

THE RISE OF EATING DISORDERS IN JAPAN: ISSUES OF CULTURE  
AND LIMITATIONS OF THE MODEL OF “WESTERNIZATION”

**ABSTRACT.** As the first non-Western nation in contemporary history to become a major industrialized economic power, Japan is central to the debate on cultural relativism in psychiatric nosologies, and the study of eating disorders in Japan contributes to the complex discussion of the impact of culture and history on the experience, diagnosis and treatment of such disorders (R. Gordon 2001; Palmer 2001). Without question, the rise in eating disorders in Japan correlated with increasing industrialization, urbanization, and the fraying of traditional family forms following World War II. While the case of Japan confirms that the existence of eating disorders appears to be linked with these broader social transformations, it also points to the importance of specific cultural and historical factors in shaping the experience of eating disorders. In this article, we explore two particular dimensions of culture in contemporary Japan: (1) gender development and gender role expectations for females coming of age; and (2) beauty ideals and the role of weight and shape concerns in the etiology of eating disorders. Our analysis of these dimensions of culture, and the data accruing from empirical and qualitative research, reveal limitations to the model of “Westernization” and call for a more culturally sensitive search for meaning in both describing and explaining eating disorders in Japan today.

**KEY WORDS:** adolescence, culture, eating disorders, gender, Japan, weight and shape concern

Akiko<sup>1</sup> is a 23-year-old single woman with a four-year history of bulimia nervosa. Currently she is involved with a boyfriend who does not know about her eating disorder, although she describes binge eating and purging 3–4 times per week. She is extremely concerned with her appearance and spends a considerable amount of disposable income on cosmetics, plastic surgery (double eyelid procedure), and exercise. She never was overweight, and by Western standards is thin, but by Japanese standards she is average. She describes pervasive low self-esteem and body dissatisfaction. She is not sure about pursuing the relationship with her Japanese boyfriend, since her impression is that her mother was resigned to an unhappy marriage. She feels her mother made the best of a bad arrangement, in part by maintaining a separate social life from her father and building an independent life with women friends. Akiko has absorbed idealized notions of Western “love marriage” and wants a more intimate relationship with her life partner. She fears that she could never have this with a Japanese man and she is afraid that if she were to marry her current boyfriend, everything in their relationship would change.

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Chikako is an 18-year-old single woman with anorexia nervosa. Her mother works at home as a seamstress making clothing part-time and her father is a mid-level sales manager at a pharmaceutical company. Her brother is a graduate from Keio University, one of Japan's top private universities. Chikako was due to graduate from high school last year but withdrew due to her eating disorder. She reports a feeling of distance from her father and describes having limited time with him, except for the fact that they continued to bathe together for many years beyond what felt comfortable to her. It seems that Chikako's relationship with her father is eroticized; however, aside from feeling uncomfortable regarding the bathing, she has reported no incident of sexual impropriety or abuse. Chikako also reports that her mother has put a lot of pressure on her to excel, but that she feels she gets mixed messages about the expectations placed upon her. She is unable to imagine ever feeling strong enough to be "independent," and yet she does not want to feel so dependent on others—not her parents and not a husband.

#### INTRODUCTION

Among psychiatric disorders, eating disorders stand out by the degree to which they are shaped by social and cultural phenomena. For this reason, to study eating disorders without a discussion of culture is tantamount to watching actors on a stage with no set design. Certain fundamental elements do not depend on staging details, but the cultural context is essential to understanding the particular expression of eating disorders in a specific place and time. Data from the course of the latter half of the 20th century indicate that eating disorders exist in many corners of the world, including those once thought to be protected from such developments (Nasser et al. 2001). As more eating disorder cases are identified around the globe, certain identifiable risk factors (e.g., female gender) and social conditions (e.g., industrialization, democratization, and rapid social change) appear to be common denominators in setting the stage for the development of eating disorders. And yet the social and psychological tensions, which underlie the subjective experience of eating disorders and the avenues available to negotiate them appear to be highly culture-particular.

This paper analyzes cultural factors associated with the rise of eating disorders in Japan, with attention to two particular dimensions. The first dimension concerns dominant cultural expectations for young women coming of age in contemporary Japan and the models of marriage, gender, and adulthood that are available to them. Scholarship analyzing the rise of eating disorders in the United States has emphasized the American cultural valuation of autonomy, achievement, and competition that coexists with a simultaneous devaluation of the "dependency work" often performed by women (e.g., child-rearing, housekeeping, and community work) (Bruch 1973; R. Gordon 2000). In the United States, young women are still

expected to perform the nurturance and dependency work that maintains families and communities while increasingly being asked to negotiate the demands of the competitive world of market relations (Hochschild 1989). Although Japanese women, too, must negotiate struggles between independence and commitment to marriage and family, the stage is set very differently. Reflecting divergent notions of marriage and motherhood, autonomy for middle-class Japanese women has historically been viewed as something accessible within the confines of marriage and family, rather than outside of them. Nor is employment in the commercial sector necessarily a path to self-sufficiency for Japanese women. Japanese notions of marriage, love, and adulthood create a social context in which the same life paths, which offer women economic stability and social independence simultaneously confine them to relatively limited social and emotional lives. By examining a limited number of case examples, we suggest that eating disorders in Japan may be a reflection not of the tension resulting from the striving for achievement, careerism, and autonomy described in the West, but rather a reflection of the questioning and negotiation of a set of constraints and silences imposed by a system which has in fact historically valued the work of nurturance and domesticity, making it a key avenue for women's economic stability and social participation.

The second cultural dimension of interest is the more specific question of societal beauty ideals, particularly with regard to attitudes toward weight and shape. When studies of eating disorders were limited to Western culture, it was agreed that the *sine qua non* of eating disorders was overvaluation of weight and shape as expressed by excessive pursuit of thinness, distorted body image, and fears of fatness. However, as data from other cultures emerge, the centrality of this dimension to the development of eating disorders has been called into question, suggesting that eating disorders may be more culture-bound than previously imagined. The notion of "pursuit of thinness" as a central causal factor motivating the rise of eating disorders worldwide implies that what is occurring is an unquestioning "absorption" of Western values and images, as relayed through Western commodities (such as fashion) and mass media images. However, as Katzman and Lee (1997) have pointed out, thinness itself may not be the central objective for many of those who suffer from eating disorders. Lee has suggested that rather than "fear of fatness," "fear of loss of control" (however that may manifest itself) is perhaps the more critical underlying factor in disordered eating (Lee 2001). The finding that thinness itself may be less of a central motivating factor than previously supposed allows us to see women as more complex and strategic social actors, rather than as passive absorbers of Western culture; it also clears the way for exploring the particular conflicts and tensions, which underlie the rise of anorexia and bulimia in any given culture and at any given moment in history.

The article is divided into four main sections. Section I provides an overview of eating disturbances and disorders in Japan today, documenting a significant

continuum of eating pathology present among contemporary Japanese women. Section II examines cultural constructions of marriage and gender and prevalent expectations for middle-class girls coming of age in Japan. The section addresses those dimensions of culture that we think are most germane in setting the cultural stage of risk for eating disorders development. Section III is a discussion of the role of eating and weight concerns among women with eating disorders. Data from empirical studies and case reports inform this discussion and elucidate the unique ways in which this dimension contributes to eating disturbances in Japan. Section IV provides two case descriptions that further illuminate the discussion of culture and eating disorders in Japan.

#### SECTION I: EATING DISORDERS IN JAPAN

Case reports, clinical studies, and epidemiological surveys of individuals with eating disorders around the world reveal that one half of the world population is at greater risk for developing eating disorders than the other half: women constitute the vast majority of eating disorders cases, and they are most likely to develop an eating disorder in a particular window of development—i.e., during adolescence or early adulthood (American Psychiatric Association 1994). Japan is no exception. As described below, its adolescent and young adult female population constitutes the group most at risk for eating disorders. And the risk for developing eating disorders in Japan appears to be increasing on a contemporary cultural stage that is dominated by changing and conflicting gender role expectations for women.

Initial studies of eating disorders in Japan suggested that they were more circumscribed than in the West. Reports of the prevalence of eating disorder cases as well as surveys of nonclinical eating and weight pathology suggested that Japanese women were at reduced risk when compared to data from the West (Huon and Brown 1984; Inaba and Takahashi 1989; Kiriike et al. 1988; Suematsu et al. 1985). Societies with relatively lower rates of eating disturbance were thought to be protected by cultural factors (Striegel-Moore et al. 1986). Japanese women were thought to be relatively protected from eating disorders by the stable, solid family system, healthy diet, and low rates of weight problems that characterized traditional Japanese culture. According to this view, eating disorders were primarily a problem in Western culture, and to the extent that Japanese women were at risk, it was due to the pernicious effects of acculturation concomitant to such exposure.

This view was at least partially supported by two studies that examined the impact of acculturation on women from other cultures living in the West. These studies revealed that Japanese women living in the United States and England were at greater risk for developing eating disorders than their peers in Japan

(Furukawa 1994; Furnham and Alibhai 1983). Thus, the notion that culture and acculturative stress contribute to setting the stage for increased risk of eating disorders garnered increasing credibility. However, with each decade, data on Japanese women document an increase in the rates of subclinical eating pathology and clinical cases, suggesting that within Japan's borders the cultural stage is transforming in ways that impact etiologic risk for eating disorders.

Beginning in the mid-1970s, case reports of individuals in Japan with anorexia nervosa and bulimia nervosa were reported in the literature (Bannai et al. 1988; Miyai et al. 1975). From 1976 to 1981, actual cases of anorexia nervosa and bulimia nervosa in Japan increased two-fold (Suematsu et al. 1985), and rates of subclinical eating disturbances among female Japanese high school and university students appeared to be growing. By 1987, Nogami and colleagues reported that 1.3% of high school students and 4% of university students reported engaging in binge eating behavior. Documentation of eating and weight concerns among younger and nonclinical groups increased during this time as well. For example, Takeuchi et al. (1991) reported that among junior high school females 48.4% dieted to lose weight, 41.1% paid attention to what they ate, 75.1% reported significant weight concern, and 38.5% reported feeling fat.

The rates of recorded eating disorders continued to increase during the ensuing decade, and from 1988 to 1992, the number of identified cases of anorexia nervosa and bulimia nervosa increased again four-fold (Nadaoka et al. 1996). These data reflect a significant increase in absolute number of cases as well as the percentage of eating disorders cases among all outpatients seen at a large university hospital in a single year. Inaba et al. (1994) reported 14.8 cases of anorexia nervosa and 6.7 cases of bulimia nervosa per 100,000 females based on physician-diagnosed cases in treatment. However, the rates were substantially higher when self-report data from nonclinical samples were available. Specifically, Kiriike et al. (1988) reported that 2.9% of college females met criteria for bulimia based on the DSM-III, and five years later Takeda et al. (1993) reported that approximately 2% of high school students met DSM-III-R criteria for bulimia nervosa.

The data from the most recent studies indicate that the number of Japanese women pursuing a thin ideal is still increasing, and such weight data may be intimately linked with increases in eating disorders as well. In 2001, the National Nutrition Survey (Ministry of Health, Labor and Welfare 2001) reported that the rate of underweight females in early adulthood has increased dramatically in the past 10 years. Specifically, 10% of women in their 20s and 16% of women in their 30s report a body mass index (BMI) of less than 18.5 kg/m<sup>2</sup> a body mass that hovers near the diagnostic weight threshold for anorexia nervosa. These figures represent a 100% increase over the rate of underweight women only one decade ago. And this low weight status is increasing at a time when the population mean weight for men and women is actually increasing.

