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University of Nevada, Reno

**Factors Affecting the Development and Spread  
of Eating Disorders in China**

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Bachelor of Arts in International Affairs and the Honors Program

by

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## **Abstract**

In the psychological community there is much debate over the reasons behind the development and rapid spread of eating disorders in China. While a sizable portion of psychologists such as Dr. Sing Lee, hold to the belief that eating disorders in China are mainly western imports, there are others who argue that eating disorder pathology in China has developed as a natural process of modernization. (Tewari & Alvarez, 2009; Leung, Wang, & Tse, 2004) In this thesis the history of eating disorders, along with the causes, development, and influences are discussed in depth.

It is commonly believed that the thin-beauty ideal, which often leads to fat-phobic based eating disorders, is not indigenous to China, and therefore must have been imported. Research has shown evidence to the contrary. The development of eating disorders in China is rooted in Chinese history. It seems that eating disorders may have a similarly long-standing history in China.

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## Introduction

There are many theories about why eating disorders have been spreading in China. The most common theories are that the spread is caused by modernization, Westernization, or a combination of the two. There are many factors which could be influencing the spread of eating disorders in China. Some scholars, such as Kazarian and Evans, believe that the traditional view on women's beauty in China regarded plumpness as a sign of health and beauty. Fat babies are the definition of healthy babies in China. (Kazarian and Evans, 1998) Why then is there a problem with eating disorders, such as anorexia nervosa and bulimia nervosa, in a country where being overweight was once encouraged? According to the modern knowledge of eating disorders, this does not make sense, as the most common cause of eating disorders is fat-phobia. The Chinese are a unique case altogether as the original form of anorexia was caused by somatic complaints of feeling full and bloated. (Watters 2010) This phenomenon was just beginning to be researched, when a young girl died of anorexia, and spurred massive amounts of publicity on anorexia in China. This impeded the research into the atypical form of anorexia, because the publicity, rather than blaming atypical anorexia for the young girl's death, only discussed the typical form well-known in the West. Around the same time a rapid spread of the typical form of anorexia was noted in China. The question still remains, was the spread of typical anorexia because Western eating-disorder pathology was picked up due to the publicity of typical anorexia, or is it a natural development in the psychology of those who are becoming wealthier and heavier? (Watters, 2010) It is important to understand the two forms of eating disorders and their development in China in order to discover the answers to these questions. Eating disorders in China must be

differentiated from eating disorders in the West so as to understand the development and cause of these mental illnesses.

The problem with the research and material written on eating disorders in China is that psychologists are approaching eating disorders in China with a Eurocentric view. This has led to the idea that it is a Western eating disorder, and the spread of it in China is caused by Westernization. This is not true, however, as eating disorders are not Western mental illnesses. Eating disorders developed in China apart from Western views and ideals. To prove this, eating disorders in China must be looked at from a new perspective. Rather than comparing the spread of eating disorders in China to the West and using already developed conclusions and preconceptions on the cause, the developmental history must be researched.

Most of the research done on eating disorders in China has been culture-bound. This is not to say that the existing research does not have its place, rather, that it is not time yet for comparisons. Psychology from a Western background has made the link between eating disorders in China and the West. This has led to comparisons which have pinned Chinese eating disorder pathology to Western eating disorder pathology. Research needs to view eating disorders in China with a fresh pair of eyes, ridding itself of preconceptions and getting to the root of eating disorders in China.

It is important to start from the beginning; therefore, comparisons to the West must be put aside until there is solid Chinese eating disorder pathology to be compared to. Granted, the pathologies may have some core similarities, but how can these be seen when the majority of research is Western based, and therefore Western influenced? Eating disorders in China need to be approached not with what we know, but as though

nothing is known. It should not be said that eating disorders come from control issues, emotional excess or deficit, fat-phobia, or a combination of these things. Instead it should be asked, what are the emotional causes for eating disorders, what are the socio-cultural causes? And how are they specific to China. What eating disorders are in the United States should not be applied to China, nor should it be said that they are the exact same because of similarities. More study is needed to find out where there are similarities where they are differences. Questions need to be asked about what characteristics should be used to define the symptoms for eating disorder pathology.

Just as there is no single definition for culture, or any pathology, there will positively not be one single cause or reason behind the development of eating disorder pathology in China. The known or probable causes will not fit each individual with eating disorder pathology. However, there will still be basic similarities among individuals. A basic definition of China specific eating disorder pathology must be discovered so that basic treatments can be developed. In order to come up with a definition, researchers must view the history and try to understand the causes without the influence of a Western perspective. Meaning, they must not bring their past knowledge and research, which is based in a different culture, to the table. Once the causes are discovered, if they are similar in some ways to the West, then and only then the basics of Western treatment can be applied to cases which show similar causes and symptoms to the Western definitions of eating disorders. In order to answer these questions it is important to research the spread of eating disorders in China and when it began.

Eating disorders in China were not very prevalent until the 1990's, and before this time the main form of eating disorders was not caused by fat-phobia, a key characteristic

of most modern eating disorders. Rather, it was caused by somatic complaints such as bloating and lack of appetite. Now, however, eating disorders are spreading and weight loss is a fast growing industry. An accurate measure of the prevalence of eating disorders in China is difficult to find, as there has not been a large amount of statistical research done. Yet it is plain to see that fat-phobia is coming out in force as the key characteristic of eating disorders in China.

While many psychologists are blaming the West for importing its ideals and eating disorder pathology, the history of eating disorders in China, appears to be long standing. Though it may not have been to the extent it is now, eating disorders are not an imported pathology. There was not much documented research done in the past on abnormal psychology. The first evidence of eating disorders can be found in ancient scrolls. These scrolls include descriptions of symptoms similar to those of eating disorders, rather than actual documentation. There are also descriptions of illnesses which sound very much like China's modern eating disorders in classic literature, such as the *Golden Chamber*, a famous text written in the 1340's. (Kraft, 1999)

Though the growth in fat-phobic eating disorders in China is recent, the development cannot be blamed on the West. The question still begs to be asked, why, after a long period during which fat-phobic eating disorders were not common, has there been such a recent spread of fat-phobic eating disorders? This question is complicated and there will not be just one answer. There are a few different things which have had a pretty large affect on the spread of eating disorders in China. The first and biggest cause has been the combination of economic development and a thin-ideal for beauty. China is modernizing at a rapid rate, almost four times faster than the United States according to

