Western and eastern cultures on anorexia nervosa

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Although anorexia nervosa is known as a multi- factorial disorder of unknown etiology, recent studies suggested that genetic factors may play a role in determining the biological process of this eating disorder. Though several studies stated that western culture accounts for the majority of eating disorders in young women, these notion still remains uncertain. To examine to what extent that western culture plays a role in anorexia nervosa, we investigate a case where a pair of monozygotic (identical) ethnic Chinese twin sisters being separated raised in the Chinese and American families. We show the twin raised in American family developed anorexia nervosa, whereas the other twin sister in China didn′t. The result suggests that the western culture of body image perception, eating habits and self esteem may be sufficient to facilitate anorexia nervosa development.

General overview of an Anorexia nervosa:

Anorexic nervosa patients characterized by their restricted food consumption and abnormal mind set of their own ideal model figure. Anorexic patients refuse to maintain body weight over a minimal normal weight for age and height and they display denial of the seriousness of this low body weight.

In order for a person to be diagnosed with anorexia nervosa, they must possess the two types of psychological symptoms that anorexic patients strive for are thinness and their own ideal body image. According to the DSM-IV-TR (2000), anorexics are categorized into two categories, restricting and binge-eating/purging types.

During the past few decades, there is an increase in the number of anorexia nervosa reported among young women. The cause of the disorder is

presumed to be complex and multiply influenced by developmental, social, and biological processes, but the exact interaction among these processes remains a mystery (King, 1993). The risk factors appear to be both extrinsic and intrinsic. The extrinsic factors include adverse experiences while the intrinsic focus on genetic vulnerability. They have been proposed to act either as fundamental etiological risk factors (predisposing), as triggers for the illness (precipitating), or to prolong and exacerbate the illness (maintaining).?

Recent studies suggested that anorexia nervosa may be a possible inheritable disorder. A review of several twin studies on anorexia nervosa concluded that there was a higher concordance rate in monozygotic twins (56%) than in dizygotic twins (7%), and the vulnerability component of anorexia nervosa attributed to genetic influences was estimated at around 76% . Molecular genetics has not yet located the genes potentially involved, partly because the inherited phenotype is unknown. In a very large twin study that included 31, 406 twins from the Swedish Twin Registry, researchers found a much higher correlation for anorexia nervosa among monozygotic twins than among dizygotic twins (Bulik et al, 2006). The analysis suggested that genetics accounted for 56% of an individual’s risk of developing the disorder, unique environment accounted for 38%, and shared environment accounted for 5%. This information implies that anorexia nervosa is not a sociocultural disorder rather a genetic anomaly.

Although studies suggested a strong genetic role in anorexia nervosa, researchers nevertheless realized that eating problems can be prevalent in that narrow cultural realm?. With the idea that Western ideals and white

populations have a higher occurrence of eating disorders, comes a great deal of research that compares Western and Eastern cultures. Studies have explored the differences in body image perception, eating habits and self-esteem levels between Asian women and Asian women who had been exposed to Western ideals. Eating habits and attitudes were similar between the two cultures, but the judgments of body shape varied distinctly. Western women were much less satisfied with their body images than the Chinese women. Although the Western women showed great dissatisfaction, the Chinese women who have undergone acculturation of traditional Western ideals showed even lower scores on the figure rating scale (Lake et al., 2000; Davis & Katzman, 1998).

Although a great deal of early research on body image and eating disorders focused on upper/middle class Caucasians living in America or under the influence of Western ideals, studies also argued that eating disorders may not isolated to this particular group. Differences in body image occur among different races and genders (Pate et al., 1992). Americans, Blacks and Asians have been the focus of a significant amount of research on the cultural attributions of eating disorders and differences in body image between cultures.

The current study is sought to address the impact of different culture, i. e., body image perception, eating habits and self esteem on the eating disorder when the intrinsic genetic and possibly biological backgrounds are identical. The evidence suggested that children raised under Western culture may have a low threshold in developing Anorexia Nervosa. We hypothesis that early intervention in different aspects of eating habit and body image

distortions may be of value, at least partially, in reducing the occurrence of eating disorders.

Method

Subjects

Ethics Statement Data collection and analysis was approved by the Institutional Review

Board of Rutgers University.

Written informed consent was obtained before face-to-face interviews, and verbal assent was given before telephone interviews.

Zygosity was determined by standard questions and photographs, and by means of polymorphic polymerase chain reactions (PCR).

Assessment of proband and her twin sister: The Proband and her twin sister are evaluated for anorexia nervosa. All interviews were conducted face to face after the psychiatric test showing reasonable intact cognitive functioning.

Assessment of relatives of proband and her twin sister: The first-degree relatives and frost parents and siblings were interviewed in person or by telephone.

All interviews would be done by the author who is a trained psychologist with diagnostic assessment experience. Participants would have to have lifetime anorexia nervosa if one or more of the following definitions were true: 1) meets strict DSM-III-R criteria, 2) meets DSM-III-R criteria minus criterion D

(amenorrhea), and 3) meets DSM-III-R criteria minus criterion C (feeling fat when emaciated). Lifetime major depression was also diagnosed according to DSM-III-R criteria. Both disorders were assessed by using the Structured Clinical Interview for DSM-III-R (8). Body mass indexes (BMI) were calculated for all participants.

Another assessment device is the Eating Attitudes Test and the Eating Disorders Inventory.