

A tale of corruption[†]

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The multi-disciplinary team of Becker and colleagues elegantly present their findings addressing aspects of the impact on Fijian schoolgirls of exposure to Western television (Becker *et al*, 2002, this issue). These findings support the notion that such exposure has generated disordered eating, underlying body dissatisfaction and intergenerational conflicts within the family that may, in part, be fuelling the process. Focusing on the expected escalation of such disordered eating in this population under these circumstances, their study was naturalistic in capitalising on the recent introduction of television to Fiji, with the first survey of these schoolgirls taking place within 1 month of its advent. The second survey was 3 years later in 1998. The authors point out that the traditional Fijian culture has 'supported robust appetites and body shapes'.

Television is not the first potentially conflict-laden circumstance or invasion that Fiji has experienced. Fijians are a mixture of Polynesian and Melanesian stock and tribal warfare was frequent, often brutal and with women probably victimised in times past. Following Captain Cook came Christian missionaries (largely Methodist and many of the ethnic Fijian population today are nominally Christian), large numbers of Asians (mainly Hindu but also some Moslem), hordes of tourists and, perhaps the most invasive of all, the English language (e.g. these schoolgirls were being taught in English and responded to the survey enquiries in English) and related printed material, movies, etc. The impact of the Second World War Pacific conflict must also have left its North American mark. More recently, Fijian ethnicity and culture has reasserted itself with a successful coup to regain political control of the islands from a threatened Asian takeover. It

is into these circumstances that the schoolgirls had recently been born. Moreover, as the authors themselves remind us, over the past several decades there has been a major decay in rural activities and a related increase in wage-earning urban industrial work, presumably taking people away from their tribal and agrarian roots. To the casual observer the majority of ethnic Fijians, female and male, seem to have withstood all such challenges to their legendary and cherished identities.

Maybe English-language-based television is, after all, the most invasive as well as the latest of all such intrusions and has turned out to be the 'last straw'. Uniquely, it remorselessly penetrates the boundaries of the home and its attendant parental value systems. We learn that 40% of homes owned a television set within the first month of transmission and that this had increased to 70% 3 years later – presumably owned or hired by those parents most desiring of and able to afford this equipment. We are not told whether the problems under scrutiny were less or greater in these homes than the remainder of the survey population (nearly all of whom are said also to have viewed some television). We also learn little of a systematic kind about programme content but the reported narrative data indicate that a wide selection of popular and glamorous programmes was available.

This study is so novel and important (although the cohorts studied are worryingly small in terms of alleged representativeness) that we must be careful to remain sceptical concerning the investigators' ability to capture all the relevant variables, valiantly though they tried. Moreover, they are at pains to point out that they were investigating the causes of 'disordered eating'. Although there are relationships between 'disordered eating' and 'eating disorders', the latter were not studied except to confirm that no case of anorexia nervosa existed within the second cohort. But the evidence

for an increase in disordered eating over the 3 years is striking. Pathologically high EAT-26 (26-item eating attitudes test) scores, associated with an expressed intent to diet and lose weight, more than doubled to account for nearly one-third of the 1998 cohort, whereas two-thirds of this population reported longer-term or more recent attempts to diet in association with a wish to lose weight. Relatedly, three-quarters of this 1998 population reported feeling 'too fat'. This figure of between two-thirds and three-quarters of 16-year-old female adolescents feeling fat and attempting to diet and lose weight as a means of altering their shape and experience of themselves has been uncannily stable throughout the Western world for the past 50 years (Huenemann *et al*, 1966; Nylander, 1971; Crisp *et al*, 1998). Moreover, self-induced vomiting as an acknowledged defence against weight gain was reported by 11.3% of the cohort. This figure is higher than that usually found in the West and may be explained partly by the absence of other ready means of controlling body weight after ingestion.

Especially remarkable was the apparent lack of reported binge eating in this population. Because the mean body mass index (BMI) of the two groups was not significantly different and, if anything, was higher in the 1998 cohort despite their acknowledged attempted weight-losing tactics, it may be that their robust Fijian appetites have escaped the vigilance of the EAT-26 and the investigators' other enquiries. Otherwise, this state of affairs may have to be attributed to the greater inertia in the 1998 cohort engendered by sedentary television viewing! The finding is a salutary reminder that nature does not readily allow us to lose weight. Indeed, whereas anorexia nervosa was absent from this eating-disordered population, it is likely that some of the disordered eating did amount to a state of bulimia nervosa, which is a more infectious and readily adoptable stance among dyslipophobically distressed teenage females.

These Fijian schoolgirls re-emphasised their feelings of being too fat as the basis for their attempts to reduce weight. Such perceived 'fatness', they reported, might hamper their career prospects. The girls reported that these perceived job prospects, as with the images of slim Western females that they so admired, were often also influenced directly by their television viewing. In describing this and other readily

[†]See pp. 509-514, this issue.

reported explanations as 'rationalisations', the authors may be acknowledging that other more hidden forces are also at work, as I believe may be the case. But what is the 'fatness' that so many of these schoolgirls were now rejecting as a blight on their destiny?

'FATNESS'

The authors indicate a simple harmony between 'good appetites' and 'robust shapes' in the traditional Fijian culture.

Fat is a major determinant of body shape, male and female, but its purposes are importantly different as between gender. Fat has general biological purposes as a reserve of energy and a contributor to body temperature regulation, both as a component of resting metabolic rate and, subcutaneously, as an insulation. In previous times, the obvious presence of generalised obesity was often taken to be an indicator of health and wealth. The peasants in Breughel's paintings were often obese and hearty with it. In times of periodic famine it was a sign of forethought and strength and a recipe for survival. Within our own general population in recent times, obesity has been found still to be associated with significantly lesser levels of both anxiety and depression, except within a subset of females under the age of 40 years (Crisp *et al*, 1980). The bodily distribution of this obesity can vary substantially, being more central in the pyknic habitus. It can carry valencies of a positive and negative kind in terms of family likenesses, all reminding one of the social currency and personal importance that can attach itself to this more generalised aspect of body shape.