Paul French and Matthew Crabbe, the authors of *Fat China: Expanding Waistline of a Nation*. Along with this modernization, comes the spread of obesity. Originally in China, a large part of the population earned their livings through manual labor, could not afford transportation other than bicycles and walking, and did not have an abundance of food. (French & Crabbe) Therefore, their nation was relatively thin, and there was not a wide-spread problem with obesity. However, as China is becoming wealthier, more people have the ability to consume larger quantities of food. Many jobs are white collar office jobs, and there is no longer a need to walk or cycle. Even if an individual cannot afford a car, there is government subsidized public transportation. The result is that a rising percentage of China's population is gaining weight. At the same time, the thin-ideal for beauty is becoming increasingly important, as well as more accessible. The middle and lower classes now have access to the wealthier class' ideal of beauty, which is spreading rapidly through media. (French & Crabbe, 2010)

Some have argued that the thin-ideal for beauty is not indigenous to China, saying that the prevalence of Western features as a component of beauty proves that Western Beauty is the ideal. This ideal is shown through Chinese women's desire to have what are considered more Western features: longer legs, pointier chins and noses, rounder eyes, and whiter skin. (Leung et Lam & Szu, 2001; Mao, 1998; Pan, 2000) However, a description of the four classic beauties as well as the results of a study done on Miss Hong Kong and Miss photogenic beauty pageants has shown that the ideal beauty has consistently been much taller, and much slimmer than the average Chinese woman. This, along with other research, shows that the thin-ideal for beauty is not a foreign import to China. (Cooper, 2008; Leung et al 2001)

There are a few other key factors which are influencing the spread eating disorders, particularly fat-phobic eating disorders in China. The thin-ideal is a component for beauty in modern Chinese society. In Chinese society, beauty is extremely important, as it can have an effect on what kind of jobs one can obtain. In China beauty is a crucial aspect of interviewing for a job, especially for women, and there are no qualms about discriminating because of appearance. Therefore, many girls feel the pressure to be beautiful, as the job market is extremely tough. Sometimes beauty can be the one qualification your competition has over you. Because of this there has also been an increase in the use of plastic surgery and diet pills to achieve the perceived ideal. This image related obsession also plays a part in the desire to be thin. Women long to be thin to fit the image of a modern career woman so that they can become modern career women. (Li, 2010; Metz, 2006)

The collectivist culture of China also plays a part in the spread of eating disorders in China, along with the one child policy. In China, there is so much pressure placed on individuals to not shame or let down their families. With the one-child policy, all this pressure is placed on a single child. This not only has implications for the control aspect of eating disorder development, but could add pressure to maintain the status quo standard for beauty for the sake of one's family as well as oneself. (Lee, Hsu, & Wing, 1992)

Another complicating factor is the cultural value of fat babies. In China, a fat baby is considered a healthy baby, so parents and grandparents stuff their only child with food to make them chubby. The only problem with this is that often overweight children become overweight adolescents and this carries on through adulthood. However, it is

during adolescents and adulthood that the thin-ideal for beauty becomes important. These individuals could then be faced with a dilemma. As they have been overweight for a majority of their lives, yet being overweight is not beautiful. How is this weight to be lost? The answer is found in dieting and exercise, which sometimes become extreme and can result in eating disorders. (French & Crabbe, 2010)

Another factor influencing the spread of eating disorders in China is the fast paced lifestyle. Chinese urban professionals, which are an increasing portion of the population, are “cash rich and time poor”. They are earning money, beginning to fall to consumerism, but do not have the time to maintain their health. Exercising and healthy eating habits, not only take time to develop, but take time to take effect, while starving oneself or throwing up shows some pretty rapid results. The outcome being that tons of diet pills, diets, and regimes are advertised all over China, targeting those who want to lost weight and lose it fast. Eating disorders go hand in hand with this weight loss obsession. (French & Crabbe, 2010)

Though there is a lot of contradicting information circulating about the causes and development of eating disorders in China, it is apparent that there is not one single answer. Rather, the development is being effected by many components, such as how beauty factors into the job market, the collectivist culture of China, the fast paced lifestyle, encouragement of having fat babies, and many other cultural factors. However, the most common cause seems to be the combination of a thin-beauty ideal and the weight gain which is occurring in China. This combination is having a detrimental effect on the mental health of the Chinese, especially women. Though some scholars would blame this on Westernization, it seems that there is not enough proof to affirm this hypothesis. (Malhotra & Biswas, 2010) On the contrary, a more in-depth study of

Chinese history shows that the thin-beauty ideal is an indigenous standard for beauty, rather than a Western import. Eating disorder pathology, whether it is more fat-phobic or food-phobic, has been around for quite some time. Ultimately, the development of eating disorders in China is likely not caused by Westernization. Rather it is a result of many components indigenous to China as well as a product of the modernization which is occurring in China.

## **Literature Review**

### ***Anorexia in China: Detailed Background***

In the West, in countries such as Australia and the United States, the most common causes of eating disorders are fat-phobia and a desire for control or emotional relief. These are often caused by feelings of ineffectiveness. (Barlow & Durand, 2009) However, until recently in China, an atypical form of anorexia was the most prevalent. According to research done by renowned researchers such as Dr. Sing Lee, the original reason behind most cases of anorexia among Chinese in Hong Kong, where his research was conducted, was not fat-phobia, but rather a feeling of abdominal bloating and feelings of fullness. (Lee cited in Watters, 2010) There are a few different hypotheses on the reason behind this atypical form of anorexia. There has not been enough research done to come to an actual conclusion. Before many conclusions could be made about this form of anorexia, it was over-shadowed by a sudden spread of the development of the typical form of anorexia in China. (Watters, 2010)

The typical form of anorexia was diagnosed in the West as a medical problem in the late 1800s and in China in the late 1900s. Eating disorders such as anorexia and

bulimia are commonly considered to be influenced by emotional and personality disorders, family pressures, genetics, and culture; however, there is no single specified cause. (*How Stuff Works*, 2009; Barlow & Durand, 2009) It is generally agreed upon, among Western psychologists, that there are a few main causes behind the development of anorexia and bulimia. The first cause is the desire for control and the use of purging and eating restrictions to fulfill emotional gaps such as helplessness, frustration, loneliness, and insufficiency. (Barlow & Durand, 2009) A study conducted in a few provinces in China concluded that the outcome of patients' improvement when dealing with anorexia was positively correlated with the overall general and specific sense of control. Patients with good outcomes exhibited the least negative modes of control and had the least desire for control. (Cheung et al) This study's results comply with the theory that in China, as well as in the West, eating disorders are often rooted in an intense feeling of ineffectiveness which leads to perfectionism and a strong desire for control.