Concomitant with the increase in the percentage of women with low weight status, recent data report increases in behavioral disturbances of eating and dieting as well. A university based study from data collected in 2001–2002 revealed that over 50% of normal weight female students reported a history of significant and sustained dieting, almost 40% have used diet pills or drinks to lose weight, and approximately 18% report a BMI of less than 18.5 kg/m<sup>2</sup> (Maekawa 2004). Similarly high rates of disturbance extend to the young adult female population. In a nonclinical study, over 42% of normal weight women reported significant dieting efforts to lose weight, 5.9% reported fasting to lose weight, 14.3% reported the misuse of diet pills, 10.3% reported the misuse of laxatives, and 3.7% reported the misuse of diuretics (Nakamura et al. 1999).

The descriptive data on eating disorders in Japan document a serious and growing psychiatric problem among Japanese women coming of age in contemporary society. Although the rates of diagnosed eating disorders remain somewhat lower than the epidemiology data from the West (American Psychiatric Association 1994), the increases in disturbed eating and weight control practices are remarkably similar to what is described among adolescent and adult samples from the West (e.g., Pike 1995; Pike and Striegel-Moore 1997). However, exactly what puts these young women at risk for developing eating disorders is unknown. With some data and some conjecture, the following section discusses how particular aspects of culture may be associated with the rise of eating disorders in Japan. We believe contemporary expectations and mixed messages regarding the paths to maturity and meanings of female gender roles set the stage for increased ambiguity and difficulty in navigating challenges and finding healthy solutions en route to adulthood.

## SECTION II: FROM INNOCENCE TO MOTHERHOOD: GENDER ROLE EXPECTATIONS FOR JAPANESE WOMEN COMING OF AGE TODAY

Eating disorders are, without doubt, multidetermined and complex in terms of developmental risk and expression of pathology. The discussion of culture contributes to an understanding of the broad cultural context in which only a small percentage of individuals develop eating disorders. Individual differences in terms of biological, psychological, and developmental vulnerability will interact with and mediate this cultural context to account for why certain individuals ultimately develop eating disorders. In framing the discussion of risk factors for eating disorders, early theoretical writings (Finkelstein 1987; Striegel-Moore et al. 1986) have posed the questions “Why women?,” “Why now?,” and “Why some women and not others?” The following discussion articulates important dynamics in the particular social fabric of Japan that contribute to building an understanding of why eating disorders are increasing among Japanese women today (i.e., why women?)

why now?). We acknowledge, however, that this is but one dimension of understanding etiological risk and that other models will contribute more directly to answering the third question of what puts a particular individual at risk within this broadly shared cultural context.

*The contribution and limits of the model of “Westernization”*

Historically, the assumption has been made that “Western influence and values” are at the root of increases in the rate of eating disorders in non-Western cultures. In examining the increasing prevalence of eating disorders in Japan since the 1970s, at first glance one sees what appears to be a set of social patterns analogous to what has been described in Western, particularly American, culture. During the immediate postwar decades of the 1950s and 1960s in Japan, the transformation to a consumer-based society took place remarkably rapidly (A. Gordon 2000). Japanese social commentators began to remark upon a “new generation” of Japanese families who functioned as “co-existing consumers” rather than as a hierarchically integrated, cooperative entity (Miura 2001). In the late 1970s, after two decades of rapid economic growth, an increasing number of married Japanese women began to enter the labor force. Whereas in 1962 only 44.7% of female workers were married, by 1980 67.0% were either married or had been married in the past (Ueno 1988: 174). The number of women attending college grew dramatically during these decades, and the absorption through the mass media of American ideals of feminism, “love marriage,” and careerism was intense.

And yet a closer look at gender, family, and social organization in Japan suggests that the framework of “Westernization” as the model of social change and the explanation for increased risk for eating disorders may obscure more than it reveals. As discussed below, although certain aspects of cultural transition in the United States and Japan appear analogous on the surface, certain core aspects of culture differ dramatically; moreover, the meaning and the response to changes in culture and gender role are distinct in important ways.

*Japanese women in the workforce*

The rise of eating disorders in the United States occurred during a time of significant cultural change for women, especially with regards to participation in the workforce, but in this regard the experience of cultural flux for American and Japanese women is strikingly different. Although increasing numbers of married Japanese women have indeed been entering the labor force since the late 1970s, the percentage in Japan of married women who work is significantly lower than in other industrialized nations. In 2002, less than 45% of married Japanese women were employed in the labor force, compared to 61% for American women and 82% for Swedish women (Gender Equity Bureau 1998; Statistics Sweden 2002; U.S.

Bureau of Census 2001). Moreover, women's and men's work in Japan remain dramatically polarized, with women earning only a little over 50% of what men earn on average, the lowest ratio among G7 nations (Renshaw 1998), and filling less than 10% of managerial jobs as compared to 43% in the United States in 1995 (ILO Yearbook of Labor Statistics 1996).

In fact the existing literature on eating disorders in non-Western places reminds us that the processes of industrialization, democratization, and increased consumerism do not in fact mean the same thing in all places.<sup>2</sup> Capitalism in Japan did not bring about the truly "free-market" policies and attendant ideas of individualism and self-determination expected by the United States, nor did it bring about the institutionalization of the dual-wage-earner model of family or the widespread acceptance of feminist critiques of traditional roles. Indeed the Japanese government and Japanese industry continue to subsidize Japanese women to stay at home, creating a significantly different landscape for women's ambitions, adulthood, and the meaning of "independence" (Borovoy 2001a,b, in press)

By far the majority of Japanese women in the labor force continue to fill low-skilled positions, and Japanese women's lifetime labor-force participation continues to conform to the "m-curve" formation, in which women leave work in their early thirties to raise their families and rejoin the labor force in their late forties. The demand for women to be at home with their children prevents them from joining the managerial track, which has historically promoted employees through the ranks based largely on seniority. Contemporary college women are more ambitious than previous generations of Japanese women in terms of employment. However, they are often hired in the sales or marketing departments of large companies, and the struggle to combine work and family remains formidable. Considerable evidence suggests that family often wins out (Ueno 1999; White 2002).

The difficulty for women in making their way up the professional ranks, combined with cultural expectations for women to fulfill the role of wife and mother, have combined to diminish the importance of even a four-year degree in promoting economic upward mobility. Although having a college degree may lead to upward mobility through marriage (Ueno 1999; Yamada 2001), if that education is put to work to increase one's own income, the likelihood that a woman will marry declines. Specifically, for every 100,000 yen (approximately \$1,000) increase in income, the chance of first marriage declines by 3%. This is in direct contrast to other industrial nations, such as the United States and Sweden, where the same increase in income is associated with an incremental increase in likelihood of marriage of about 2.1% (Ono 2003). As further evidence that college education has not translated into increased careerism, junior colleges proliferated in the 1970s and 1980s, and their clientele was 98% women. However, these programs largely



trained women in the arts of being good wives, mothers, and secretaries (McVeigh 1997).

Among industrialized nations, Japan remains an outlier (perhaps with the exception of South Korea) in its dramatically gendered division of labor. Whereas entry into the labor force was widely embraced as part of the women's movement in the West to promote greater gender equality and opportunity for women, such a movement has been notably absent in Japan. The absence of such a collective voice suggests that women in Japan either do not see such a path as a route to greater equality and emancipation or do not think that such change of social institutions and expectations is a real option. Although American culture is widely recognized as a culture that promotes individualism, it is striking that it also is a culture that promotes collective mobilization to achieve social change. In contrast, Japan is a society that values the collective good over the individual. However, this collective interest does not translate into collective movements to promote social change. Instead, it appears that individuals pursue idiosyncratic solutions in response to limits and conflicts imposed by the collective rather than attempting to change social norms or expectations, possibly because instigating change is diametrically opposed to respecting the collective or because it is perceived to be a futile endeavor. As described by Karel van Wolferen (1990), Japan perplexes the world with its capacity to retain longstanding social and political structures and traditions despite its transformation after World War II into the second largest economy in the world.

### *The social and political role of the Japanese housewife*

The work of child-rearing and home-making has continued to be almost exclusively women's work in Japan, and although this is one of the factors that has prevented women from making their way into the upper echelons of power, it has also been the central launching pad for women's social participation, state support, and social respect. Indeed as recently as the 1980s and 1990s, Japan stood out as a place where housewives could continue to consider themselves productive citizens rather than "dependents." In the context of the increasingly gender-polarized division of labor that crystallized during the high-growth period, men participated little in the home environment and women provided for the entirety of their needs, which Lebra (1984: 132) has referred to as "around the body care." The expectation is that women will care for virtually all of their husbands' needs at home.<sup>3</sup>

This gender divide and support for the role of the housewife has been sanctioned by Japanese governmental and private institutions. In most Japanese companies, large and small, the nature of the corporate labor contract and promotional system requires men to work long hours, including overtime as the rule rather than the exception, and frequent after-hours socializing with colleagues is the norm.

In the context of the immediate postwar period and the push to regenerate the nation's economy, managers and government officials explicitly recognized the importance of women's presence at home and implemented a number of policies that encouraged women to limit working hours and consider homemaking their chief occupation. In a state-sponsored program known as the "New Life Movement" in the postwar 1950s, the Ministry of Education collaborated with industry executives to train housewives to provide in-home training to other housewives to encourage them to "modernize" and "rationalize" their household practices in order to produce more effective, cheerier husbands/workers (A. Gordon 1997). Similarly, the 1961 spousal deduction law allowed women to earn \$10,000 a year tax-free, but after that raised the tax rate sharply, providing disincentives for women to earn over a minimum amount (Sechiyama 2000). As Japan's middle class grew in the context of a newly meritocratic educational system and expanding white-collar sector, the growing importance of children's education credentials meant that women's work as mothers grew to be more central and was recognized as a socially important and valuable occupation (White 1987).

### *Motherhood as the only route to maturity*

The notion that maturity is encapsulated in motherhood continues to permeate societal messages delivered to girls from a very young age. Beginning in elementary school, all girls participate in a 12-year curriculum (continuing through high school) of "domestic education" (*kateika*), the basic contents of which are specified by the Ministry of Education (though specifics vary from teacher to teacher). The *kateika* curriculum begins with the basics of nutrition and food preparation: boiling, frying, grocery shopping, and miso soup and rice preparation. Beginning in junior high school, basic principles of child development are introduced. Child care is a central feature of the high-school curriculum, with units devoted to welfare, child care, and children's "culture" (*jidô bunka*), including developmentally appropriate play and education, as well as care for the maternal body (*botai no kenkô kanri*) (Monbushô 2001: 52, 151–168). A common lesson that many students vividly recall is a class visit from a pregnant woman (*ninpu-san*), who allows children to ask questions and touch her stomach.

Importantly, sex education (to the extent that it is undertaken) has historically taken place within the context of this domestic education curriculum. Bodily changes which accompany puberty, including menstruation, breast development, hormonal changes, and so forth, have thus been explicitly linked to the potential for motherhood rather than discussed in the context of emerging sexuality or sexual desire. Topics of women's masturbation or sexual pleasure remain very much taboo within officially authorized sexual education and public discourse. With the exception of women involved in sports, most young women prefer to use

sanitary napkins over tampons, since touching one's body (to insert the tampon) makes women uncomfortable (school nurse, personal communication). Tampons in Japan, which are inserted with the finger, come equipped with "finger shields" to prevent "soiling" of the fingers, and sanitary pads handed out by school nurses for students who are taken by surprise, are often packaged in "cute," childlike, pink, and flowery plastic wrappings (as compared to the more clinical versions found in most American schools).

