CHAPTER ONE

INTRODUCTION

1.0 Introduction

Until recently, almost all cases of eating disorder (DSM-IV-R; APA, 1994) were reported from white western women in North-American and Western-European countries (Dolan, 1991). Consequently, these disorders were conceptualized as western culture-bound phenomenon (Prince, 1983, 1985) where white women from industrialized countries were particularly at risk and black and non–western women were somehow protected from these disorders (Kumanyika, Wilson & Guilford-Davenport, 1993). As recently as the 1990's, however, reports of disturbed eating attitudes and cases of eating disorder began to emerge in non-western countries and in black females in America and developing nations (Gordon, 2001). Research suggests that black women in South Africa may now demonstrate a risk of eating disorder that is equal to (Szabo & Allwood, 2004) or higher than (Szabo & Hollands, 1997) their white South African counterparts.

The acculturation hypothesis has explained this apparently increasing incidence of eating disorders in non-western populations in terms of the globalization of western culture and the assimilation of western ideals of thinness as a symbol of beauty and attractiveness. The apparent emergence of eating pathology in non-western and black women has thus been linked to the degree of identification with these western cultural norms and global media, particularly television, are seen as important in disseminating these values (Becker, 2004 a). The emergence of eating disorders in non-western societies is, therefore, seen as a clear sign that westernization has taken place and as evidence for the western, culture-specific nature of these disorders (Lester, 2004). Generalist approaches focus on the transmission of western ideals and practices as the social 'coloring of distress' and as evidence for the pathoplasticity of the disorder (Russell & Treasure, 1989).

Evidence for the acculturation hypothesis has largely been drawn from epidemiological data which suggests that the rapid rise of eating disorders in the west has been paralleled by an increasingly thin body ideal and from the apparent emergence of eating disorders in non-western

populations who have been exposed to these western body ideals. Epidemiological evidence does not, however, exclude the possibility that eating disorders existed in non-western communities before westernization nor do they necessarily reveal accurate prevalence data in communities after westernization; which raises questions about the true impact of the 'thin ideal' on the development of eating disorders (Miller, 2005). Voluntary self-starvation in young females has indeed been recorded since ancient history in both western and non-western countries (Halmi, 2005) and appears to have emerged in response to diverse social trends or conflicts of a given time or culture rather than a simple consequence of western ideals of beauty and attractiveness (Gordon, 2004). These considerations suggest that self-starvation in young women may be more an expression of deeper social or individual conflict and that the acculturation hypothesis may not be sufficient or even perhaps necessary as an etiological explanation of eating disorders in non-western communities. Di Nicola (1990a) notes the changing face of anorexia which he described as 'anorexia multiforme; a medical chameleon that changes with the times'. Nasser (1997) argues that the concept of Ethnic Disorder (Devereux, 1955; cited from Nasser, 1997) may be a more plausible alternative to 'culture-bound' for eating disorders, as this is identified as a disorder which expresses core conflicts and tensions that are pervasive in a particular society.

Evidence for the acculturation hypothesis is also drawn from cross-cultural, immigrant and acculturation studies which suggest that the emergence of these disorders in non-western communities has occurred concomitant with their exposure to western ideals of thinness and in association with increasing levels of assimilation to western culture. Limitations of research on eating disorders, particularly in a trans-cultural context, has however, rendered inconsistent and inconclusive findings. Some studies have also shown that the risk of eating disorder may be greater in communities undergoing social change (Apter et al., 1994), ethnic minority groups (Smith & Krejci, 1991) and immigrants (Nasser, 1986), suggesting that factors other than the singular acculturation of western ideals, may be involved in the apparent emergence of eating disorders in non-western communities, particularly those experiencing rapid socio-cultural transition (Di Nicola, 1990b; Becker, 2004 b).

Schleimer (1983) found no direct causal link between dieting and anorexia which questions the basic premise of the acculturation hypothesis. Patton, Johnson-Sabine, Wood et al., (1990) concluded that dieting is usually a benign and self-limiting practice used by many young women and that all women exposed to socio-cultural pressures towards thinness do not develop an eating disorder; suggesting that other etiological risk factors need to be evoked to understand the progression from dieting to disorder.

These views suggest that the link between culture and eating disorders may be more complicated than once believed and that hypotheses that focus on the assimilation of western cosmetic ideals may be reductionist (Katzman, Hermans, van Hoeken et al., 2004) and restrictive (Di Nicola, 1990 a) and limit our understanding of the etiology of these disorders. Eating disorders are now generally considered to have a multi-factorial origin, with genetic, biological, developmental, personality, family, environmental and socio-cultural factors predominating as risk factors and the interaction of several risk factors is believed necessary for the development of an eating disorder (Gowers & Shore, 2001). Research is thus needed to clarify general and specific risk factors and the developmental mechanisms of these factors (Hoek, van Hoeken & Katzman, 2005).

