EATING DISORDER SYMPTOMS ASSOCIATED WITH CULTURAL SHIFTS IN EAST ASIAN CULTURES VERSUS WESTERN CULTURE

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ABSTRACT: This essay discusses the presentation of Anorexia Nervosa (AN) symptoms in Chinese and Japanese cultures versus North American culture. It highlights the importance of recognizing eating disorders in more diverse populations than previously studied and understanding how sociocultural factors influence the development of these disorders. The symptoms of AN are explored through a cultural lens while comparing the varying symptoms against the Diagnostic and Statistical Manual of Mental Disorders. Noticing the symptomatic differences of AN in each culture shows that the DSM-5 diagnostic criteria of Anorexia Nervosa is not universal in all countries or cultures. The compulsion for thinness and body dysmorphia is a western-bound cultural symptom of Anorexia Nervosa that is not found in Chinese or Japanese sufferers. There is an increased need for mental health and medical professionals to acknowledge cultural influences when diagnosing and treating eating disorders.

Introduction

For the longest time, eating disorders (ED) were concentrated among adolescent, white females in wealthy Western nations, however, today they are globally diagnosed (Pike & Dune, 2015). There is increasing evidence that eating disorders are present among ethnically diverse populations, and researchers have suggested that investigations in this area may inform the field's understanding of how sociocultural factors are related to the development of eating disorders (Cummins et al., 2005). Acculturation has primarily been defined as "the process of psychosocial change that occurs when a group or individual acquires the cultural values, language, norms, and behaviors of a dominant society" (Pike & Dune, 2015). There is some proof for acculturation to Western culture being the fault of increased ED risk, though more research needs to be done. Western countries, specifically America, follow the diagnosis guidelines of the most recent version of the Diagnostic and Statistical Manual (DSM-V), to put a label on an array of psychiatric disorders. EDs in America vs those in Asian countries have differences that vary between cultures. EDs often go unrecognized in ethnic minority groups or are only acknowledged once the disorder has progressed to a dire stage. EDs, especially Anorexia Nervosa, are among the most lethal of psychiatric illnesses with an estimated mortality rate of as high as 20% (SCDMH, 2006). Although the importance of studying eating disorders among non-White and non-Western populations has been recognized, little has been written about the best approaches in investigating how sociocultural factors influence the development of disordered eating in diverse groups (Cummins et al., 2005). The medical etiology of EDs is complex and requires competency of the relative culture that the EDs evolve in, so as to not apply Western based values where they don't belong.

This paper will investigate the ways in which, specifically, Anorexia Nervosa (AN) symptoms present themselves in East Asian versus Western cultures. This paper defines western culture through beauty standards that are common in North America or Europe. There is often a strong emphasis on thinness and a certain idealized body shape, particularly for women. This ideal is perpetuated by the media, fashion industry, and advertising, which promote thinness as a desirable and attractive trait. It will seek to understand how culture may motivate changing symptomology and may overlap with those found in Western society. The paper focuses only on AN for the sake of brevity and clarity. This topic is relevant to cultural psychology because globalization is an unstoppable force that spreads like a virus and partly makes up the malleable fabric of culture, and in it, the shifting nuances in psyche.

Anorexia Nervosa Expression in the United States

The National Association of Anorexia Nervosa and Associated Disorders estimates that 28.8 million people in the United States will suffer from an eating disorder at some point in their lifetime Even more concerning, eating disorders are considered among the deadliest mental disorders, coming in second only to opioid addiction, consequently killing an average of 10,200 people each year (Trotter, 2022).

The 5th edition of the Diagnostic and Statistical Manual outlines the criteria for an individual to be diagnosed with AN as follows:

A) Restriction of energy intake relative to requirements, leading to a significant low body weight in the context of the age, sex, developmental trajectory, and physical health.

B) Intense fear of gaining weight or becoming fat or persistent behavior that interferes with weight gain.

C) Disturbed by one's body weight or shape, self-worth influenced by body weight or shape, or persistent lack of recognition of seriousness of low bodyweight.

D) Must have engaged in abnormal behavior for at least 3 consecutive months.

There is an unprecedented rise of EDs in America, that comes with the dominant narrative that it is the fault of an individual's own pathology (Lee, 1995). Yet with alarming statistics such as 1 in 200 women (SCDMH, 2006) being affected by AN, it is difficult to conclude that the disorder begins and ends within the individual itself. Sandra Lee Bartky (1990) describes AN as a modern-day form of hysteria, arguing that these pathologies are "the crystallization in a pathological mode of a widespread cultural obsession" (66). Hysteria, like EDs, are situated in a cultural and historical context that cannot be overlooked. When we position EDs as a symptom of cultural obsession, it becomes clear that the compulsion of thinness equating to beauty, is not an individual pathology but a result of an entrenched cultural anxiety. To "treat" EDs, we must examine the cultural patterns that permeate into the minds of affected individuals.