This infantilization of girls, coupled with the emphasis on motherhood as the endpoint of female socialization, creates a model of development in which there is no authorized intermediate stage between girlhood and motherhood, and few ways of imagining female maturity outside the context of motherhood and family. It is not surprising that the category of the "female adolescent," or *shôjo*, generated a great deal of cultural anxiety and attention, since these women are seen as betwixt and between, violating sanctioned cultural categories (Treat 1996: 280–284). The image of the schoolgirl, or virginal *shôjo* ("teenage girl"), has become a commodified image in Japanese fashion, mass media, and in adult pornography, and clearly fills a necessary space of fantasy in Japanese society more broadly. The *shôjo* is a teenage figure who is neither girl nor mother, neither asexual nor a fully-realized woman (i.e., mother), and who, in the context of the late capitalist economy, is a consumer rather than a producer. She thus represents a highly desirable escape from the economy of rapid productivity and the family structure, which has undergirded this postwar system (Treat 1996: 281; see also Robertson 1989: 56). Although the *shôjo* has become a ubiquitous object of fantasy in contemporary popular culture and mass media, less is known about the reality of how women navigate this transition from girl to adult, through an ambiguous space (adolescence) that clearly transgresses dominant cultural categories.

### *The mixed message of motherhood*

Within the contemporary Japanese cultural context, motherhood remains a dominant avenue for "maturity" and even "independence" for many Japanese women. However, women also must grapple with the inherent contradictions of this role. It is a role in which power is obtained through endurance and self-sacrifice, the rigorous division of labor, the pride of raising children, and the subjugation of other aspects of self. Though motherhood and family has been the bedrock of Japanese women's status, it has also confined them to the world of the family and community, with few existing alternative models of gendered adulthood.

In understanding this double-edged sword of women's nurturance in Japan, it is crucial to note that the very notion of the "full-time housewife" (*senjyô shufu*) differs considerably from Western associations with the term in ways, which call into question even the aptness of the translation. The role of the "housewife" as

it was first construed in the late 19th century did not carry the same implications of confinement to the home; nor was “home” itself construed as an entirely “private sphere,” sequestered from the forces of capitalism and modernization. While Victorian notions of domesticity emphasized this notion of home as a sacred sphere (a “safe haven”) where piety, morality, and emotional love and intimacy were prioritized over market mentalities of competition and rationality, Japanese discussions of domesticity, beginning in the Meiji period of 1868–1912, were part of a broader agenda of nation-building and emphasized the importance of women’s work at home to national agendas of modernization through hygiene implementation, education of children, promotion of frugality, and so forth (Borovoy 2001a; Garon 1993, 1994, 1997; Nolte and Hastings 1991). Even today, many women consider the work they do at home as part of broader public projects, including ecological conservation, consumer activism, managing the family budget, and overseeing children’s education (Imamura 1987; LeBlanc 1999; Lewis 1978; Vogel 1978, 1988; White 1987).

Beginning in the latter half of the 19th century, the Japanese government more explicitly linked women’s work at home with the national agenda of building an administratively unified, modern nation-state and a shared national identity. Women were seen as central to this agenda, particularly as mothers, and increasing attention was paid to methods of child-rearing, education, and prenatal care (Nakamura 1976). In the words of one Meiji-era thinker, writing in the *Journal of the Enlightenment*:

we must invariably have fine mothers if we want effectively to advance the people to the area of enlightenment and to alter their customs and conditions for the good. If the mothers are superb, they can have superb children, and Japan can become a splendid country in later generations. We can then have people trained in religious and moral education as well as in the sciences and arts whose intellects are advanced, whose minds are elevated, and whose conduct is high (Nakamura 1976: 401–402).

The writer goes on to argue that in order to have superb mothers we must “educate daughters,” and that women and men should indeed receive equal training and upbringing (Nakamura 1976: 402). Thus, the role of the mother not only came to be recognized as a necessary public contribution but as a central rationale for women’s broader social participation, education, and equality. Motherhood continues to be a key “passport” for Japanese women into broader public worlds and a license to various state resources. An impoverished divorced woman is not automatically entitled to a place in city-funded public housing, for example, whereas a divorced mother is. Motherhood is also a centerpiece of women’s identity, since the community activities women participate in often hinge on their role as mothers—such as the parent teacher association (PTA) or consumer activism. Cities and local governments offer many educational resources to mothers, including courses on environmental conservation or “globalization,” sending the

message that motherhood is for the betterment of society as a whole, not merely the family (Borovoy in press; Sasagawa 2002). Community health care centers sponsor child-birth classes and child–mother–child “play-groups,” which include instructions for making baby-food. Once registered at the ward office as the mother of a young child, one is likely to receive invitations to monthly get-togethers sponsored by community social services to “chat” while cooking seasonal snacks or making crafts. Schools and daycare facilities require intimate involvement on the part of the mother, sometimes including the preparation of homemade goods, bags, and foods. Some local governments even sponsor courses on global issues, the environment, and self-development. The message is that being a good mother is more than simply giving birth and providing for a child materially; it involves education and self-cultivation (Sasagawa 2002). The message also includes the idea that motherhood is a public project that betters society, not only the family itself.<sup>4</sup>

*The construct and meaning of marriage in contemporary Japan*

It is also important to note that the gendered division of labor which became institutionalized in postwar Japan brought about a different construction of marriage itself—one which de-emphasized women’s dependence despite their nonwage-earning status. In contrast with Victorian notions of marriage, which emphasized the centrality of romantic love (the “soul mate”) and sexual intimacy (D’Emilio and Freedman 1997), Japanese kinship has historically emphasized vertical bonds between parent and child and the perpetuation of the family line (Befu 1966; Nakane 1967). Family life was organized to promote productivity and group cohesion, rather than the fulfillment of individual needs or the cultivation of passion between the spousal couple. Despite increasing prevalence of the nuclear family form and postwar ideals of “love marriage,” this traditional marriage construct has suited the needs of postwar industrial capitalism in Japan and has, to a great extent, continued. The emphasis on marriage as rooted in a productive division of labor and motherhood as the key aspect of feminine gender identity (over a woman’s role as an object of sexual desire to her husband) has provided women with an extraordinary degree of stability in their marriages. Women need not fear divorce and poverty should their husbands “fall out of love” with them.<sup>5</sup>

Given these different cultural expectations Japanese women largely do not identify with the American “superwoman” ideal that emerged in the United States in the wake of second-wave feminism (which represented an evolution in the United States feminist movement that focused increasingly on gender equality beyond the starting gate of access and opportunity) and the emphasis on an earned wage as the *sine qua non* of women’s independence. Whereas the American “superwoman” is at once sexual object, nurturer, and moneymaker, this ideal was dismissed early on

by certain leading Japanese feminists as mythical and exploitative (Ueno 1988). Yet while the conflicts inherent to the American superwoman ideal are not shared by many Japanese women coming of age today, Japanese women instead face a different set of contradictions, entailed by the valuation of family and motherhood itself. At the same time as marriage and motherhood have historically offered the surest course to social stability, entitlement, and respect for most women, they have also been mechanisms of entrapment which prevent women from attaining other forms of power and social legitimacy. For many women, marriage becomes a tedious or even unpleasant struggle with little recourse for escape.

Although, as we have seen, the institution of marriage in Japan remains highly respected and valued, the age of first marriage is rising in Japan and the related decline in birthrate (currently at approximately 1.25 children per family) has made Japan one of the most rapidly aging societies in the world. These postwar trends toward delaying marriage and decreasing family size appear to reflect a questioning on women's part of conventional gendered divisions of labor, what some have referred to as the "consciousness gap" (*ishiki no gyappu*) between men and women (Kelsky 2001).<sup>6</sup> While men continue to expect women's total management of the home—a relationship based largely on a complementary gendered division of labor—women have come to desire a greater degree of emotional intimacy and the cultivation of shared interests, perhaps to some extent influenced by increasing exposure to the idealized Western "love marriage." The stage for social conflict and dilemma is set. Japanese women continue to value and desire the stability, status and respect intrinsic to their traditional role; however, they also want enhanced intimacy and partnership with their spouses, which are different from the bonds that tied the generations before them. What is most notably absent is a voice for a greater role in the sphere of gainful employment. Instead, it appears that Japanese women are opting to postpone marriage to create some developmental space that is characterized by employment, disposable income, and freedom from family responsibilities. Ultimately, however, they expect to leave the workplace, marry, and assume primary responsibility for childrearing, knowing that combining career with childrearing would be an arduous if not impossible task within the commonly accepted construction of gender roles (Efron 1997; White 2002).

These tensions are clearly reflected in the case data on anorexia and bulimia nervosa. The remote presence of the father in the family (as seen in the stories of Chikako and Akiko noted at the beginning of the article), the distance between the spousal couple, and the silent discontent of the mother recur as themes in case data. Akiko observes that her mother has not been happy in conventional definitions of marriage and yet sees no alternative. She makes the best of a bad situation by building communities of women friends, a reflection of the rigidly gendered division of labor which pervades Japanese social life and of the home as women's link to broader social worlds. Although women's distance from their husbands

provides them with a certain degree of independence and freedom, Akiko longs for something more intimate.

Yet alternatives to the “housewife model” of women’s maturity and security seem scarce. Furthermore, the very legitimacy of the housewife and the spousal distance which allow her to carve out her own world without addressing family tensions and conflicts create an environment in which family tensions smolder unaddressed. The expectation that a “good” housewife manages family conflicts by preventing them from boiling over creates what one anorexic patient (discussed below) described as a “conspiracy of silence.” Distance between spouses is authorized as one element of men’s corporate productivity. “Coping” means enduring unsatisfactory arrangements with a minimum of open conflict. “Virtue” is defined in terms of endurance. The emphasis on coping silently (through endurance and distance) has meant the deletion of any language of protest available to women. Additionally, despite the best intentions of the health care system to provide accurate diagnosis and effective treatment, individuals with anorexia nervosa and bulimia nervosa often either fail to present for treatment or conceal their symptoms due to investment in the disorder, shame and fear. As a result, all parties involved can find themselves unintentionally (but nonetheless) participating in the perpetuation of this “conspiracy of silence.” Jack (1987) has eloquently articulated how gendered cultural imperatives can seize and silence the expression of the self, resulting in impaired development and increased vulnerability to depression for Western women. Thus, although not unique to Japan, what is particularly dramatic in these cases of individuals with eating disorders in Japan is the way in which such silencing occurred at multiple levels of society, from the individual to the culture at large.

#### *Between childhood innocence and motherhood*

For many young Japanese women, it seems that carving out a space between “innocence” (and dependency) and motherhood remains a key social struggle. The desire to do so is intensely reflected in young women’s popular culture—the world of commodity forms and comic book narratives—which allow women to imagine and experiment with social roles and types which are not possible in reality. One of the particularly defining qualities of the contemporary Japanese youth stage is the centrality of the “culture of cute” (*kawaii bunka*). Omnipresent rounded cartoon characters dotted with hearts, the marketing of Japanese women pop stars as childlike and/or maternal, and the fetishization of the school-girl uniform permeate popular culture. This is a dramatic representation of social and gender roles. Extending beyond fashion, it represents a way of behaving and being in the world. Perhaps one of the most well known icons of this culture is Hello Kitty, the furry feline that has no mouth but nonetheless spurred the development

of a line of 50 characters that constitutes a \$1 billion per year franchise for Sanrio Corporation (Roach 1999).

The most obvious appeal of “cute” to the Japanese is its link to childhood, which represents a time of indulgence and allowance, in stark contrast to the pressures to achieve and conform that characterize adulthood. In an article exploring the “culture of cute” among Japanese schoolgirls at the end of the 1980s, Sharon Kinsella (1994) argues that the fetish for cuteness is, in its way, a form of protest for young Japanese women, allowing them to defer the responsibilities and constraints of traditional Japanese gender roles. Some have argued that the popularity of images of young, male homosexual boys in comic books consumed largely by young women also reflects a desire to transcend conventional gender boundaries by allowing young women to identify with characters who possess the desirable characteristics of both female nurturance and male entitlement (Buckley 1991: 179; Suzuki 1998).