As more cases of eating disorder are identified around the world, common socio-cultural denominators such as industrialization and urbanization (Lee & Lee, 2000; Ruggerio, Hannower, Mantero & Papa, 2000), socio-economic change (Katzman et al., 2004), changes in the role expectations of women (Pike & Borovoy, 2004) and culture clash (Lake, Staiger & Glowinski, 2000) have been identified as risk factors, suggesting that tensions and conflicts associated with the process of modernization and social transition may be a risk factor for the development of eating disorders in western and non-western populations. In an attempt to accommodate this complexity, Di Nicola (1990 b) suggested that anorexia may be seen as a syndrome of culture-change, such that individuals undergoing rapid socio-cultural transition may experience acculturative stress and be particularly vulnerable for the development of eating disorders

(Nasser & Di Nicola, 2001). The 'two-world hypothesis' argues that women may employ self-starvation as a means of coping with the conflicting demands of 'straddling two worlds' that occurs in any period of role transition such as adolescence, industrialization, emancipation of women, culture clash and generational disparity (Katzman & Lee, 1997).

Contemporary models of acculturation (Berry, 2003; Ward, Furnham & Bochner, 2003) describe acculturation as a multidimensional, bidirectional process between cultures in contact, which embraces change at the ecological, group and individual levels of human experience; and suggest that the acculturating individual needs to negotiate between 'old' and 'new' socio-cultural realities and expectations, in terms of a relative balance between the two. The tension between these opposing pressures is potentially stressful, and may result in acculturative stress (Berry, 1997; 2003), which occurs when an 'individual's adaptive resources are insufficient to support adjustment to a new cultural environment' (Berry, Kim, Minde et al., 1987). Rodriguez Myers, Mira et al., (2002) also focus on acculturative stress as a potential consequence of acculturation where the individual feels both a 'push' towards acculturating to the 'new' culture and a 'pull' towards identification with their original cultural group. Contemporary models of acculturative stress may, therefore, adequately represent and operationalize the 'two-world' conceptualization of eating disorders as a syndrome of social transition (Katzman & Lee, 1997).

Acculturative stress has typically been associated with feelings of marginality, anxiety, identity confusion, depression and psychosomatic symptoms (Berry et al., 1987) and has also been associated with interpersonal problems, suicidal behavior, substance abuse, antisocial behaviors (Organista, Organist & Kurasaki, 2003) and symptoms of eating disorder (Perez, Voelz, Pettit et al., 2002). Stress encountered during the process of acculturation (acculturative stress), rather than the specific content of acculturation, has thus been seen as a risk factor for the development of eating disorder; particularly amongst women in trans-cultural migration and periods of rapid modernization or cultural change.

These considerations suggest that the increased prevalence of eating disorders in western and non-western populations during the 20th century may have been underscored by acculturative stress within a period of rapid socio-cultural transition that has taken place during this time. Unfortunately, the concept and measurement of acculturative stress is still in the process of evolution and to date, most information on acculturative stress and eating disorder has been drawn from samples of migrants (Fichter, Weyerer, Sourdi et al., 1983) trans-cultural sojourners (Furukawa, 1994) and ethnic minority groups (Silber, 1986) who may have specific stressors associated with migration and minority status and particular patterns of acculturation and stress. Berry (1997) noted that while Africa is one of the locations where the greatest amount of acculturation has taken place, studies are largely absent in this setting and literature has been biased towards the study of immigrants. To date there is, therefore, little information on acculturative stress and eating disorder in indigenous, majority populations undergoing rapid socio-cultural transition.

There are also few studies that have attempted to systematically measure any relationship between acculturative stress and eating disorders and the presence of acculturative stress has generally been retrospective and speculative, particularly to explain unexpected findings where eating disorders were not associated with traditional indices of western acculturation. Those studies that have indicated an association between acculturative stress and eating disorders, have also used a variety of measures and indices of acculturative stress, including specific stressors encountered during trans-cultural migration (Perez et al., 2002), level and mode of acculturation (Humphrey & Ricciardelli, 2003), general psychological distress (Furukawa, 1994); subscales measuring more general pathology on a screening test for eating disorder (Davis & Katzman, 1999) and the presence of intergenerational conflict (Mumford, Whitehouse & Platts, 1991). The contribution of acculturative stress towards the development of eating disorders thus remains unknown. Katzman et al., (2004) suggested that 'future studies are needed to examine acculturation stress and that tracking the presence and permeations of eating disorders in societies in the process of transition may provide a window into etiological or risk variables'.