Taking a step back, let's examine the cultural onset of AN in Western societies. How did eating disorders, specifically

AN, become such a well-known and an acceptable signal of emotional distress? Physicians Charles Lasegue and Jean-Martin Charcot from France became well-known by discovering the novel manifestations of what was at the time a "quintessential illness of womanhood", known as Hysteria (Watters, 2010). Historian Janet Oppenheim looked at popular 19th-century mental health and medical literature, and found that hysteria was extremely pervasive and influential during the Victorian era. There was a period of long debate between medical scholars as to why there were common eating disorder behaviors within hysterics and how it affected such a large population at once. Finally in 1873, AN got its formal recognition. Initially called "hysterical anorexia", the current name change solidified what it is today, Anorexia Nervosa. Edward Shorter, a Canadian scholar, believed that it was Lasegue's paper on diagnosing AN that first caused public interest and wide-spread awareness of the disorder. Soon after the official title of AN, the rates at which people began to suffer from it dramatically increased (which raised questions for Shorter). Was this apparent increase of AN the result of conditions going unnoticed before the formal label became known, or some patients' subconscious attempt at expressing their psychological suffering through latching on to a legitimate, culturally acknowledged signal of distress? Shorter argues, "patients unconsciously endeavor to produce symptoms that will correspond to the medical diagnostics of the time…this sort of cultural molding… happens imperceptibly and follows a large number of cultural cues that patients simply are not aware of" (Watters, 2010, p.32). Patients may unknowingly try to exhibit symptoms that align with the prevailing medical diagnoses of their time. This can happen subconsciously and is influenced by cultural factors that patients may not even be aware of. In other words, patients may be unconsciously influenced by cultural cues that shape their behavior and symptoms, which can affect their diagnosis and treatment.

Emergence of EDs in Asia

China

For a long time, Anorexia Nervosa (AN) was considered a disorder specific to Western women, as the first studies were mostly based on North American and Western European data samples. Although Asia is the world's largest and most-populous continent, there has been far less research done in this area, and therefore doesn't paint the full picture of the etiology and burden caused by EDs. Previous studies on EDs in Asia—like those of other non-Western societies—have often highlighted Westernization as a major contributor to the increasing prevalence of EDs. However, the emergence of EDs in some parts of Asia prior to Western influence challenge such theories. Highlighting the unique phenotypic expressions of EDs that may emerge in the absence of societal factors that emphasize shape and weight concerns—for example, non-fat-phobic AN (Kim et al., 2021). Dr. Sing Lee, China's preeminent researcher on eating disorders, as well as the first person to publish a research paper on EDs found in Hong Kong, was curious about the low incidences of AN in China.

Dr. Sing's first paper on the topic, titled "Anorexia-Nervosa in Hong Kong: Why Not More Chinese?" (1989) was determined

to explore why AN was a rare disorder in Hong Kong at the time. Historically, there was less Chinese stigma surrounding larger body types. Popular Chinese beliefs are that "being able to eat is to have luck", "gaining weight means good fortune", and "fat people have more luck" (Sing et al., 1989). Hong Kong, a country that was governed by British rule between 1841- 1997, seemed like it would be primed for this disorder considering that the country has integrated many Western values and ways of dress. Chinese culture places high value in eating, and particularly the idea of sharing food with others which symbolizes strong bonding among Chinese citizens and communities. In fact, the act of refusing food would signal a person in distress. But this wasn't the case. Triggers for AN that had been identified in Western culture existed in China, yet EDs remained uncommon. What other cultural factors could be at play here?

Dr. Lee noticed symptomatic differences between his anorectic Hong Kong patients and Western diagnostic criteria, that his patients did not express a fear of being overweight, nor report distorted perceptions of their emaciated bodies; two key points to validate someone suffering from AN. The deviations from Western diagnosis criteria were similar in all of the anorectic Hong Kong patients Dr. Lee treated. They similarly, "denied any fear of being fat or intending to lose weight to become more attractive" ,they often spoke of wanting to get back to their normal body weight. (Watters, 2010, p. 18). When patients were asked why they would go long periods without eating, they ascribed their behaviors to "physical causes such as bloating, blockages in their throat or digestion, or the feeling of fullness in their stomach and abdomen" (Watters, 2010, p. 18). Chinese people endorse somatization as a powerful metaphor to express a social response to illness. Somatization refers to the expression of psychological distress or emotional pain in the form of physical symptoms. People who experience somatization often have difficulty identifying or expressing their emotions and may use physical symptoms as a way to communicate their distress. Anorectic Chinese patients tended to blame their physical bodies for not allowing them to eat, rather than ascribing an emotional suffering as a result to their disordered eating patterns such as is common in Western anorectics.

