cases of anorexia nervosa arise from an acceptance of Western weight concerns.

Information obtained from the medical records of 14 Asian patients with anorexia and bulimia nervosa treated in Sydney, Australia, is illustrative of the manner in which assumptions regarding issues of shape and weight may limit cross-cultural understandings of eating disorders. These patients were consecutive Asian patients (6 from Hong Kong, 3 from Japan, 2 from Singapore, 2 from Malaysia, and 1 from Indonesia) under the consultant care of two of the investigators (SWT and PJVB) between 1984 and 1996. Of the 14 patients, 8 had anorexia nervosa (mean body mass index [BMI] = 15.1) and 6 had

bulimia nervosa (mean BMI = 19.6). The mean age of the patients was 21.6 years and the mean level of education was 12.3 years. The patients had resided in Australia for differing periods of time, ranging from 6 months to 24 years.

Contrary to the first assumption (i.e., that weight concerns do not necessarily feature among non-Western cases of anorexia nervosa), all 14 patients manifested weight concerns defined as emaciation which is experienced as egosyntonic. Egosyntonic weight loss was frequently in the typical (Western) form of fat phobia, with patients expressing intense fear about becoming overweight. However, egosyntonic weight loss was not expressed as a fat phobia for all patients. One patient, in the context of an unhappy marriage in which she described her husband as expecting obedience from her, described a sense of control in being thin. Although not showing any signs of fat phobia, some patients lacked insight regarding the problematic nature of their low weight status. These patients would not be considered as experiencing weight concerns if these are equated with fat phobia.

To determine whether egosyntonic weight loss is a universal feature of anorexia nervosa, future cross-cultural research is needed to explore ways in which emaciation may be consonant with the patient's goals. Such exploration requires moving beyond uncritical acceptance of patients' attributions regarding their weight loss (such as abdominal discomfort following eating as featured in both Lee [1991] and the present sample) given the tendency of anorexic patients to deny the intentional nature of their weight loss. In this respect, research in non-Western contexts is likely to entail unique difficulties compared with research in the West: Because anorexia nervosa is well known in contemporary Western contexts, many patients with the disorder may consider it futile to attempt to conceal that their weight loss is voluntary (Habermas, 1996).

The second assumption (i.e., that cases of anorexia nervosa among individuals from non-Western backgrounds arise from an acceptance of Western weight concerns) similarly necessitates more extensive investigation than has occurred in previous research. In particular, the patient's acceptance of both Western and non-Western cultural values, and their interplay, requires exploration. The presence of weight concerns in the present sample may be due to acceptance of Western values regarding thinness, especially given that all patients had at least some exposure to Western culture. For 6 patients, the onset of their disorder preceded their residence in Australia, suggesting that messages from the culture-of-origin are worthy of investigation as possible precipitating factors.

CONCLUSION

Cross-cultural research on anorexia nervosa has been dominated by the assumptions that weight concerns are specific to contemporary, Western manifestations of the disorder and that the dissemination of Western values regarding thinness is primarily responsible for the development of anorexia nervosa in non-Western contexts. These assumptions have guided research efforts (e.g., seeking to describe the nature of anorexia nervosa if weight concerns are assumed not to be a definitive aspect of the disorder) and have influenced the interpretation of the data obtained (e.g., rejecting as anomalous results that fail to find an association between the degree of westernization and the occurrence of eating disorder symptomatology). At the same time, these assumptions have limited other possible areas of investigation (e.g., exploring the weight concerns featuring in non-Western contexts). Because misguided assumptions will ultimately limit the understanding of anorexia nervosa, a critical examination of these assumptions is essential.

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