The fundamental fatness of female biological maturity is qualitatively different. Driven by puberty, it serves reproductive need and is a principal hallmark in this respect. It attracts the male and is a reservoir of food for the foetus and the breast-fed infant when needed. It is also, to a degree, an endocrine gland. The present writer has suggested (Crisp, 1995) that it is panic concerning attempted control (sometimes amounting to avoidance) of the experience of this latter 'fatness' rather than obesity in general (Bliss & Branch, 1960) that is specific to the eating disorders, even though it is sometimes overlain with concerns about more generalised obesity. The pathway to almost total and selective

banishment of it and its attendant impulses in anorexia nervosa arises through uniquely selective and profound depletion of dietary energy intake. This is rarely achievable as an avoidance strategy without the overwhelming panic that drives the development and maintenance of this condition. In bulimia nervosa, the individual desperately attempts to keep greater obesity at bay, and may or may not also fear normal body weight (shape) as well. If the latter, then she is more vulnerable than most to the development of anorexia nervosa. Such emphasis on a diet selectively deplete of energy (except when binge eating and defensive vomiting supervene) characterises many of those with disordered eating and all of those with eating disorders. The origins of such panic are construed as having to do with the cultural, interpersonal and personal expectations that accompany such egodystonic bodily development.

We are not told how sophisticated these Fijian schoolgirls, bent on slimming, were in identifying calorie-laden foods. For instance, 40 years ago, in Western countries, people with anorexia themselves were still sometimes ingesting large quantities of cheese in the belief that it was a satiating component of the slimmer's diet, thereby unwittingly sabotaging their anorectic stance. Not so any longer. Western television programmes, including their advertising elements, may now also have catered for this educational need in Fiji.

The need for a continuing sense of ownership of the body and its new impulses is the challenge that puberty brings. Erikson (1959) has defined a sense of personal identity as 'a feeling of being at home in one's body, a sense of knowing where one is going and an inner assurance of anticipated recognition from those who count'. It would seem that many Fijian schoolgirls no longer have this experience. It is suggested that their 'fatness' distresses them because they now aspire to compete for the sort of social opportunities that television seems to display, which may well also engender conflict with parents. Probably the conflicts often run deeper, accompanied by a sense of insecurity, low self-esteem and panic. One common outcome is disordered eating. Meanwhile, although the study does penetrate to their frequent concerns about feeling too fat, it does not shed light upon which aspects of such perceived self-reported fatness they variously may have most disliked.

DISORDERED EATING

Disordered eating is often borne of restrained eating, which, in this population, usually reflects the wish to lose body weight below its natural level. Two substantial London surveys and one Canadian survey of schoolgirls separated by 20 years (1970 and 1990) revealed major discrepancies between measured weight and desired weight within the total populations. Heights were the same for all three groups. Although measured weight varied across the populations, especially around the age band 16–17 years, desired weight was uncannily the same for all comparable age bands, as was the percentage of each population that reported striving to lose weight. At the age of 16 years the discrepancy between mean actual and desired weights (which were themselves at a mean intrapubertal level) was over 5 kg (Crisp *et al*, 1998). The body's resistance to weight loss in the face of dietary restraint results in a cycle of restriction and bingeing that Lacey *et al* (1978) found was associated with a four-fold variation in daily energy intake in a similar population of schoolgirls. This dietary chaos (Palmer, 1979) may also have characterised the Fijian schoolgirls, with their self-induced vomiting coming into play in association with phases of high energy intake. In this equation, consumption of and deployment of energy in the face of its threatened depletion is the bottom line: a biological process that ensures that disordered eating does not readily spill over into eating disorders unless the dyslipophobia and its roots are truly overwhelming for the individual.

CULTURE

Our cultures may not so much drive as reflect our needs. The fashion industry surely fills that role for successive generations of young adults. Introduction of television to Fiji may reflect this process and also readily concretises it. Becker and colleagues are right to draw our attention to its potentially corrupting influences. A worldwide theme appears to be the clash between broadcast-invasive Western behavioural norms and the value systems and variety of societal and self-regulatory mechanisms of these other cultures (Nasser, 1997; Nasser *et al*, 2001). One common consequence is widespread body dissatisfaction expressing itself as dyslipophobically generated disordered eating among

young adult females in these societies. Fiji is no exception. As Becker *et al* imply, their findings provide us with rationales for interventions but, in the near future, the internet may become an even greater corrupting force. There are now 'Pro-Ana' websites dedicated directly to advertising to teenagers how to adopt tactics that maximise the ability for self-starvation in pursuit of anorexia nervosa, that most deadly of all mental illnesses. At least we now know that effective psychological treatments significantly often exist for sufferers of both bulimia nervosa and anorexia nervosa. We are no longer side-tracked by the distracting 'lure of endocrinology' that Ryle (1936) lamented. Such treatments may also give clues to appropriate primary preventive measures. Maybe, one day, even Western society may be roused to consider its destructive influences on both its own and other cultures and address the matter seriously.

My own hunch is that Fijian females may not often be prone to the avoidance behaviours that probably underwrite anorexia nervosa. In the face of such Western influences, as Becker *et al* address, paradoxically some of them instead may become the first generation of dyslipophobically obese in their homeland; more will be smitten with bulimia nervosa.

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(First received 31 August 2001, final revision 3 September 2001, accepted 11 October 2001)

DECLARATION OF INTEREST

None.

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