The second and most well-known cause of anorexia and bulimia is inaccurate body perception and the consequential desire to lose weight, also known as fat-phobia. This second reason is apparent in the fact that so many people, women especially, diet, exercise over-rigorously, purge, and cut meals for the purpose of losing weight because they view themselves as being fat and unattractively overweight. (Hempel, 2009; Barlow & Durand, 2009) These two causes, however, are often tied together. The statement by a young anorexic Chinese woman interviewed by Jessi Hempel epitomizes this combination of factors contributing to anorexia. "It wasn't my weight ultimately," the patient said. "I was stressed out and I needed to control something in my life." Whether the eating disorder began because of body perception issues or control issues, patients

struggling with anorexia and bulimia often end up using the eating disorder for both purposes: To lose weight as well as to deal with their overwhelming emotions by maintaining control over their weight and appetite. Eating disorders and the pathology behind them are not simple. Mr. Kraft, a private practitioner in Toronto, when discussing the treatment of eating disorders with the use of traditional Chinese spiritual and medical approaches among Chinese said, “The treatment of such complex and chaotic disorders is neither simple nor easy and it takes a great deal more than the basic eight principles (part of Chinese traditional medicine) to treat these cases.” (Kraft, 1999 p. 4)

### ***History of Eating Disorders in China***

Though research done on eating disorders in China is not as far along as that done in the West, there is a surprising amount of information on the history of eating disorders. The first evidence of eating disorders in China is found in scrolls originating in the early Chinese dynasties, which discuss behaviors similar to those found in modern eating disorders, such as starving and bingeing. (*Frequently Asked Questions*, 2010) There is also mention of starvation or purging due to emotional distress in classical books such as the Golden chamber which could be very similar to the purging and starvation due to emotional distress found in eating disorders documented in the West. (Zhang cited in Kraft, 1999)

It was not until 1990 that Chinese ethnic countries such as Hong Kong, Mainland China, and Singapore began to report the prevalence of eating disorders. However, this could be due to a lack of research, association of specific symptoms with eating disorders, or simply the fact that until this time, China was a country known to have

starvation running rampant among its massive populations. (French & Crabbe, 2010) Often in countries where food is lacking, people do not have the choice to use food as an expression of their emotional state. Nor do they see slim bodies as a benefit or beautiful, as those who are starving appear thin, not those who are surviving and living well.

In the 1990's China was developing rapidly, and the quality of life was improving for a large portion of the population. In 1994 the "8-7 Plan" meant to eliminate extreme poverty in China was launched, and between 1978 when those in severe poverty were numbered at 250 million, to 2004 those in severe poverty dropped down to 26 million. (*China Profile*, 2010) Before 1994 there was only a small amount of research done on eating disorders in China, however, Dr. Sing Lee was in the midst of discovering an atypical form of anorexia. He discovered that while he did treat patients who suffered from fat-phobic anorexia, many of his patients did not diet in order to lose weight, rather they complained of bloating and loss of appetite, some of it due to sadness. However, it was in the midst of his research that there was a rise in typical anorexia, which some blame on the death of an anorexic girl on the streets of Hong Kong in 1994 which was covered by the media, consequently spreading the knowledge of fat phobic eating disorders, their function, symptoms, and cause. (Watters, 2010) "When there is a cultural atmosphere in which professionals, the media, schools, doctors, psychologists all recognize and endorse and talk about and publicize eating disorders, then people can be triggered to consciously or unconsciously pick eating-disorder pathology as a way to express (that) conflict." (Watters, 2010)

This atypical anorexia did not include an emphasis on beauty and weight-loss as the modern versions of eating disorders do. At this time, the symptoms were the same,

however they were unrelated to fat-phobia or a desire to lose weight, instead they were the result of food-phobia and a lack of appetite. There is a lack of reference in classical Chinese literature to what we now call eating disorders. So, though eating disorders may have existed, with or without fat-phobia, there is not enough documentation or research done in the past to compare the original forms of eating disorders to the ones we now see. However, from the available resources, it seems that originally anorexia was not related to fat-phobia. The eating disorder pathology was definitely in existence, as is described by some classical literature and descriptions of concubines starving themselves. In addition there are descriptions of anorexia due to mental distress among characters in Classical Chinese literature. This form of anorexia sounds very similar to the kind described in Hong Kong by Dr. Sing Lee before the spread of fat-phobic anorexia.

“As found in the Synopsis of Prescriptions from the *Golden Chamber* Bai He Bing (Bulbus Lili syndrome) is Zhang ZhongJing’s equivalent to mental depression. His particular focus, however, is toward a type of depression which often accompanies eating disorders: The patient wants to eat, but is reluctant to swallow food and is unwilling to speak. Or he prefers to lie in bed, yet cannot lie quietly due to restlessness. He may want to walk about, but soon becomes tired. Now and then he may enjoy eating certain delicacies, but at other times he cannot even tolerate the smell of food. He may feel either cold or hot, but without fever or chill. He also has a bitter taste in his mouth, and passes reddish urine. No drugs appear able to cure the syndrome. After taking medicine, acute vomiting and diarrhea may occur. The disease “haunts” the patient, and though his appearance

is normal, he is actually suffering. In this translation, commentary from the Jin Kui Yao Lue Yu Yi (Explanation of Synopsis of the Golden Chamber) provides important additional information: Bulbus Lili syndrome is named after its curative which has Bulbus Lili as its main ingredient. This syndrome may occur after febrile diseases or periods of mental depression. Its symptoms and signs generally include mental distress and confusion, abnormal eating and irregular movements.” (Zhang cited in Kraft, 1999 p. 12)

On the other hand, before there was recognition of eating disorders in China, concubines were known to starve themselves to be thin. This implies that the fat-phobic form of anorexia could have been present in China even in ancient times. (Kraft, 1999) There are stories of the upper class desiring thinner figures dating back as 722-481 B.C. when emperors ruled and had courts full of concubines. “A detailed review of Chinese history and classical literature... indicates that thinness and fragility have long been considered, as least among the ruling class, to be crucial components of feminine beauty throughout Chinese.” (Leung et al, 2001) Historical evidence suggests that though the lower and middle classes of China may have treasured plumpness as a sign of health and beauty, the ruling class has a long history of the exact opposite ideal. (Leung et al, 2001) The fact that fat-phobia existed in China during a time of great wealth backs up the theory that fat-phobic eating disorders are a result of wealth, which is why they become prevalent when nations develop and become wealthier as a whole, allowing larger portions of the populations to exhibit fat-phobic eating disorders.