As noted above, one striking form of indirect social protest, and one with tremendous demographic consequences, is conveyed in the decision to postpone marriage or even opt out entirely. The percentage of women married by the age of 28 has declined from 80% in 1980 to 44% in 2002 (Ministry of Public Management, Home Affairs, and Posts and Telecommunications 2000; Zielenziger 2002). In addition, 90% of unmarried women in their twenties and 60% of unmarried women in their thirties are still living at home with parents, a living arrangement that has prompted these women to be dubbed “parasite singles” due to their continuing dependence on parents (Yamada 1999). This tendency reflects a society that offers little state-sponsored social welfare and endorses single-income family structures (and thereby supports dependent women) through the common practice in Japanese business of providing a generous family compensation package to the wage earner in the family (including housing subsidies, health care, and pensions). In the absence of a family with dependents, young people receive less support of this nature and have historically relied on their parents for financial support well into adulthood, through various forms of subsidies, gifts, and labor (Yamada 1999). Although this lingering dependency may be culturally inconsistent with certain Western values and practices, the notion of adolescence as a time of emerging autonomy and independence has remained weak in Japan.<sup>7</sup> Nor has adolescence itself historically been viewed as a period of separation from one’s family of origin or marked rebellion. In a powerfully descriptive ethnography of two Japanese and American middle schools, Gerald LeTendre (2000) shows that many Japanese teachers view adolescence as a time of social integration, great energy, and potential, rather than as a turbulent time of transition and antisociality.

By delaying marriage until their late twenties or even early thirties, many women have managed to carve out a time in their lives when they can work, enjoy their status as “*shakaijin*” (“adults”—literally “members of society”), and



spend their disposable income. And yet, as Yamada Masahiro, the sociologist who coined the term “parasite singles” has argued, the tendency to delay marriage does not necessarily reflect a total rebellion against the housewife role and may in fact represent the opposite. Because of Japan’s prolonged period of economic stagnancy and recession, young middle-class and upper-class women may be finding it harder to find the match that will allow them to lead the life of comfort and domesticity they had imagined. Because marrying and working the double shift (both job and home) runs counter to the social norms and mores, they prefer to delay marriage, relying on their parents for support until it becomes possible to settle into a comfortable family environment (Yamada 1999). The “parasite single” phenomenon reflects a desire for greater freedom, autonomy, and opportunity on the part of young women, but also an inability to construct such a path outside the confines of marriage or continued dependency on family.

Clearly not all Japanese women need to create or expand the time period in their lives between childhood and adulthood, but the demographic evidence described above suggests that a significant percentage of Japanese women are in fact creating such a space for themselves. Given the coupling of gender role expectations with changing social values in contemporary Japan, we might hypothesize that such developmental space is in fact increasingly important for Japanese women and that the women who are less able to create such space may be more vulnerable to eating disorders. The tensions intrinsic to the developmental tasks of this age are greatly in evidence in the case data of young women suffering from eating disorders; their continuing ties to their natal families both bind and support them.

As described by Marcus and Weiner (1989), from a psychosocial transactional perspective, eating disorders represent an individual’s attempt to negotiate and communicate interpersonally, with the same eating disordered behaviors having the potential to represent divergent social dynamics and developmental challenges across individuals and cultures. Consistent with Marcus and Weiner’s transactional model, an understanding of the cultural context enhances our understanding of the functionality of eating disordered behaviors in Japan. As described above, viewing eating disordered behaviors as “instrumental actions” where more overt resistance, self-determination, or rebellion is unavailable greatly enhances our understanding of the meaning of eating disorders on the contemporary Japanese stage. Chikako, whose story is outlined at the beginning of the article, experiences both the pressure to excel from her mother and a simultaneous sense that she will never truly gain either financial or psychological independence from her parents. Her ambiguous relationship with her father, which includes bathing together beyond the point at which she felt comfortable, also reflects a culture of paternalism and dependency of children upon parents, in which it becomes difficult from a Western perspective

to draw the line between healthy forms of intimacy and protection and problematic ones.

### SECTION III: THE CONTRIBUTION OF WEIGHT AND SHAPE CONCERNS TO EATING DISORDERS IN JAPAN

According to the DSM-IV, core diagnostic criteria for eating disorders include behavioral disturbances in eating and weight control behaviors and body image disturbances. However, the meaning of food refusal and the universality of body shape and weight concerns in the pathology of eating disorders has been called into question by data from several non-Caucasian eating disorder populations documenting the presence of eating pathology in the absence of significant weight and shape preoccupation. In Hong Kong, for example, nearly half of individuals with anorexia nervosa reported physical problems such as stomach pains, epigastric bloating and no hunger as the rationale for food refusal rather than weight and shape concerns (Lee et al. 1993). Lee (2001) suggests that the over-reliance on fat phobia in the exegesis of eating disorders fails to respect the various meanings and subjective experiences that are essential to truly understanding the internal experience of developing an eating disorder within a particular culture. In Singapore, a study of 70 anorexic patients found that nearly 60% reported no conscious fear of becoming fat (Kok and Tian 1994). Taking into consideration these data, in an epidemiological review of eating disorders around the world, Patton and Szukler (1995) have argued that understanding the etiology of eating disorders across a broad range of cultures requires a divestment from the culture-bound criteria of fat phobia and weight concern.

Littlewood (1995), a psychiatrist and anthropologist, has suggested that self-starvation practiced by Asian women may represent an attempt to achieve self-determination when confronted with ambivalent cultural demands, with minimal significance attributable to weight and shape concerns. The significant cultural issues in Japan which result in a potentially conflicting and ambiguous set of messages for women coming of age and the data regarding other Asian populations converge to pose the question of the importance of weight and shape concerns in the etiology of eating disorders in Japan. More specifically, in Japan, do weight concern and fear of fat provide the dominant explanation for food refusal and eating dysregulation intrinsic to eating disorders? Moreover, to the extent that weight concerns are central to understanding the psychogenesis of eating pathology, what is the cultural meaning of such a pursuit of thinness?

The extant data from Japan are limited but sufficient to suggest that the answer is not simple. Although some "atypical" eating disorders were described in early studies from Japan (Suematsu et al. 1985), in general the centrality of weight and

shape concerns in accounting for the food refusal and behavioral dysregulation of eating disorders was accepted (Nogami and Yabana 1977; Suematsu et al. 1985). However, more recent data depict a variable and complex picture. Utilizing the Eating Disorders Inventory-II (Garner 1991), Pike and Mizushima (in press) conducted a series of comparisons of Japanese women with anorexia nervosa, those with bulimia nervosa, and noneating disordered women, and found that the groups with eating disorder reported significantly greater drive for thinness than the noneating disordered group, documenting a role for concerns with weight and shape in the pathogenesis of eating disorders. However, in a second series of comparisons with the North American standardization sample, the Japanese anorexia nervosa (restricting subtype), bulimia nervosa, and noneating disordered groups all reported significantly lower rates of drive for thinness compared to their respective North American group. These findings suggest that although weight concerns, particularly the desire to lose weight, are significant in the pathology of eating disorders in Japan, their centrality and magnitude are diminished in comparison to Caucasian women with the same diagnoses.

Interview data conducted with women presenting for treatment at a National Medical Center in Tokyo offer further evidence that the role and meaning of weight concerns in the phenomenology of eating disorders demand further exploration. Specifically, from 2002 to 2003, approximately 30% of women with DSM-IV anorexia nervosa and bulimia nervosa accounted for their food refusal with explanations other than weight concern or fat phobia (Pike 2003). Moreover, the meaning of weight and shape concerns appears to have a somewhat different quality from the pursuit of the superwoman beauty ideal in the West. To a great extent, the pursuit of thinness in Japan is linked to the “culture of cute” as described above.

Whereas thinness in Western conceptualization is often associated with providing power and control that will, in turn, convey happiness, the Japanese pursuit of thinness is more reminiscent of Crisp’s account (1980) of eating disorders as a strategy for delaying maturation and the pursuant responsibilities. As described in the following case histories, thinness was not associated with expanding one’s sense of power or competence. Instead, in these case examples the pursuit of thinness was subjectively experienced as an attempt to rejoin one’s peer group from an earlier time and resist the demands associated with mature adult relationships. Clearly this dynamic is not unique to eating disorders in Japan; however, it has particular heuristic value in understanding the contemporary Japanese cultural context.

Further evidence that there are different dimensions of meaning in the pursuit of thinness in Japan and the West is suggested by data that reveal a different relationship between drive for thinness and body dissatisfaction in these different cultures. In Western conceptualizations, weight concerns, drive for thinness, and

fat phobia commonly account for the greatest variance in understanding body dissatisfaction, and in fact, the terms are often used interchangeably. If it were true that body dissatisfaction universally is accounted for predominantly by weight concerns and fat phobia, we would expect lower rates of body dissatisfaction among Japanese women than American women, given the above-mentioned data on drive for thinness. However, data do not converge to support this hypothesis. Some data suggest that body dissatisfaction is more significant among American women than Japanese women in the development of an eating disorder (Mukai et al. 1998). However, in the same sample described above, Pike and Mizushima (in press) found that Japanese and North American eating disordered and noneating disordered women reported virtually identical rates of body dissatisfaction. And among nonclinical groups, rates of body dissatisfaction are dramatically elevated among Japanese women compared to comparable cohorts in America. Specifically, despite having lower mean BMI than their American peers, Japanese women report higher rates of body dissatisfaction (Nakai 1997). Moreover, Yates et al. (2003) found that Japanese university students (residing in Hawaii) had very low body mass ( $BMI = 20.89 \text{ kg/m}^2$ ), but high rates of body dissatisfaction and the highest rates self-loathing compared to other ethnic groups (Caucasian, African American, Filipino, Chinese, Hawaiian, and multiethnic). These data suggest that it is erroneous to universally equate body image disturbance with weight and shape concerns. It appears that other dimensions need to be explored to construct a more culturally sensitive understanding of body dissatisfaction in Japan. For example, given the relative absence of obesity in Japan, the potential role of weight and shape concerns in accounting for body dissatisfaction may be overshadowed by failure to achieve other aspects of beauty, such as height, curvaceous bodies, large breasts, and blond hair.

In the contemporary Western literature on eating disorders, fat phobia dominates as the *raison d'être* of the food refusal and behavior dysregulation that define these disorders. Thus, it is commonly forgotten that fat phobia as a justification for food refusal is completely absent in the earliest writings on eating disorders (Brumberg 1997), and even in the 1920s and 1930s most young women with anorexia nervosa in Europe and North America failed to exhibit fat concern (Shorter 1994). In fact, it was not until the middle of the 20th century that the centrality of weight concerns and fat phobia came to dominate the rationale for the food refusal.

The historical transition in the Western literature of the role of weight phobia in understanding the phenomenology of eating disorders may offer some elucidation of the observations documented in Asian countries, including Japan. Specifically, Hsu and Lee (1993) hypothesize that fat phobia became a defining feature of eating disorders in the West within a changing cultural context that embraced an increasingly slim beauty ideal concurrent with a rise in population weight and the prevalence of obesity. They hypothesize that the absence of weight concerns

among a significant percentage of individuals with eating disorders in Asian cultures may reflect a diminished discrepancy between real and ideal weight because of differing beauty ideals and the relative absence of obesity in the Asian populations.