Japan

Recently, an investigative study by Nakai et al., 2021, conducted a systemic scoping review of the changing profile of EDs and related sociocultural factors in Japan between 1700 and 2020. ED symptoms can persist in the absence of Western influence and sociocultural factors—such as gender-specific stressors and family dynamics—may contribute to EDs in Japanese populations. Patients with the historical diagnoses of Fushoku-byo and Shinsen-ro during the Edo period in Japan (1603–1868) would now be recognized as having had unspecified feeding or eating disorder according to the DSM-V, however, the presence or absence of fat-phobia and disturbed body image remains unclear. It's evident that people have been able to arrive on their own while exhibiting disordered eating patterns without the influence of Western culture, and the 2021 Nakai study reveals that restrictive EDs were present

as early as the 18th century prior to any western influence.

Few reports of EDs were found between 1868 and 1944, a period of rapid Westernization. In the wake of post WWII westernization, Japanese doctors began diagnosing patients with anorexia nervosa (AN). During this time, patients self-reported experiencing "fatphobia" but did not engage in restriction for achieving slimness. This shifted, however, after the 1970s, when Japan experienced a rise in patients with AN engaged in restrictive practices to achieve thinness.

In 1967, Japanese beauty standards began to shift after Twiggy, a British model known for her extraordinarily thin figure, visited Japan. After this event, many women's magazines began to feature more Western-oriented fashion trends and beauty ideals, including an emphasis on a slim physique as the standard of beauty for women (Nakai et al., 2021). These ideal beauty standards continued to be pushed forward in the form of television shows and movies. By the 1970's, thinness became the dominant beauty standard for Japanese women, and dieting became socially encouraged as an acceptable and even standard form of weight loss. Now, in modern day Japan, AN has increased in both physical, and psychological severity over the past thirty years (Kim et al., 2021). The shifting of beauty standards to more westernized ideals exacerbated the incidence of AN in Japanese people, but it is not believed to reach proportions seen in western societies.

Anorexia Nervosa as a Culture-Bound Syndrome

Medical agreement upon classification of EDs like AN is not firm, however, it could be categorized as a culture-bound syndrome. They are defined in the DSM-V as an array of symptoms categorized as a disease or a dysfunction specific to a certain culture and has yet to be experienced in any other cultures. A Western CBS is a culture-bound disorder that, thus far, has only been recorded in Western civilizations. AN is characterized by the DSM-5 as having an emphasis on thinness; an obsession over weight loss, as well as having a distorted image of their condition. These specific qualities of AN are most commonly seen in Western societies, and unlikely found in Asian cultures as exemplified by Dr. Lee's research in self-reporting from AN patients in this paper. "Anorexia Nervosa is considered to be a Western culture-bound syndrome in many respects because of the Western emphasis on thinness and Western culture's body-oriented entertainment and media" (Yslas, 2016). These specific diagnostic points are only relevant to AN sufferers because of their specificity to western culture and context. "Western psychiatrists have endorsed "fat-phobia" as being a critical part of the Anorexia-Nervosa diagnosis but have failed to see the full historical and cross-cultural significance of self-starvation in other cultures. Through delegitimizing other reasons for non-eating, it can negatively impact the understanding of a patient's experience as well as diagnosis" (Sing, 1995). The DSM should consider these symptoms regarding its cultural fixations because the symptom-pool of AN is not universal. Western ideals play a critical role in understanding the

etiology, diagnosis, and treatment planning of a particular disorder.

Conclusion

In the United States, before there was Anorexia Nervosa (AN), there was Hysteria; which attributed symptoms so pervasively that it was referred to as the "quintessential illness of womanhood" during the Victorian era. Upon AN gaining formal recognition from the medical community, the incidence rate of AN diagnoses increased dramatically, and was almost immediately accepted by society due to popular relevance. This research points to the suggestion that the knowledge spread of an acceptable, culturally-acknowledged symptom has significant influence over shifting the psyches of what a legitimate signal of distress within a culture may appear as. United States has a cultural pursuit of thinness and a fat-phobic attitude that Asian countries, such as Japan and China do not share (Source? Lee? Nakai?). The globalization of western values has marked a new surge in disordered eating patterns in China and Japan, that wasn't seen before in these countries prior to its westernization. Despite these shifts, the symptomology which AN clinically presents to Japanese and Chinese patients still doesn't fully coincide with what the diagnostic criteria states in the DSM-V and these differences remain crucial to acknowledge and understand the role of cultural differences in EDs.

Eating disorders do not discriminate against who they affect. The knowledge of having developed an ED, or that a loved one may be suffering with a diagnosis might not be obvious because of the nuanced expression that an ED has within its given culture. Further, reasons why someone might have an ED could vary additionally within the context of their culture, as well as affect how symptoms are displayed based on one's cultural background. Given the negative consequences of EDs and the rising population of ethnic minorities in America, it is critical to know what culturally-specific ED behaviors, and treatment look like.

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