### ***What is Known about Atypical Anorexia***

From studies by Dr. Sing Lee it was discovered that the reason for the development of atypical anorexia among Chinese women was somatic complaints. The symptoms of the atypical form of anorexia are very similar that of typical anorexia. Those who suffer from anorexia often will only eat when others are present, and at these times very small amounts. Otherwise, they make excuses to not eat, such as “I am feeling sick” or “I ate before I came.” The visible signs of anorexia are extreme thinness, extra growth of hair all over the body, yellow nails and teeth, and more. Those who suffer from typical fat-phobic anorexia will often complain of being overweight or unattractive even when they are excessively skinny. This is their reason for self-imposed starvation. Non-fat phobic or atypical anorexia on the other hand, “consists of eating pathological manifestations similar to that of fat-phobic, or typical, anorexia with the absence of an expressed fear of becoming fat. Persons with atypical anorexia are reported to restrict food intake and engage in dieting practices not for a desire to be thin but due to ‘a lack of hunger’, ‘bloating’, or for somatic rationales other than fat aversion” (Viernes et al. cited in Cooper, 2008)

Dr. Sing Lee’s studies show that women in China suffering from atypical anorexia did not choose to starve themselves for the purpose of remaining thin, but instead because they felt constantly bloated and full. (Watters, 2010) The somatically caused eating disorders are different from the modern form of eating disorders which does not stem from a lack of appetite, but rather incredible mental distress, which can have a connection to a loss of appetite. As Mr. Kraft stated, “The root of the eating disorder is not a lack of appetite, in anorexia nervosa, for example, the physical appetite remains relatively normal and, until the later stages of malnutrition and starvation, the

patient retains the ability to absorb food that is eaten. What we are seeing in these patients is an incredible display of sheer willpower, allowing the mind to overcome the body's insistent cravings for food." (Kraft, 1999 p. 7-8) However, in atypical anorexia, the patients are not exercising willpower; rather they are completely lacking in appetite and therefore have no need to suppress it. Even so, it is a well-known fact among psychologist that immense mental distress can cause a lack of appetite. Even modern anorexia is not always caused by fat-phobia, but can also be caused by mental health problems such as stress, extremely low self worth. It is very possible that the atypical form of anorexia being describes is merely a version of the emotional distress based anorexia already defined by psychologists. There would need to be research done into the reason for such patients' lack of appetite before it could be determined whether this form of anorexia is similar to the form of anorexia caused by mental distress, which has been well documented in modern China and the West. Even though it has been somewhat overshadowed by fat-phobic anorexia.

Those who choose not to eat or maintain their weight, and suffer considerable dysfunction, are described as having an eating disorder, no matter what the original cause for their anorexia or bulimia. As discussed in the quote by Mr. Kraft, eating disorders are complex and no single person is the same, though there are similarities in the symptoms and causes behind the development of eating disorders. In addition, "anorexia nervosa participants who restrict food intake for a long period of time may experience a 'lack of hunger', 'bloating' and other somatic symptoms." (Cooper, 2008) These symptoms are similar to those described by Dr. Lee, and as Lai stated, "studies conducted on Asian populations have reported contradictory results such that an absence of fat-phobia has not

been consistently found in persons with dieting disorders in China or in other Asian populations” (Lai, cited in Cooper, 2008) Without adequate information it is impossible to know what specific thought patterns cause the lack of appetite, and it can therefore not be compared and contrasted to the known mental distress caused loss of appetite found in some eating disorder patients.

Developing a broader knowledge of these results discovered by Dr. Lee is important to the overall understanding of the history of anorexia in China. There is not enough evidence or research at this point in time to come to a solid conclusion. Deeper insight into the cause of the patients’ lack of appetite would be helpful in understanding the issue. Though lack-of appetite can often be caused by depression, which is a common disorder associated with a majority of those suffering from eating disorders, we are unable to state this as a reason for the atypical anorexia at this time. (Barlow & Durand, 2009)

The Diagnostic and Statistical Manual of Mental Illnesses and most other “contemporary biomedical discourse” include fat-phobia as a key component of anorexia and bulimia. However, psychologists such as Mervat Nasser, Melanie Katzman, and Richard Gordon have long recognized the other components of eating disorders which may stand apart from the fat-phobia component. For example, quotes from text written in 1958 describing anorexia in between WWI and WWII, “made no allusion whatsoever to fat phobia, but attributed anorexic patients’ psychogenic starvation to ‘the wish not to eat, ‘food phobia’, ‘aversion to food’ or ‘true loss of appetite’.” (Nasser, Katzman, & Gordon 2001) This sounds exactly like the symptoms described by Dr. Lee. Modern texts focus more on fat-phobic anorexia, because it is the most common form in the modern day.

Yet non-fat phobic anorexia has been around for a lot longer even in the West, though it seems to phase out when countries develop. This lack of fat phobia could be because during earlier times people were not so worried about their weight, as there were larger concerns such as starvation. Then less emphasis was placed on a slim figure, as many people went without proper nutrition. It would make sense then, that the more emotional causes for eating disorders would be presented. Perhaps it is only when a country is thriving that the fat-phobia component of eating disorders develops. It is possible that while China was not doing so well economically and there was not as much emphasis placed on beauty, but rather on the importance of surviving. Then anorexia and bulimia could have been due to emotional distress caused by factors other than weight presented. The lack of appetite and aversion to food was likely a result of mental distress, rather than for the purpose of weight loss. The problem arises, however, that there is a lack of documentation about non-fat phobic anorexia and the mental reasons behind the lack of appetite presented by non-fat phobic anorexics.