In the case of Japan, weight concerns and fat phobia are present and significant in accounting for the phenomenology of eating disorders to a high but not universal degree. Within Japan, a subset of patients deny fat phobia and weight concerns despite meeting criteria on all other dimensions for eating disorders. Interestingly, those who deny weight and shape concerns include both women with anorexia nervosa and those with bulimia nervosa. In addition, even to the extent that fat phobia and weight concerns are implicated, the cultural meaning of thinness may differ from that described in the West. As argued by Katzman and Lee (1997), we need to examine further the particular meaning ascribed to disordered eating attitudes and behaviors from within each culture so as to avoid ethnocentric interpretations and misattributions. The following case descriptions provide qualitative data intended to highlight and illuminate such issues of culture and eating disorders within Japan.

#### SECTION IV: CASE ILLUSTRATIONS OF TOMOKO AND HIROKO

Over the course of the past two years, one of the authors (K.M.P.) has been conducting an interview-based study of risk factors for eating disorders in Japan. The interview protocol is conducted in Japanese by Japanese physicians and psychologists and includes assessment of multiple putative risk factors, including the specific sociocultural aspects of gender role development and the values and meaning of weight and shape concern in Japan. To date, approximately 75 interviews of women with anorexia nervosa and bulimia nervosa have been completed, and the accruing data provide evidence of a rich and complex interplay of factors that confer increased risk for the eventual development of an eating disorder, with variable weight attributable to each dimension of risk depending on the unique biological, psychological, and social experiences of each individual. Based on review of these interviews and subsequent clinical supervision, we have selected two case examples that illustrate most dramatically the contribution of the cultural dimensions of gender roles and thinness ideals to the development of anorexia nervosa and bulimia nervosa in Japan.

##### *The case of Tomoko*

Tomoko is a 21-year-old Japanese woman who presented for treatment at an outpatient mental health center in Tokyo subsequent to the death of her grandmother and a semester abroad at a university in the United States. When she presented for

treatment she complained of bad headaches, confusion about whether she wanted to return to the United States, and bulimia nervosa.

Raised in a traditional Japanese family in a relatively small town in Yamagata-ken, Tomoko is the older of two children, and her younger brother is two years her junior. Their household comprises three generations: her paternal grandparents, her parents, and Tomoko and her brother. Similar to many Japanese families, especially outside the larger cities, the family home belonged to Tomoko's grandparents, and as their oldest son, her father was the child primarily responsible for their support and care. Her father had grown up in this family home and left only for his university studies in Tokyo. Her grandparents had made their living primarily by farming, but they also had a small produce store in town that generated supplemental income until recent years, when they could no longer oversee its operation. Upon graduation from university, Tomoko's father returned to his family's home with his new bride, Makiko, whom he had met at university. Tomoko's father secured a position at a large national automobile corporation in the engineering division, and her mother assumed responsibility for the management of their household. Within a year of the marriage, Makiko was pregnant with Tomoko and two years later, Tomoko's brother was born. Thus, Makiko's day was filled relatively quickly by caring for her in-laws, her husband, and her children.

Tomoko describes her childhood as relatively "typical" and uneventful. She attended the local public schools and achieved good but not outstanding grades. Tomoko was encouraged to learn certain traditional Japanese arts, and took a particular interest in *ikebana* (traditional Japanese flower arrangement). She has fond memories from her childhood, recalling that she especially enjoyed whiling away the hours with her grandmother, who loved to tell stories of prewar Japan. Tomoko also recalls that when she was a young child her grandparents continued to work the rice fields of their home. She is amused by her recollection of that time. When she was a young girl she thought of herself as assisting her grandparents, whereas as she recalls it now, she believes she could only have been additional work for them.

Tomoko savors a sense of relative tranquility from her early childhood memories; however, by the time she was 12 years old, two important changes in the family occurred that had profound impact. First, Tomoko's father was transferred to another facility, which required him to live away from home from Monday morning until Saturday. Second, during the time that her father was absent, Tomoko's grandfather became increasingly demanding and verbally abusive toward her mother. Tomoko recalls first noticing that her grandfather was critical of her mother's cooking, causing Makiko to toil extra hours in the kitchen fervently striving to prepare meals that would please her father-in-law. However, it became apparent that even the finest of chefs would find this task futile, and his demands and abuse permeated their daily exchanges. Although Tomoko

would feel angry at her grandfather for his apparently gratuitous cruelty to her mother, she also knew that it was not her place to intercede. In addition to anger, she recalls that she felt excruciating embarrassment and shame. She did not understand why or how her mother and grandmother remained unperturbed and servile; she was frustrated by the fact that no one spoke about her grandfather's behavior, and she wondered what her father knew of the situation. Tomoko's strategy for coping with the situation was to withdraw to a dilapidated shed about 100 meters from their house that had formerly housed farm tools and the like. She took refuge there, studying and reading books. Frequently she would take snacks with her to the shed in the afternoon, but these were always traditional and relatively nutritious snacks such as *onigiri* (moist rice cakes) or *sembei* (rice crackers).

Tomoko's father continued to live away from home during the week for nearly four years. During these years, her grandfather continued his maltreatment of her mother, but only in the absence of her father. Tomoko recalls feeling guilty about participating in what she called "a conspiracy of silence" with regard to her grandfather, but she did not know what to do. Following the model of her grandmother and mother, she grew increasingly taciturn at home. And although this dimension of family life cast a dark shadow on many of the family interactions, Tomoko nonetheless recalls many pleasant and joyful family times, particularly when her father was at home. By the time she was 16 years old, her father was transferred back to a facility nearer to their home and thus was able to return home full-time. Tomoko recalls feeling jubilant upon hearing this news; however, given her father's long work hours, she soon discovered that her grandfather had plenty of opportunity to continue in his ways.

Tomoko remained at home and matriculated to a nearby university, where she began her studies in architecture. Makiko always encouraged Tomoko to pursue a university education and occasionally would wistfully recount her own childhood fantasies, as if they belonged to another life, of becoming a veterinarian. Makiko never complained about not having the opportunity to pursue these aspirations—in fact, Tomoko was not sure that Makiko lamented the fact that she was not gainfully employed. However, Tomoko did have the impression that her mother was not totally fulfilled by her domestic responsibilities, a reality exacerbated by her grandfather's lack of appreciation and verbal abuse.

During Tomoko's second year at university, she earned a scholarship to study architecture at an American university for one semester. Tomoko recalls having great trepidation about embarking on this experience; however, she was able to live with her uncle's family in San Francisco and found the transition to the United States surprisingly less difficult than she had imagined. She pursued an intensive English language program prior to the semester of coursework, and although she found the language a challenge, she steadily gained facility and confidence.

Tomoko was considering staying on to complete her university studies in the United States when her grandmother fell ill with cancer. Tomoko adored her grandmother and describes a combination of affection and obligation that propelled her to return home. Tomoko describes wanting to do what was right with regard to both her grandmother and her mother, and thus she worked at her mother's side for over a year as her grandmother grew increasingly frail and debilitated. She died on Tomoko's 21st birthday.

Tomoko's eating disorder developed in the wake of her return home, during the time that she assisted her mother in caring for her grandmother. Tomoko reports that she returned home from the United States 3 kilograms heavier than when she departed Japan. Despite the fact that Tomoko was still within the normal weight range for her height (BMI = 22 kg/m<sup>2</sup>), she felt conspicuously larger than the classmates from university with whom she resumed socializing. She described wanting to lose the extra weight because she did not like being so different from her peers. Tomoko attempted to lose this extra weight by dieting but was never able to maintain her weight loss efforts. She began binge eating surreptitiously and within a few months was also abusing laxatives. Her binge eating and purging steadily worsened in terms of intensity and frequency over the course of the year, and by the time she presented for treatment she was binge eating almost daily and either vomiting or abusing laxatives with the same frequency. Her weight remained at a BMI of 22 kg/m<sup>2</sup> despite these efforts to lose weight.

Tomoko presented for psychotherapy treatment with great shame and reticence. She did not want her family to know she was in treatment and she felt she needed to get help before they all found out. She was particularly concerned about not increasing her mother's burden and not falling prey to her grandfather's verbal abuse. In addition to resolving the eating disorder, Tomoko described being in tremendous conflict regarding her educational and potential career pursuits. She was due to return to university, and although she had considered continuing her education in the United States, it was now time for her brother to begin his university studies. He had been accepted to a university in a Tokyo, which would mean that he would be moving away from home. Tomoko was in significant distress as to whether she could possibly leave her mother alone to care for her father and grandfather. Although Tomoko's mother encouraged her to pursue her studies in the United States if that was what Tomoko wished, she also continued to pull Tomoko into the daily work of managing the household in a way that resulted in conflicting messages for Tomoko.

Tomoko's experience of coming of age is the case of a young woman struggling with gender role expectations and values. Tomoko identified with her mother and the role of women's work. She had great respect for her mother and her undying commitment to supporting other family members. Tomoko had the impression that everyone in the family respected her mother for the work that she did to maintain



the household. Even her verbally abusive and antagonistic grandfather recognized that Tomoko's mother was a pillar of strength and organization without whom the family would not be able to function.

Tomoko described generational differences in terms of education and experience between her grandmother, her mother, and herself. And she described feeling like she had more opportunities than her foremothers. However, she also felt that many aspects of gender role expectations had not really changed dramatically. Tomoko's parents' work conformed to what we described above in terms of the institutionally sanctioned gender division of labor, and as described by Lebra (1984), Tomoko's mother provided "around the body care" for her husband and for the rest of the family as well. The unspoken assumption was that Tomoko's path to maturity would bring her to a relatively similar set of expectations and family structure. Although Tomoko had the opportunity to pursue her university studies, it was clear to her that expectations for her were quite different from those for her brother. As she debated whether to return to university, her parents never discussed her career opportunities or the need to pursue a university program that would enable her to become self-sufficient. Instead, the discussion centered on enrichment of experience and the extent to which her studies would interfere with her desire to contribute to domestic affairs of the family.

The conflict for Tomoko was that she valued and respected the work that her mother did for the family and felt both desire and obligation to contribute in the same way. In fact, she described that taking on some of the domestic work of the family felt like a demonstration of her maturing into adulthood. As further demonstration of the continuing gender division of labor, no one in the family even considered the possibility that her brother should help in the care of her grandmother or alter his university studies to provide assistance at home. In fact, Tomoko laughed as if taken by surprise when asked this question in her interview. She said it never even occurred to her, and in any case, he would not be capable of such work. Her comment expresses the belief that men just are not capable of doing the work of women, again a representation of gender division, but moreover testimony to the belief that women's work is difficult and ought to be respected for the fact that it is not easily accomplished by at least half the population.

Tomoko's discussion of the possibility of returning to the United States to study was permeated with conflict. She felt that staying home and going to a local university would in many ways be the more mature decision and one that would prepare her for becoming a good wife and mother. At the same time, she thoroughly enjoyed her experience of studying in the United States and thought that her career opportunities would be enhanced if she continued her studies there rather than at the local university. The dilemma was that she was not sure she was invested in pursuing such opportunities. Although increasing career pursuits are very much a part of Western feminism, Tomoko failed to fully embrace this model. She could

see that it would afford her the possibility of greater economic independence and perhaps greater latitude of choices en route to adulthood, but such a pursuit also presented a personal crisis of values and represented a departure from tradition that she was not clear she wanted to undertake.

In addition to gender role issues, the rise of Tomoko's eating disorder subsequent to her return from the United States raises the question of cultural values regarding beauty and thinness that may have contributed to its onset. Tomoko gained weight during her time in the United States, and upon her return felt especially uncomfortable with her increased size. Concerns with weight and shape permeate media images of women, and clearly the thin ideal is widely embraced among Japanese women. Although Tomoko was never overweight, as is the case with most women with eating disorders in Japan, she was invested in pursuing the cultural thin ideal, and she was aware of the role of weight dissatisfaction in propelling her to diet. However, as described above, the significance of thinness for Tomoko conformed much more to the Japanese than the Western culture-bound meaning. Although the onset of Tomoko's eating disorder was at least partially precipitated by dieting, the meaning of weight and the motivation for losing weight appeared to be different from the pursuit of an unrealistically thin beauty ideal significant in Western conceptualizations. In fact, Tomoko's dieting was instigated by pursuit of a return to "sameness." The population weight norms are lower than in the West, and upon her return, Tomoko wanted to fit in; having gained weight, she felt conspicuously larger than her peers. Losing weight was not associated with the desire to achieve an unrealistic beauty ideal; it was associated with wanting to conform to contemporary social norms of appearance among her peer group.