The researcher is, however, unaware of any research, to date, that has used a specific measure of acculturative stress in relation to eating disorders in an indigenous, majority, non-western population exposed to western cultural influences. The current research thus sought to employ the bi-cultural and bi-directional measure of acculturative stress as constructed by Rodriguez and colleagues, (2002) in an attempt to operationalize the concept of 'straddling two cultures' (Katzman & Lee, 1997) and explore its relationship to eating disorders. Nasser and Katzman (2003) note that the key to understanding the development of eating disorders may also lie in questioning the different rates of eating disorder found between different western countries; between different parts of Italy; between urban and rural parts of Japan; and following social changes associated with the Kibbutz system in Israel and the abolition of apartheid in South Africa. Following these authors, this research sought to undertake this study in black female adolescents in the rapidly changing socio-cultural landscape of black women in post-apartheid South Africa.

Since the dissolution of apartheid in 1994, South Africa has been undergoing enormous socio-political and cultural transition such that populations that were once kept apart by segregationist policies are integrating and sharing cultural norms and ideas (Szabo & Le Grange, 2001). South Africans are thus facing many acculturative challenges such as interacting with different cultures, new political and economic structures, upward mobility of black classes, urbanization, exposure to new role models, languages, dress, technologies, changing gender roles and the breakdown of traditionally protective family structures (Szabo & Le Grange, 2001; Le Grange et al., 2004). Previously oppressed black adolescents may also be seen to straddle two different worlds of the old and new socio-political realities, which may result in psychological tension (Bulham, 1980); suggesting that the process of acculturation and change in South Africa may be accompanied by acculturative stress. Le Grange et al., (2004) argued that 'it would not be surprising to note an emergence of eating disorders within this context of transition'.

Adolescents are in the midst of establishing their cultural and psychological identity (Pike & Borovoy, 2004) suggesting that black South African adolescents may now have to negotiate multiple contradictory expectations of pre and post-apartheid South Africa, which may contribute toward cultural and personal identity confusion (Phinney, 1990) as they search for an adaptive strategy. Nasser and Di Nicola (2001) propose the concept of 'body regulation' where the body may be used as a concrete medium to define personal identity at times of uncertainty and identity confusion, and argue that eating disorders may thus be seen as a sensitive barometer of social transition. Following these authors, the apparent increased risk of eating disorders amongst black South African adolescents may be associated with a culture in the process of rapid socio-cultural transition, which, following Szabo and Le Grange (2001) may well be accompanied by a crisis of identity in urbanized black youths. South Africans may thus also be vulnerable to symptoms of acculturative stress as reflected in the increased rates of suicidal behavior (Wassenaar et al., 1998; Bateman, 2001) substance abuse and other antisocial behaviors (Thiel, 1997).

To date, however, there are no studies that have systematically explored the relationship between acculturative stress and eating disorders in South Africa and the presence of acculturative stress has only been speculated to explain unexpected risk of eating disturbances in black South Africans. Research is thus needed to clarify the link between culture and eating disorders in South Africa. Post-apartheid South Africa also offers an internationally unique opportunity to sample 'culture in transition' (Katzman et al., 2004) and to develop our general understanding of culture and eating disorders. The current thesis therefore aimed to identify relationships between eating disorders and acculturative stress, as the stress that may be experienced by an individual encountering the bi-directional 'push and pull' of opposing pressures towards and against acculturation (Rodriguez et al., 2002) and as they attempt to integrate two, possibly opposing cultural scripts into a new, integrated, cultural identity. With respect to the many dimensions or levels of change in the South African context, the current thesis focuses only on acculturative stress at the level of individual inter-cultural contact and its association with eating disorders

amongst black South African women. In accordance with the objectives of this thesis, the current research study was undertaken in two major parts, namely Qualitative and Quantitative **a**nalyses which represented three levels of analysis:

1) Level One: Qualitative analysis: Focus Groups were conducted with black South African adolescent females in an attempt to qualitatively capture the experiences of these young women and contextualize eating dysfunction and acculturative stress within this setting. Focus Groups were also utilized to qualitatively evaluate the trans-cultural utility of instruments selected.

2) Level Two: Quantitative analysis: Instruments selected were modified and quantitatively evaluated for their reliability and validity in the South African research settings.

3) Level Three: **Quantitative analysis** examined hypotheses outlined by this thesis by identifying statistical relationships between acculturative stress, dysfunctional eating attitudes and behaviors and eating disorders in the research sample.

These three levels of analysis are presented by the current thesis in the following way: Chapter Two (Overview of Literature) presents an overview of available literature on eating disorders and acculturative stress, and the formal hypotheses and objectives of this research study. Chapter Three (Methodology) outlines the preliminary sampling and methodological procedures undertaken for both qualitative and quantitative parts of this research study and outlines the instruments and procedures selected for quantitative analyses. Chapter Three also presents the qualitative analysis and findings of the Focus Groups. Chapter Four (Reliability and Validity of Instruments) evaluates the reliability and validity of instruments that were selected and modified for the study. Chapter Five (Results) records quantitative research findings and the methodological limitations encountered. Chapter Six (Discussion) discusses quantitative and qualitative findings of the research study. Chapter Seven (Conclusions), presents overall conclusions of the research study.