### ***Similarities and Differences in the History of Eating Disorders in the West and China***

In the West eating disorders existed, but did not spread until there was more information distributed about eating disorders among the general public. Many girls who have eating disorder tendencies do not develop and reach full-blown anorexia or bulimia until after they read about it and discover new eating disorder techniques. The same thing seems to have occurred in China when the anorexic girl in Hong Kong died and publications and media focusing on eating disorders began to spread. This does not

prove that eating disorders did not exist before this time; rather that they were not as far reaching and prevalent. (Watters, 2010; Barlow & Durand, 2009)

Binging and purging and starvation practices are also discussed in old texts from both China and the West. Scholars studying the history of eating disorders, whether it is in China or the West, agree that these behaviors are still not the same as the modern fat-phobic version of eating disorders we have now. (Kraft, 1999; *Frequently asked Question*, 2010) “There are studies of starvation and various side-effects of other disorders both physical and emotional that lead to similar symptoms, but eating disorders as we know them are a feature of our modern world.” (Kraft, 1999 p. 5)

This coincides with the idea that perhaps anorexia has two main causes. Though they are often intertwined in modern day, eating disorders caused by depression, anxiety, and forms of mental distress, used to be separate from fat-phobia in both the West and China. In other words, we can gather that before much research was done on eating disorders, they existed in a form whose root was independent from fat-phobia. It is very possible that during the times when these countries were not developed and had not reached the modern day height of economic stability; there was often a shortage of food. Therefore, people did not focus as much on having a slim figure, because this was a common sight. Since only the wealthy were able to have enough food to be plump, fuller figures were desired instead. (Nasser et al, 2001) The difference is that in the West a fuller figure was desired by the upper, lower and middle class. Yet the upper-class in China has had a long history of the thin-beauty ideal, as is portrayed in the texts discussing concubines starving themselves to be more desirable. (Leung et al, 2001)

### *Prevalence of Eating Disorders in China*

An accurate measure of the prevalence of eating disorders in China is difficult to obtain, as research has only recently begun. Therefore there are not many accurate results. There are many measures for the prevalence of eating disorders among Asians. These studies do not differentiate between countries. There are also some studies done within limited areas in China. The following description of prevalence of eating disorders in China as a whole is very limited and this description of prevalence is mostly based on city studies.

A survey done in Jiangsu province in China, showed that while only 8.9% were actually overweight or obese according to the World Health Organization definition, one-third of the girls perceived themselves as overweight. About 25% of the students dieted in the past year, and those who perceived themselves to be overweight dieted and skipped breakfast much more frequently. Among girls there were fears of being underweight as well as fears of being overweight. This study showed the extent of weight perception distortions among adolescents in this part of China. Though this study provides a good idea of the extent of weight perception problems in this particular area (including two-different socio-economic areas), it does not go into detail to what extent weight-control is used or whether there are any actual eating disorders in this area. It also does not discover the reasons behind the adolescents' distorted weight perceptions. (Shi, Nirmal, & Holmboe-Ottesen, 2007)

Another study conducted by Huon et al in Beijing in 2002 found that 84.2% of females from 12 to 19 years of age had weight concerns and 39% presented dieting behaviors to manage their weight. "In larger Chinese conurbations, negative body image

or body dissatisfaction has been increasing over the last two decades and has become an issue for females as well as males” (Tong et al. cited in Cooper, 2008 p. 5) A later study done by Jackson and Chen in 2006 in Beijing, placed bulimia rates among schoolgirls to be at 1.1%. This was a huge difference from the 1993 report by Lee et al. placing bulimia rates in Hong Kong at 0.46% and anorexia rates at 0.002%. In 2004 a report by Dennerstein stated that 0.46% to 3.2% of Asians suffered from bulimia nervosa, however he did not differentiate between Chinese, Indians, and other Asian ethnicities. (Cooper) Another report done for China alone, reported 0.01% to be anorexic, and 0.5% to 1.3% to be bulimic. (Brewerton cited in Cooper, 2008 p. 5)

The study discussed below was done to discover the prevalence or risk factors for Night Eating Syndrome in China, and compare and contrast them to the West. However it also measured the prevalence of anorexia and bulimia which are based on the EDI-2 and EAT-26. The EDI-2 is the Eating Disorder Inventory published by Psychological Assessment Resources, Inc. which is used in many countries to measure “psychological features commonly associated with anorexia nervosa and bulimia nervosa.” (*Eating Disorder Inventory-2*) The EAT-26 is a similar test “...widely used to measure symptoms and concerns characteristic of eating disorders.” (*EAT-26*) Both measures are self-report questionnaires. The full results, complete tables, and description of the studies done can be found in Cooper’s full thesis. The specific charts used in this discussion are also included in the index. Because the study was done for the purpose of researching NES, the results may not be reflective of eating disorders among the Chinese population as a whole. However, the assessments used are a widely agreed upon to be accurate measures of Anorexia and Bulimia, making the study relevant to this research.

The results of the EDI-2 scores show that Chinese participants reported more body dissatisfaction, higher bulimia risk, higher interoceptive awareness, ineffectiveness, and interpersonal distrust than did Caucasians. Strangely, the majority of these high scores for Chinese were due to the men, this is very different from the West where women are the majority. In other studies in China, and in the population of anorexics and bulimics presenting themselves for care, the majority are women. This, however, in both the West and China, could be due to the idea that men are less likely to present for treatment. (Hempel; Barlow & Durand)

In this study Chinese women had even more body dissatisfaction than Caucasian women. Yet according to the EDI-2, they did not have a higher drive for thinness. It must be kept in mind that Chinese women in general have a much lower BMI than Caucasian women. There is also other evidence such as that described by Jung and Forbes in 2007 and Wildes, et al. in 2001 which showed Chinese women as having high body dissatisfaction when compared to Caucasian females. (Cooper, 2008) The results of the NES study show that overall the Chinese score is much higher for Bulimia, Ineffectiveness, Perfectionism, Interpersonal Distrust, and Maturity Fears subscales of the EDI-2. 7.89% Of Chinese females in this study met the criteria for anorexia nervosa (AN), and these participants also scored much higher on the Drive for Thinness subscale than those who did not meet the criteria for AN. (Cooper, 2008) This is much higher than the reported prevalence rates for White American females and males and Chinese females. Chinese participants who met AN criteria tended to score higher on the EDI-2 Drive for Thinness subscale than participants not classified with AN, indicating a greater fat phobia. In line with this, most of the Chinese participants scored higher on the EAT-

26, except for on the dieting subscale, in which Chinese females had lower than expected rates. (Cooper, 2008) This means that according to the EAT-26, a majority of the participants had high rates of implications towards eating disorder pathology. The full applicable table can be found in the appendix. (Table 1-4)