As Tomoko described losing weight as a way of fitting in with her peers, she also associated this return with being young and carefree again. Tomoko had one foot in the world of adult responsibility, and she was proud of her emerging maturity; however, she also felt burdened and expressed the desire to reclaim the freedom of youth. She envied her friends, whom she perceived to be unencumbered by the worries of adulthood. Unfortunately, neither world felt wholly comfortable. She wanted the relief that came with the "culture of cute" and reduced responsibility, but she also felt pride in her demonstrations of maturity. Notably absent from Tomoko's conflict was the voice of Western-style feminism. Tomoko was generally accepting of the social norms and gender role expectations in Japan. She did not expend energy criticizing the cultural norms and expectations but rather struggled with how she was going to navigate this decision point.

### *The case of Hiroko*

Hiroko is a married Japanese woman with anorexia nervosa. She was brought to treatment by her husband of four years, who expressed sincere concern about

his wife's emaciated state and depressed mood, which occurred subsequent to the birth of their first and only child. Initially, Hiroko expressed no interest in participating in treatment but as she regained weight, she gradually engaged more in the psychotherapeutic process. In conjunction with probable biological and temperamental risk factors, gender role values and expectations contributed to intense conflict in Hiroko's experience of being a wife and mother. These themes emerged as central to the development of her eating disorder.

Hiroko grew up in Tokyo, the only daughter of a commercial banker and a full-time homemaker. She recalls that her parents had a fairly traditional and typical marriage, with her mother ultimately responsible for childrearing and management of the household. Growing up, Hiroko remembers that her mother was much more available to her as a child than her father, and she recalls feeling somewhat distant from him. She and her father spent very little time together, and often times they saw each other only for a few moments in the morning before he left for work. Despite this distance, Hiroko expressed tremendous affection for him.

Hiroko recalls that as a child her parents addressed each other with respect and affection. Her mother Kurumi frequently spoke to Hiroko about her father's long working hours and explained that he needed to spend so much time at work in order to progress in the company. Kurumi also frequently spoke of how fortunate they were that Hiroko's father was able to provide for their needs so that she could be home to tend to more domestic responsibilities. Hiroko's mother was not responsible for the care of her in-laws, who lived outside Kyoto with another of their children. Hiroko's mother did care for her own parents as needed, but during Hiroko's childhood years her maternal grandparents were generally healthy and self-sufficient. Thus, Hiroko recalls that her mother was quite active in the parent organization at Hiroko's school, actively engaged in her own hobbies, and always present for Hiroko after school and on weekends.

As a child Hiroko can remember spending many hours in the afternoon and on weekends with her mother in the park, walking in the city, and playing music at home. Hiroko began taking piano lessons when she was 4 years old, and following traditional Suzuki methods, her mother also began the study of piano. Although many parents never continue their music studies with Suzuki beyond the required early years, Hiroko's mother pursued her music studies with tremendous enthusiasm and commitment, and the two of them became quite accomplished pianists. Hiroko can recall coming home from school and hearing the piano music from their second floor apartment as she approached their building. It would cause her heart to lighten to know that her mother was home waiting for her, and they enjoyed many hours of playing duets and even performing at various concerts throughout the year with their school.

Hiroko also describes learning tea ceremony from her mother and grandmother. She traveled with her mother to her grandmother's house once per week to learn

from her grandmother, who had achieved the level of tea master. Her grandmother taught tea ceremony from her home. She had quite a following, and she was very highly regarded in her practice of tea ceremony. When Hiroko was a young child she remembers finding the practice of tea ceremony mysterious and interesting. She loved learning about the customs, the different tea masters, and the history of tea ceremony, and she strove to achieve perfection in her practice.

In fact, Hiroko strove to achieve perfection in most everything she undertook. She recalls practicing piano for hours to master her pieces. She studied diligently, probably well beyond what was necessary to guarantee that she excel at school as well. Hiroko did not perceive that her behavior was exceptionally perfectionistic, but her mother said that Hiroko's standards for herself were always very high and that family members, teachers, and friends had frequently commented on Hiroko's high standards and diligence.

Hiroko went to a select private school that required entrance exams. As a bright and articulate young woman she took pride in her schoolwork and excelled in high school. She had a number of friends with whom she socialized at school and on weekends. She remembers during high school that she hated the competitive and pressured environment of her school, and although she continued to do well, as she approached the time when she had to decide about university entrance exams, she had little interest in pursuing a university course that would continue to be so much pressure.

Hiroko matriculated to a respected but "second tier" university in Tokyo where she studied Japanese literature. She found it stressful to be at university, and reported that frequently she completely lost her appetite and did not eat anything all day long. She would wait until she was home to eat with her mother, and sometimes her father when he arrived home late at night. Hiroko describes the coursework as time-consuming and demanding. She had little time left to play the piano or pursue her practice of tea ceremony. Hiroko recalls growing increasingly isolative during her second year at university. She gradually lost interest in food, and simple activities that had previously been enjoyable became onerous. She described feeling "anxious all the time" and took little pleasure in her studies. Although she lost several kilograms from her already slim body frame, no one suspected that she was developing an eating disorder at this time. She estimates that she dropped to a BMI of approximately  $18 \text{ kg/m}^2$  at this time. Upon completion of her second year, she decided to take a leave from school and accepted a position working as a concierge in one of the large hotels in Tokyo. Although her parents were concerned about her failure to complete university, they were hopeful that she would resume her studies after a brief hiatus.

Hiroko reports that she enjoyed her work as a concierge. She was extremely efficient and was well liked by her coworkers. She enjoyed the freedom that came with having her own income and few expenses. She traveled with girlfriends on

weekend shopping jaunts to Hong Kong and Korea. She resumed her music studies and practice of tea ceremony and felt a renewed capacity to enjoy her daily life. During this time she met Shoji, a young businessman who frequently stayed at the hotel where she worked, and within two years they were married.

Hiroko reported that Shoji's parents did not approve of their relationship right from the start, ostensibly because she had failed to complete her university studies and because they had expected that Shoji would agree to an arranged marriage to a woman of higher social standing that they had already initiated. Although Shoji did not object to their efforts to secure a suitable partner for him, when he met Hiroko he decided to pursue a "love marriage." Hiroko and Shoji describe their first year of marriage as more difficult and complicated than expected. Hiroko moved to her husband's hometown with some trepidation, both because she was sad to move so far away from her parents and because she felt that no matter how hard she tried she could never gain the approval and acceptance of her in-laws. Hiroko was able to secure a position in a hotel not far from her new home, and she continued to work until she learned that she was pregnant. The news of her pregnancy was welcomed with joy and great anticipation by everyone in the family.

Hiroko gave birth to a baby girl after a relatively uneventful pregnancy, during which she did not describe having difficulty with eating or the associated weight gain. She had a normal delivery, was thrilled to have a baby, and was excited to carry on the tradition of mothering modeled by her own mother. She resigned from her position at the hotel, and happily became a full-time mother and wife. However, shortly after becoming a mother, she remembers feeling a resurgence of anxiety that recalled her experience during university. She recalls finding the tasks of childcare quite overwhelming, finding it difficult to accomplish everything that she expected of herself. At the end of each day, she was exhausted and increasingly dysphoric. She pursued the work of motherhood with high expectations and perfectionism. Similar to when she was younger, she did not see her expectations as unrealistically perfectionistic, although those around her were able to articulate many examples of extreme standards. She did not get much help from Shoji for the care of their baby. As is typical, Shoji worked long hours, and their marriage reflected the cultural divisions of labor such that Hiroko was expected to provide for virtually all the needs of their new baby. In addition to the increased stress intrinsic in becoming a new mother, it was additionally stressful for Hiroko that Shoji was absent for most of his waking hours due to long working hours and required after-hours socializing.

When Hiroko was first brought to treatment, she had lost more than 10 kilograms from her prepregnancy weight, and her BMI had dropped to approximately 17 kg/m<sup>2</sup>. She was isolative and depressed, and her mother and mother-in-law were providing support and care for their granddaughter. As noted above, Hiroko described feeling unsupported by her in-laws, but staff on the inpatient unit reported

that both Hiroko's mother and her mother-in-law were quite supportive and compassionate.

From a somewhat different vantage point, Hiroko's development of anorexia nervosa speaks to the same issues related to the meanings of thinness and gender that were highlighted by Tomoko's case. As compared to Tomoko, Hiroko had already made the decision to pursue the traditional path of motherhood as the route to maturity. She saw the role of motherhood as one that afforded the opportunity to contribute meaningfully to her family while still allowing personal latitude to pursue her interests in music and tea ceremony. She made several decisions in her adolescence that reflected a resolved vision of what she wanted for herself as a woman, and she happily married Shoji with the expectation that her marriage would follow a relatively traditional course.

One of the critical dilemmas for Hiroko was that she viewed the culturally sanctioned gendered division of labor as immutable. Thus, although she was dissatisfied with certain aspects of her marriage and family structure, the only alternative in her mind was to opt out. She did not want to threaten the stability of her marriage or have her marital problems known publicly, because that would have felt like a failure as a wife. Somehow anorexia nervosa served as a private way of opting out without having to publicly acknowledge the problems in her marriage. This thinking about marriage is a commonly held view by women in Japan where discussions about marriage often focus on how to adapt to an unchanging social construct rather than on how to effect change on an interpersonal or social level. Hiroko's situation was reminiscent of the experience of the "conspiracy of silence" that Tomoko described regarding the absence of vocal protest from her mother about her father-in-law's verbal abuse.

A dramatic example of Hiroko's struggle with cultural norms regarding marital expectations emerged during the course of treatment. Similar to Tomoko's mother, Hiroko was attempting to manage a problem according to social demands and norms, but at great expense. After several months of treatment, Hiroko revealed that Shoji had a significant drinking problem. She never defined it as alcoholism, but did describe behavioral and psychological problems secondary to his excessive drinking that had a tremendous deleterious impact on his functioning and on their marriage. She described multiple occasions when Shoji did not go to work but instead remained at home in bed, requiring even more care on her part. For some time, she tried to rationalize his drinking as "letting loose" in response to the normative stress at work that made him very "nervous," but as it worsened, and with the additional responsibility of caring for a baby, she found Shoji's drinking increasingly difficult to bear privately.

Hiroko's behavior must be understood in a cultural context in which alcohol consumption and drunkenness, especially among men, is widely condoned and sanctioned (Borovoy 2001b). As part of the required after hours socializing,

companies budgeting funds for men's drinking is commonplace (Allison 1994). As described by Stephen Smith (1988), because alcoholism is not defined by amount or frequency of consumption, it is rarely identified as a problem until the burden of managing the concomitant disturbances (e.g., missed work, abusive behavior, and medical problems) becomes too great for the family to manage on its own. This cultural acceptance of drinking, the cultural expectations for the wife to provide "around the body care," and Hiroko's perfectionistic tendencies converged to render her vulnerable. For Hiroko, anorexia nervosa crept in the back door.