Another study conducted by Jackson and Chen attempted to predict changes in eating-disorder symptoms among Chinese adolescents. The study had 217 Chinese middle school and high school boys and 379 Chinese middle school and high school girls to complete measures of eating disorder symptoms, body image concerns, internalized physical appearance ideals, negative affect, and appearance-based social pressure, teasing, and comparison. The procedure was then repeated nine months later. There was an increase in eating disorder symptoms which were predicted by higher baseline levels of fatness concern and perceived social pressure for both boys and girls. For girls, negative affect also contributed a little bit to changes in eating disorder symptoms. These results suggested that factors such as personal concerns about being fat and negative social feedback about physical appearance may help to explain the development of eating disorders pathology among Chinese adolescents. One limitation of this study, however, is that the authors do not seem to take into consideration the possibility that by taking the survey the students may have actually been influenced to begin thinking more about such negative things. There is a possibility that this is the reason why there was a change in the results after nine months. Other than this, the study was thorough and has seemingly accurate results. (Jackson & Chen, 2008) These studies do give a representation of the prevalence of eating disorders in China, however the EAT-26 and EDI-2, though thoroughly translated, are Western based assessments. Therefore, in order to have truly

accurate measures assessments created in China and by Chinese psychologist should be created. There is no doubt, however, that eating disorders have increased in prevalence; as they are appearing more frequently as doctors' offices and clinics. (Phillipi, 2010)

***Why did typical “fat-phobic” anorexia spread and replace atypical “food phobic” anorexia?***

The main question being asked about eating disorders in China among scholarly circles right now is why was there a sudden spread of the typical forms of eating disorders in China? Was it caused by “Westernization”, in other words the spread of western ideals of thinness among the Chinese? Was Western eating-disorder pathology “unconsciously picked up” due to the “cultural atmosphere in which professionals, the media, schools, doctors, psychologists all recognize, endorse, talk about and publicize eating disorders” according to the Western definition? (Lee cited in Watters, 2010) Or was it just a natural development in the pathology of a rapidly growing country? In order to discover the answers to these questions it is important to develop a better understanding of the variety of eating disorders in China, the history behind the eating disorders, and how they developed. In this way, the differing opinions and research can be compiled, compared and contrasted. Then questions such as; “Is Western eating disorder-pathology having an influence on Chinese eating-disorder pathology or is this pathology the product of Chinese social and cultural psychology?” can be answered and new treatments suited to the cultural differences and developmental differences can be pursued.

There is a variety of hypotheses on why there has been such a rapid spread of eating disorders among Chinese individuals. However, these views point to two separate

ideas. First, that Chinese eating-disorder pathology may be very similar to Western eating-disorder pathology, but is largely a result of development. Second, that eating disorders in China are influenced by a number of factors which and are rooted in Chinese History, not cause by Westernization. This compilation of research is important because the issue of cultural differences behind pathologies such as eating disorders has not been largely discussed, especially in the United States. The research is moderately recent, and therefore the issue of eating disorders in China is somewhat unknown. Combining the research into one place will allow for it to be compared and contrasted more efficiently. Hopefully, as a result, the understanding of eating-disorders in China will spread. Then more psychologists will be able to focus on finding better treatment methods with an understanding of the pathological differences between Western patients and Chinese patients.

There has already been research done on Chinese and Western (American and Australian) eating disorders. However, each separate article of research focuses on a different aspect of the development of eating-disorder pathology in China. The main categories of research I have discovered thus far are: comparisons of the development of eating disorders among the Chinese immigrants and Westerners (mainly Australians and Americans), research done on traditional ideals of beauty, research done on atypical anorexia in China, research done on typical anorexia in China, and information on eating disorders in the West. Within the discussion below on the reason for the spread of eating disorders in China, some of the related-research is summarized and applied. There is also discussion of what is lacking and what the research implies. The majority of research, while it could be relevant, is mostly Eurocentric.

### ***Argument Blaming Importing of Western Ideals and Lifestyle***

As is stated earlier in the History of China, eating disorders have only recently become an issue in China, as they were very rare in the 1970s and 1980s. (Leung et al, 2001) This lack in reported eating disorder pathology in China has been explained by the idea that in China, being plump was regarded as an attractive feature. Therefore, the thin-ideal for beauty is not rooted in Chinese psychology; rather it is a Western standard of beauty which has been “adopted” by the Chinese as a result of Western influence. (Leung et al, 2001) In addition, maintaining a slim physique has never been an issue for the Chinese people in the past due to the “traditional tendency of Chinese to be thin. With the recent surge of Western media in China, Chinese citizens may be comparing themselves to Western ideals of beauty. Further research is needed to determine possible causes of body dissatisfaction in China. In particular, an assessment of the internalization of the thin ideal is in need. If Chinese citizens are accepting and incorporating the Western stance on thinness into their culture it may be beneficial to investigate the possible subsequent effects.” (Huon, Mingyi, Oliver, & Xiao cited in Leung et al, 2001 p. 49) In other words, since China has begun to grow into a world power and has opened its doors to the rest of the world, the nation has been exposed to the standards and attitudes of cultures other than its own. (Cooper, 2008) The most famous case which many believe points to the growth in eating disorders in China was pointed out by Dr. Sing Lee in the 1990’s. Dr. Sing Lee blamed the spread of eating disorders in China to the “highly publicized death of Charlene Hsu Chi-Ying, a skeletally thin 14-year-old girl who dropped dead on a busy Hong Kong street in November of 1994.” (Phillippi, 2010) After her death the reporters looked to Western sources and experts to explain the cause

of her anorexia, and since this “cases of anorexia began showing up more and more frequently at doctors’ offices...” (Phillippi, 2010)

Often, eating disorder behaviors in the West are explained by the thin-ideal of beauty. (Barlow & Durand, 2009) This ideal has led to a culture of dieting, exercising, and other such weight loss industries, as well as a prevalence of fat-phobic based eating disorders such as anorexia nervosa and bulimia nervosa. There are many who would say, that the traditional standards of beauty in China are very different from the West. So any inclination of the Chinese to diet or present a desire to be thin, should be related to the spread of Western ideas in China. (Mao, 1998; Pan, 2000) In his dissertation about the relationship of eating attitudes, body image preferences, and acculturation of adolescent girls in Hong Kong Shu-Yen Mao looked into how body image, acculturation, self-construal, and eating patterns were related. Shu-Yen Mao examined “eating attitudes and behaviors within the context of cultural variables of adolescent schoolgirls in Hong Kong” (Mao, 1998 p. iv) and discovered that Hong Kong schoolgirls’ psychology may be being affected by Western ideals. His results indicated that girls who were most Westernized scored higher on the EAT-26 than those who had a more traditional Chinese background. This means that those who were associated more closely with Western culture scored higher on the risk factors and eating disorder pathology assessment than did the girls who considered themselves more closely associated to their Asian background. (Mao, 1998)

Other articles discussing the obsession to achieve and maintain a thin body state, which has been implicated in the development of eating disorders in China, firmly link it

to the Westernization occurring throughout China. Malhotra says it best, “the prevalence and incidence of eating disorders should be positively related to the Westernization of a culture.” (Malhotra & Biswas 2009) Such scholars say that historically, Chinese worshipped a woman’s round belly as a sign of fertility and sexual desire. Today, on the other hand, half the women in China are normal or below normal weight, yet they are still trying to lose 10 pounds. This development of eating disorders in China shows the great impact a shift in the cultures mindset and perception of beauty can have on the psychology of its people.