In terms of understanding the contribution of cultural ideals regarding beauty and weight, it appears that in Hiroko's case, the pursuit of thinness was driven largely by the desire to retreat to an earlier stage of development. This developmental dynamic is certainly not universal, nor is it unique to eating disorders in Japan. In fact, Hiroko's desire to return to a time when she felt less burdened and pressured is reminiscent of Crisp's (1980) writings on anorexia nervosa as a retreat from maturity. Similar to Tomoko, Hiroko associated thinness with her youth and carefree times. Although not initially a conscious motivation, as Hiroko recovered from her eating disorder, she realized that her excessive weight loss also rendered her both amenorrheic and unattractive to her husband, both of which insured that she would not be required to fulfill her role as sexual partner while she was ill. The meaning of thinness as an expression of achievement or as part of the pursuit of the "superwoman" ideal that is common in Western conceptualizations was completely absent.

In both case illustrations, the women struggled with finding a voice to constructively express their conflicts related to gender role expectations and ideals of thinness and appearance. Their eating disorders arose within their individual experiences of a broader cultural stage, and served them in communicative and instrumental ways, albeit at significant personal cost. As described by Jack (1987), the "silencing of the self" can be associated with significant psychological distress, disorder, and depression. These two women's experiences illustrate how the silencing of the self rooted in conflicts arising from broad gender role expectations, coupled with the specific tensions emanating from cultural values regarding beauty ideals and thinness, may contribute to the contemporary rise of eating disorders in Japan.

#### CONCLUDING COMMENTS

Studies of eating disorders around the globe converge in defining women in their adolescent and young adult years as the segment of the population most at risk for developing an eating disorder. The developmental challenges intrinsic to this stage of life are negotiated and navigated within a cultural context of values and expectations regarding gender roles, relationships, self-determination, and in the case of eating disorders, beauty ideals. As data emerge from various cultures

and contexts, certain risk factors and social tensions appear to be shared across cultures. The data from Japan support the centrality of such developmental and cultural factors in the development and expression of eating disorders and at the same time suggest that an analysis of culture is essential to truly understanding the way in which such risk factors are experienced, understood and managed.

This discussion of culture and eating disorders in Japan represents our attempt to construct meaning and develop hypotheses based on sociological, anthropological, and psychological data. Although the gaps in knowledge are conspicuous, the data coalesce to lay the foundation for a compelling story of the role of culture in eating disorders in Japan. The rise of eating disorders in Japan may in part be a function of increased exposure to Western beauty ideals and maladaptive management of eating and weight, but our analysis of the data suggests that over-reliance on the model of “Westernization” obscures what is culturally and socially specific about the contemporary issues for Japanese women coming of age today. Cultural values, expectations, and pressures regarding the models of marriage, adulthood, and “independence” in Japan have differed from Western models historically, and even on the contemporary stage, the dynamics differ in significant ways. Extending the work of Striegel-Moore et al. (1986) and Finkelstein (1987), we have attempted to accurately observe, organize, and depict relevant dimensions of sociocultural gender role development and concerns with weight and shape that describe the stage of increased risk for eating disorders in contemporary Japan. We have also attempted to contribute to the explanatory discussion of risk for eating disorders on this stage. It is widely accepted that eating disorders are multi-determined, and clearly culture is but one thread that contributes to weaving the story of etiology and expression. However, it is an essential thread for bringing meaning and understanding to the emerging clinical and empirical data on eating disorders, in Japan and around the world.

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#### NOTES

1. In the case material presented throughout this manuscript, all names and identifying information have been altered to protect the anonymity of the individuals and their families.



2. For example, in an important article on rising rates of eating disorders in South Africa, Szabo and Le Grange (2001) point out the complexity of the “Westernization” process in South Africa in the context of racism and apartheid: the need for African women to retain their ethnic pride and “difference” while simultaneously accommodating to post-apartheid demands for integration and assimilation.

3. For example, according to one survey conducted in 1996, approximately 45% of men “never” put their own clothes away (as compared to 11.1% of men who “always” did) while only 16.9% regularly made their own tea (Office of Planning and Coordination for Women, City of Yokohama, as cited in Brinton 1993).

4. It is perhaps for these reasons that the American notion of the infantile housewife primarily concerned with domestic niceties and pleasing her husband, highlighted by second-wave feminists such as Betty Friedan in the 1960s, carried rather less resonance for many Japanese women of the same era, who saw their work as part of broader social and political projects, and who did not imagine themselves as diminutive and dependent upon their husbands.

5. In fact, in the early 1980s, it was women rather than men who were responsible for initiating the majority (three-quarters) of all petitions for divorce mediation—a prerequisite for filing for divorce action in the district court in the case of dispute (Supreme Court of Japan 1982, as cited in Bryant 1984).

6. The mean age for first marriage among Japanese women is greater than that for women in the United States, and among the highest for industrialized nations. In 2002, the mean age for marriage for women was 27 years, as compared to 23 years in 1950 (Ministry of Health, Labor and Welfare 2002a,b).

7. In what White (2002: 142–143) has referred to as the “reproduction of immaturity,” many middle and upper-middle class housewives expect little from either their daughters (or sons) in terms of domestic chores, because they feel they should protect them through the long ordeal of exam preparation necessary for academic advancement.

#### REFERENCES

Allison, Anne

1994 *Nightwork: Sexuality, Pleasure, and Corporate Masculinity in a Tokyo Hostess Club*. Chicago: The University of Chicago Press.

American Psychiatric Association

1994 *Diagnostic and Statistical Manual of Mental Disorders*, 4th edn. Washington, DC: American Psychiatric Association.

Bannai, C., N. Kuzuya, Y. Koide, T. Fujita, M. Itakura, K. Kawai, and K. Yamashita

1988 Assessment of the Relationship Between Serum Thyroid Hormone Levels and Peripheral Metabolism in Patients with Anorexia Nervosa. *Endocrinologia Japonica* 35: 455–462.

Befu, Harumi

1966 Corporate Emphasis and Patterns of Descent in the Japanese Family. *In Japanese Culture: Its Development and Characteristics*. R.J. Smith and R.K. Beardsley, eds., pp. 34–41. Chicago: Aldine Publishing Co.

Borovoy, Amy

2001a Not a Doll’s House: Public Uses of Domesticity in Japan. *U.S. Japan Women’s Journal*, English Supplement Nos. 20–21.

2001b Recovering From Codependence in Japan. *American Ethnologist* 28(1): 94–118.  
in press *The Too Good Wife: Alcohol, Co-Dependency, and the Politics of Nurture in Postwar Japan*. Berkeley: University of California Press.

- Brinton, Mary C.  
1993 *Women and the Economic Miracle*. Berkeley: University of California Press.
- Bruch, Hilda  
1973 *Eating Disorders: Obesity, Anorexia and the Person Within*. New York: Basic Books.
- Brumberg, Joan  
1997 *The Body Project: An Intimate History of American Girls*. New York: Random House.
- Buckley, Sandra  
1991 "Penguin in Bondage": A Graphic Tale of Japanese Comic Books. *In* *Techno-culture*. Constance Penley and Andrew Ross, eds., pp. 163–196. Minneapolis: University of Minnesota Press.
- Crisp, A.  
1980 *Anorexia Nervosa: Let me be*. London: Plenum Press.
- D'Emilio, John, and Estelle B. Freedman  
1997 *Intimate Matters: A History of Sexuality in America*. Chicago: University of Chicago Press.
- Efron, Sonni  
1997 *Eating Disorders go Global*. Los Angeles Times, October 18, p. A1.
- Finkelstein, Suzette  
1987 *Eating Disorders: Why Women and Why Now?* *In* *Women and Depression*. Ruth Formanek and Anita Gurian, eds., pp. 161–181. New York: Springer.
- Furnham, A., and N. Alibhai  
1983 *Cross-Cultural Difference in the Perception of Female Body Shapes*. *Psychological Medicine* 13: 829–837.
- Furukawa, T.  
1994 *Weight Changes and Eating Attitudes of Japanese Adolescents Under Acculturative Stresses: A Prospective Study*. *International Journal of Eating Disorders* 15: 71–79.
- Garner, D.M.  
1991 *The Eating Disorders Inventory 2*. Professional Manual. Odessa, FL: Psychological Assessment Resources.
- Garon, Sheldon  
1993 *Women's Groups and the Japanese State: Contending Approaches to Political Integration, 1890–1945*. *Journal of Japanese Studies* 19(1): 5–41.  
1994 *Rethinking Modernization and Modernity in Japanese History: A Focus on State-Society Relations*. *The Journal of Asian Studies* 53(2): 346–366.  
1997 *Molding Japanese Minds: The State in Everyday Life*. Princeton, NJ: Princeton University Press.  
Gender Equity Bureau, Cabinet Office of Japan  
1998 *Annual Report*. Tokyo: Cabinet Office
- Gordon, Andrew  
1997 *Managing the Japanese Household: The New Life Movement in Postwar Japan*. *Social Politics* (Summer): 245–283.  
2000 *Society and Politics from Transwar through Postwar Japan*. *In* *Historical Perspectives on Contemporary East Asia*. Merle Goldman and Andrew Gordon, eds., Cambridge, MA: Harvard University Press.
- Gordon, Richard A.  
2000 *Anorexia and Bulimia: Anatomy of a Social Epidemic*, 2nd edn. Oxford: Blackwell.  
2001 *Eating disorders East and West: A Culture-Bound Syndrome Unbound*. *In* *Eating Disorders and Cultures in Transition*. Mervat Nasser, Melanie Katzman, and Richard Gordon, eds., pp. 1–16. New York: Taylor and Francis.

- Hochschild, Arlie Russell  
 1989 *The Second Shift: Working Parents and the Revolution at Home*. New York: Viking.
- Huon, G., and L. Brown  
 1984 Psychological Correlates of Weight Control Among Anorexia Nervosa Patients and Normal Girls. *British Journal of Medical Psychology* 57: 61–66.
- Hsu, L.K. George, and Sing Lee  
 1993 Is Weight Phobia Always Necessary for a Diagnosis of Anorexia Nervosa? *American Journal of Psychiatry* 150: 1466–1471.
- ILO Yearbook of Labor Statistics  
 1996 *ILO Yearbook of Labor Statistics*, Geneva, Switzerland.
- Imamura, Anne  
 1987 *Urban Japanese Housewives: At Home and in the Community*. Honolulu: University of Hawaii Press.
- Inaba, S., and T. Takahashi  
 1989 Literature Review on Incidence and Prevalence of Anorexia Nervosa. *In A Report on the Study of Anorexia Nervosa for the Fiscal Year 1988*. S. Tsutsui, ed., pp. 1–25. Tokyo: Ministry of Health, Labor and Welfare.
- Inaba, Y., M. Takahashi, M. Nohara, and T. Fujita  
 1994 Gakkou Chosa Ni Yoru Shinkeisei Shokuyoku Fushinsho Oyobi Shinkeisei Taishokusho No Hindo. Kosheisho Tokutei Shikkan Shinkeisei Shokuyoku Fushinsho Tyosa Kenkyuhan Heisei 4 Nendo Houkokusho, pp. 41–45. [A school based study of the rate of anorexia nervosa and bulimia nervosa in 1994.] Tokyo: Ministry of Health, Labor and Welfare.
- Jack, Dana  
 1987 Silencing the Self: The Power of Social Imperatives in Female Depression. *In Women and Depression*. Ruth Formanek and Anita Gurian, eds., pp. 161–181. New York: Springer.
- Katzman, Melanie, and Sing Lee  
 1997 Beyond Body Image: The Integration of Feminist and Transcultural Theories in the Understanding of Self Starvation. *International Journal of Eating Disorders* 22: 385–394.
- Kelsky, Karen  
 2001 *Women on the Verge: Japanese Women, Western Dreams*. Durham, NC: Duke University Press.
- Kinsella, Sharon  
 1994 Cuties in Japan. *In Women, Media, and Consumption in Japan*. Brian Moeran and Lise Skov, eds., pp. 170–196. Honolulu: University of Hawaii Press.
- Kiriike, N., T. Nagata, M. Tanaka, S. Nishiwaki, N. Takeuchi, and Y. Kawakita  
 1988 Prevalence of Binge-Eating and Bulimia Among Adolescent Women in Japan. *Psychiatry Research* 26: 163–169.
- Kok, I.P., and C.S. Tian  
 1994 Susceptibility of Singapore Chinese Schoolgirls to Anorexia Nervosa: Part 1 (Psychological Factors). *Singapore Medical Journal* 35: 481–485.
- LeBlanc, R.  
 1999 *Bicycle Citizens: The Political World of the Japanese Housewife*. Berkeley: University of California Press.
- Lebra, Takie Sugiyama  
 1984 *Japanese Women: Constraint and Fulfillment*. Honolulu: University of Hawaii Press.
- Lee, S.  
 2001 Fat Phobia in Anorexia Nervosa. *In Eating Disorders and Cultures in Transition*. M. Nasser, M. Katzman, and R. Gordon, eds., pp. 40–54. New York: Taylor and Francis.