The fact that eating disorders began to become prevalent after the 1990’s, which is when China became more accepting of Western products and ideas, also seems to concur with this theory. It was in the 1990’s, that the world wide web opened for home use, which could be argued to have allowed the Chinese to have more access to Western media which at this time was already obsessed with pencil-thin models. In the same year, Deng Xiaoping established the “socialist market economy,” giving China more access to a fast-paced consumer lifestyle very similar to that of the West. Not only that, but in 1991 the first McDonald’s restaurant opened in Beijing, giving the Chinese access to fast food which could have lead to the spread in obesity and the consequential spread in fat-phobia. (*Mountain Times*, 2010)

Another book, by Nita Tewari and Alvin Alvarez, argues there is no doubt the West has affected the change in China’s beauty standard, in fact, the standards of much of the world. As Tewari and Alvarez say, “the European American ideal is the only beauty ideal.” (Tewari & Alvarez, 2009 p. 550) This is shown in the popularity of skin whitening, fuller hips and breasts, longer legs, rounder eyes, sharper noses in Asia.

These traits are well known to be Western, and it seems likely that if all of these ideals are based on the Western beauty ideal, the emphasis on small waists could be too.

There are also a variety of articles, such as *Cultural Clinical Psychology*, by Shahe Kazarian and David Evans which contains massive amounts of information on the affects of culture in the diagnosis and development of eating disorders, particularly anorexia, in non-Western cultures compared to Western Cultures. The authors incorporate research done on Miss America contestants and playboy playmates from 1959-1978 in which the perception of beauty changed rapidly from the more curvaceous figures to slimmer figures. The general assumption about the reason for this drastic change in image is the media's emphasis on being thin and the increasing pressure to be "healthy". However, this thin-ideal is not a universal value, and was far from that during the time that this article was written in 1998. (Kazarian & Evans, 1998)

According to the authors, the increased influence of the West and its weight ideals play a large part on the spread of anorexia and bulimia, or at least the most common forms of these eating disorders, in developing and developed countries. China is one of the countries discussed. Chinese women are beginning to bear the burden of the pressure to be thin, as Chinese begin to transform their ideal for beauty to that of slimness, rather than plumpness. This change is actually predicted in *Cultural Clinical Psychology*. "As obesity and attendant weight control becomes more widespread among the Chinese and ideals of female slimness are incorporated into the Hong Kong culture, eating disorders may increase in frequency."

In research done on Chinese anorexics, it was found that factors present in Western samples of eating disorders such as examination pressure, loss of a relationship,

a physical illness, or being teased about being overweight were manifest in the Chinese patients. (Pan, 2010) The authors of this article also point out the somatic complaints common in the atypical form of anorexia. They hypothesize that the reason this form of anorexia was prominent to start with, was because obesity was not widespread among Asian countries. Therefore fat-phobia was not as common as in the West where there is an obesity epidemic. “Intense fears of fatness and body image disturbance are reported not to be typical of anorexia nervosa patients in Hong Kong or India.” (Kazarian and Evans, 1998 p. 156) Kazarian and Evans believe that the growth of eating disorders in Asian countries, therefore, is due to the spread of western ideals in Asia. “The degree of concern with body weight and shape and the prevalence of dieting in women may be positively related to the extent of Westernization of their particular culture.” (Kazarian and Evans, 1998 p. 156)

Many researchers, like Kazarian and Evans, have linked the increased incidence of anorexia nervosa to cultural pressure to have a slender body and statements that dieting behaviors are required to reach this goal. They state that this idea originated in Western culture and is being passed on to cultures in Asia. Therefore, the obsession with achieving and maintaining a thin body has been implicated in the development of eating disorders, and this obsession is blamed on the Westernization of culture. (Kazarian and Evans, 1998) This is one of the main arguments on the development of eating disorders in China.

The fact that Chinese girls in general had lower BMI's and only desired to lose 3-5lbs, whereas their “Western counterparts” were working on losing 10-15lbs also could show that the Chinese do not have as intense of a desire to lost weight and remain slim,

perhaps because their culture has not traditionally placed importance on a slim ideal. (Leung, Wang, Tang, cited in Marsh et al) In another study done in Hong Kong, Shenzhen, and rural Hunan, which each have a different degree of westernization and modernization, Lee showed that in Hong Kong, the city with the closest ties to the West, 74% of the high school girls wanted lower BMI, while in Hunan, the city least affected by modernization and westernization, only 47% of girls wanted lower BMI's. This does not necessarily blame westernization, as it could have been modernization as well which caused the difference, but it does show that while girls with more education and career orientation saw slimness as being a desirable quality. Those in the rural areas desired it less. This could be because, "in the rural context, bodily fullness may symbolize family fertility and wealth, and can affect rural women's marriageability and ultimate well being" (Lee cited in Marsh et al).

Interestingly enough, when compared to the United States those in Hong Kong still had a higher percentage of women who wanted to put on weight, 17.6% compared to 4.1%. This may imply that moderation or weight is valued over extreme thinness, which would comply with the idea that it is the West which values the extreme much more so than China. Therefore any extreme ideals may have been imported to China. According to Peng and Nisbett this may be because the "Chinese are more likely to seek a dialectic approach that results in a compromise that is consistent with the *doctrine of the mean* that emphasizes moderation and a reasonable middle-of-the-road approach." (Peng & Nisbett cited in Marsh et al) This would contradict the argument which states that the thin-ideal is a part of Chinese traditional ideals for beauty, rather than a Western import.