- Lee, S., T.P. Ho, and L.K.G. Hsu  
1993 Fat Phobic and Non-Fat Phobic Anorexia Nervosa—A Comparative Study of 70 Chinese Patients in Hong Kong. *Psychological Medicine* 23: 999–1017.
- LeTendre, Gerald  
2000 *Learning to be Adolescent: Growing up in U.S. and Japanese Middle Schools*. New Haven, CT: Yale University Press.
- Lewis, Catherine  
1978 Women in the Consumer Movement. *In Proceedings of the Tokyo Symposium on Women*, pp. 80–87. Tokyo: International Group for the Study of Women.
- Littlewood, R.  
1995 Psychopathology and Personal Agency: Modernity, Cultural Change and Eating Disorders in South Asian Societies. *British Journal of Medical Psychology* 68: 45–63.
- Maekawa, H.  
2004 The Factors and Process of Weight and Shape Concerns in Japanese Female Adolescents. International Conference on Eating Disorders, April 30, Orlando, Florida.
- Marcus, David, and Weiner, Morton  
1989 Anorexia Nervosa Reconceptualized from a Psychosocial Transactional Perspective. *American Journal of Orthopsychiatry* 59(3): 346–354.
- McVeigh, Brian  
1997 *Life in a Japanese Women's College: Learning to be Ladylike*. New York: Routledge.
- Ministry of Health, Labor and Welfare  
2001 National Nutrition Survey. Tokyo.  
2002a National Welfare Survey. Tokyo.  
2002b Statistical Handbook of Japan. Tokyo.
- Ministry of Public Management, Home Affairs, and Posts and Telecommunications 2000 National Census Data. Tokyo.
- Miura, Atsushi  
2001 *Mai Hoomuresu Chairudo (My Homeless Child)*. Tokyo: Clubhouse Press.
- Miyai, K., T. Yamamoto, M. Azukizawa, K. Ishibashi, and Y. Kumahara  
1975 Serum Thyroid Hormones and Thyrotropin in Anorexia Nervosa. *Journal of Clinical Endocrinology and Metabolism* 40: 334–338.
- Monbushô [Ministry of Education]  
2001 Untitled Report. Tokyo: Ministry of Education.
- Mukai, T., A. Kambara, and Y. Sasaki  
1998 Body Dissatisfaction, Need for Social Approval, and Eating Disturbances Among Japanese and American College Women. *Sex Roles* 39: 751–763.
- Nadaoka, T., A. Oiji, S. Takahashi, Y. Morioka, M. Kashiwakura, and S. Totsuka  
1996 An Epidemiological Study of Eating Disorders in Northern Area of Japan. *Acta Psychiatrica Scandinavica* 93: 305–310.
- Nakai, Yoshikatsu  
1997 Eating Disorder Inventory (EDI) Wa Mochiita Sesshoku Shogai Kanja No Shinritokusei No Kentou. *Seishinigaku* 39(1): 47–50.
- Nakamura, H.  
1976 *Mei roku Zasshi*. Tokyo: Meirokusha, Meiji 7–8 [1874–1875].
- Nakamura, K., Y. Hoshino, A. Watanabe, K. Honda, S. Niwa, and M. Yamamoto  
1999 Eating Problems and Related Weight Control Behavior in Adult Japanese Women. *Psychotherapy and Psychosomatics* 68: 51–55.
- Nakane, Chie  
1967 *Kinship and Economic Organization in Rural Japan*. New York: Athlone Press.
- Nasser, M., M. A. Katzman, and R. A. Gordon, eds.  
2001 *Eating Disorders and Cultures in Transition*. London: Brunner-Routledge.

- Nogami, Y., and F. Yabana  
 1977 On Kibarashi-Qui (Binge Eating). *Folia Psychiatrica Et Neurologica Japonica* 31: 159–166.
- Nolte, Sharon H., and Sally Ann Hastings  
 1991 The Meiji State's Policy Toward Women, 1890–1910. In *Recreating Japanese Women, 1600–1945*. G.L. Bernstein, ed., pp. 151–175. Berkeley: University of California Press.
- Ono, Hiromi  
 2003 *Women's Economic Standing, Marriage Timing, and Cross-National Contexts of Gender*. Ann Arbor, MI: Institute for Social Research.
- Palmer, R.  
 2001 Commentary on Eating Disorders East and West: A Culture-Bound Syndrome Unbound. In *Eating Disorders and Cultures in Transition*. M. Nasser, M. Katzman and R. Gordon, eds., pp. 17–19. New York: Taylor and Francis.
- Patton, G.C., and G.I. Szmukler  
 1995 Epidemiology of Eating Disorders. In *Epidemiological Psychiatry, Bailliere's Clinical Psychiatry—International Practice and Research*. Jablensky, ed., London: Bailliere Tindall.
- Pike, K.M.  
 1995 Bulimic Symptomatology in High School Girls: Toward a Model of Cumulative Risk. *Psychology of Women Quarterly* 19: 373–396.
- Pike, Kathleen  
 2003 Unpublished Data.
- Pike, K.M., and H. Mizushima  
 in press A Clinical Presentation of Japanese Women with Anorexia Nervosa and Bulimia Nervosa: A Study of the Eating Disorders Inventory-2. *International Journal of Eating Disorders*.
- Pike, K.M., and Striegel-Moore, R.  
 1997 Disordered Eating and Eating Disorders. In *Health Care for Women: Psychological, Social, and Behavioral Influences*. S. Gallant, G. Puryear Keita, and R. Royak-Schaler, eds., pp. 97–114. Washington, DC: American Psychiatric Association.
- Renshaw, Jean R.  
 1998 *Kimono in the Boardroom: The Invisible Evolution of Japanese Women Managers*. New York: Oxford University Press.
- Roach, Mary  
 1999 What Can You Say About a High-Powered Exec with an Elmo Charm on his Cell Phone? He gets it. *Wired* 7(12). Electronic document. [http://www.wired.com/wired/archive/7.12/cute\\_pr.html](http://www.wired.com/wired/archive/7.12/cute_pr.html).
- Robertson, Jennifer  
 1989 *Takarazuka: Sexual Politics and Popular Culture in Modern Japan*. Berkeley: University of California Press.
- Sasagawa, Ayumi  
 2002 The Social World of University-Educated Mothers in a Japanese Suburb. Paper Presented at the Anthropology of Japan in Japan Fall Workshop. November 2, Sophia University, Ichigaya Campus, Ichigaya, Japan.
- Sechiyama, Kaku  
 2000 Shufu Hogo Seisaku no Daitenkan o: Jidô Teate Giron o Kikkake ni Shite. *Ronza* 11: 134–145.
- Shorter, E.  
 1994 *Youth and Psychosomatic Illness. From the Mind into the Body: The Cultural Origins of Psychosomatic Symptoms*. New York: The Free Press.

Smith, Stephen

- 1988 *Drinking and Sobriety in Japan*. Unpublished PhD dissertation, Department of Anthropology, Columbia University, New York.

Statistics Sweden

- 2002 *Statistical Yearbook of Sweden, 2002*. Stockholm: Statistics Sweden.

Striegel-Moore, R.H., L.R. Silberstein, and J. Rodin

- 1986 Toward an Understanding of Risk Factors for Bulimia. *American Psychologist* 41: 246–263.

Suematsu, H., H. Ishikawa, T. Kuboki, and T. Ito

- 1985 Statistical Studies on Anorexia Nervosa in Japan: Detailed Clinical Data on 1011 Patients. *Psychotherapy and Psychosomatics* 43: 96–103.

Suzuki, Kazuko

- 1998 Pornography or Therapy? Japanese Girls Creating the Yaoi Phenomenon. *In* *Millennium Girls: Today's Girls Around the World*. Sherrie A. Inness, ed., pp. 243–268. New York: Rowman and Littlefield Publishers, Inc.

Szabo, C.P., and D. Le Grange

- 2001 Eating Disorders and the Politics of Identity: The South African Experience. *In*: *Eating Disorders: The New Sociocultural Debate*. M. Nasser, M. Katzman, and R. Gordon, eds., pp. 24–39. New York: Brunner-Routledge.

Takeda, A., K. Suzuki, and S. Matsushita

- 1993 Prevalence of Bulimia Nervosa (DSM III-R) Among Male and Female High School students. *Seishin Igaku* 35: 1273–1278.

Takeuchi, S., J. Hayano, T. Kamiya, R. Hori, S. Mukai, and T. Fujinami

- 1991 Body Image and Self Image in 712 Junior High School Students. *Shinshin Igaku* 31: 367–373.

Treat, John Whittier

- 1996 Yoshimoto Banana Writes Home. *In* *Contemporary Japan and Popular Culture*. John Whittier Treat, ed., pp. 275–308. Richmond, UK: Curzon Press.

Ueno, Chizuko

- 1988 The Japanese Women's Movement: The Counter-Values to Industrialism. *In* *The Japanese Trajectory: Modernization and Beyond*. G. McCormick and Y. Sugimoto, eds., pp. 167–185. New York: Cambridge University Press.

- 1999 The Declining Birthrate: Whose Problem? *Review of Population and Social Policy* 7: 103–128.

U.S. Bureau of Census

- 2001 *Statistical Abstract of the United States: 2001*. Rockville, MD: U.S. Government Printing Office.

Van Wolferen, Karel

- 1990 *The Enigma of Japanese Power*. New York: Vantage Books.

Vogel, Suzanne H.

- 1978 The professional Housewife. *In* *Proceedings of the Tokyo Symposium on Women*. Merry White and Barbara Moloney, eds., Tokyo: International Group for the Study of Women.

- 1988 *Professional Housewife: The Career of Urban Middle Class Japanese Women*. Cambridge, MA: Institute for Independent Study.

White, Merry

- 1987 The Virtue of Japanese Mothers: Cultural Definitions in Women's Lives. *Daedalus* 116(3): 149–163.

- 2002 *Perfectly Japanese: Making Families in an Era of Upheaval*. Berkeley: University of California Press.

Yamada, Masahiro

- 1999 *Parasaito Shingeru no Jidai (The Age of the Parasite Single)*. Tokyo: Chikuma Shobô.

- 2001 The Housewife: A Dying Breed? *Japan Echo* 28(2): 54–58.  
Yates, Alayne, Jeanne Edman, and Mara Arguete
- 2003 Ethnic Differences in BMI and Body/Self Dissatisfaction Among Caucasians, Asian Sub-Groups, Pacific Islanders and African Americans. *Journal of Adolescent Health* 33(4): 300–307.
- Zielenziger, Michael
- 2002 Young Japanese Prefer “Parasite Single” life to “Wedding Poverty.” *Knight Ridder*, December 18, 2002.

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