In her dissertation Amy Shing Pan uses a comparison on body image, eating attitudes, and eating behaviors by comparing Chinese-Americans, Chinese, and white women and came to the conclusion that there is a markedly lower prevalence of eating disorders for Asian women than white women. She attributes this to the possibility of “protective factors” in Asian cultures. Though, as is the case in many studies, body dissatisfaction was reported to be a lot higher among Asian women, they still reported much lower rates of disordered eating behaviors. The study showed that while body image dissatisfaction was positively correlated with disordered eating attitudes for all the groups, Asian women had much lower rates of disordered eating attitudes. This means that they did not have as much incidence of change in their eating habits to adjust for their body image dissatisfaction. The results of the study supported the idea that cultural factors are strongly related to body image, eating attitudes, and eating behaviors. Therefore, since the Chinese had a low prevalence, it could be that Chinese culture does not have a natural inclination towards eating disorder pathology. (Pan, 2000)

In an older article by Dr. Lee and colleagues it was reported that anorexia nervosa, while increasing at a rapid rate in the West, was virtually unreported in China. The article related the rarity of anorexia nervosa to the “protective biological and sociocultural factors specific to the Chinese,” stating that while anorexia nervosa may spread in China, the cultural factors are likely to prevent it from reaching the proportions seen in the West. (Lee, et al, 1989)

In an article written about Watters book, *Crazy Like Us: The Globalization of the American Psyche*, David Phillippi talks about how the diagnostic criteria found in the DSM has “aggressively exported to “developing nations,” effectively changing the

cultural expression of mental illness and eroding local modes of healing.” In other words, the Western diagnostic criteria are having a major effect on the mental illnesses found in other cultures, as well as the treatments used for mental illnesses. (Phillippi, 2010) Another argument implicating Westernization was discovered in a study by Jackson et al, in which children were less likely than adolescents to experience eating disorder pathology, this could be due to increased pressure placed on adolescents, however, “ it is not clear whether this is truly an effect of age. Alternatively, such changes may be due to the gradual acceptance of the Western thin body ideal into the Chinese culture with extended exposure to this ideal in modern media.” (Lake, Staige & Glowinski, 2000)

Greg Downey argues to even more of an extreme, pointing out that it is not just the thin-ideal which has been imported by the West. In addition other issues such as diet behaviors and promotion of exercise to maintain weight, the consumer lifestyle, as well as a shift in the pace of China’s lifestyle caused by an increase in white-collar jobs could also be due to Westernization. (Downey, 2010)

“The increase in fat phobia among anorexic sufferers did not occur in a vacuum, I would argue, affected only by mental health specialists. I suspect other Western influences likely also contributed to the shift, including ‘diet’ discourse, maybe even changes in actual diet, media imagery of idealized bodies, the fitness industry. And what about shifts within this population in anxiety levels, sexuality-related expectations, fashion, socializing, male-female relations, and other more indigenous, though certainly not isolated dynamics? And was there an incursion of the material culture of Western dieting, such as diet drinks, calorie counting

techniques or food labeling, or even high-fat foods to both affect body type and to provide a medium in which to express control over oneself...In other words, maybe China had become more like America on many fronts, most of them due to modernization, and that's why anorexia changed." (Downey)

The study by Davis and Katzman evaluates the relationship between acculturation, self-esteem, depression, and characteristics associated with eating disorders among Chinese students living in the United States. This study attempted to assess psychological functioning and prodromal eating disordered attitudes in Chinese students living in the United States. (Davis and Katzman 1999) It was discovered that for females, those who had higher acculturation often had higher EDI (Eating Disorders Inventory), Bulimia, Drive for thinness, interoceptive awareness, and maturity Fears. For males however, perfectionism was the only thing associated with acculturation. Females' likelihood of developing eating disorders was the most affected by acculturation, while males were affected only by increased perfectionism. Females with high acculturation and males with low acculturation had a greater sense of ineffectiveness.

This study is very interesting because it shows that acculturation has a substantial effect on the development of eating disorders among women and does not have nearly the effect among men. Though females were more likely to be bulimic, have a higher drive for thinness, increased interoceptive awareness, maturity fears and total Eating Disorder index scores when acculturated, men only exhibited an increase in Perfectionism and feeling ineffective. However, depression and self-esteem were not affected by the degree of acculturation for either males or females. The most interesting is that females feel

more competence in American society even when not acculturated and developed a feeling of ineffectiveness after becoming acculturated, while men had much lower scores of effectiveness when they were not acculturated. (Davis & Katzman, 1999)

This study seems to have contradictory results to those found in another study by the same researchers in 1998 which. According to their past study, Chinese women in Hong Kong were more likely to develop eating disorders than those who immigrated to the United States. However, according to this study, Chinese women who have been more acculturated (Westernized) are more likely to develop eating disorders than those who have been less influenced by Western ideals. (Davis and Katzman, 1999)

### ***Argument Countering Westernization is to Blame***

The most common hypothesis for the spread of eating disorders blames the spread of “Western Lifestyles” to China. This term, Western Lifestyle is defined as the excessive lifestyle lived by many Westerners. Many researchers claim that it is Westerners who promote overeating through fast food restaurants and supersized foods. It is also Westerners who promote unhealthy lifestyles such as decreasing daily exercise, by making everything from transportation to entertainment require the least amount of energy expenditure possible. It is Westerners also, who have spread their mental illnesses around the world, through the publication and distribution of their culture’s symptoms and causes for the development of specific mental illnesses. This is a rather unfair accusation, because though many of these things may have occurred originally in the West, this is because the West developed and reached “modernization” a lot sooner than the East.

These things could be a part of the course that modernization takes, rather than something the West has pushed onto other countries. In the course of modernization, countries usually become wealthier, just as China has. It is only natural, that when a country which previously did not have adequate wealth to provide enough food for its population, is finally able to provide for the people, many of the people may swing to the opposite side of the pendulum and begin to overeat, especially after having under-eaten for so long. This could be particularly true for a country like China, where food is such an important sign of wealth and health. In China, fat-babies have long been considered the healthiest, and the only way to have fat babies was to have enough money to feed them a good amount of calories. Because of this, everyone who wants to appear wealthy placed a great importance on food. It is also a sign of wealth, status, and generosity in China, to always have more food than is needed. For example, when one is hosting a meal, there should always be enough plates to not only fill up the guest but have leftovers to show that the host was generous.

Therefore, the moment the general population had enough wealth to appear generous and raise their status, Chinese people began to consume excess food. This is not caused by westernization, but rather by development and increased wealth. Another common occurrence when a country becomes wealthy is for them to want to be healthy. Though in the past healthy bodies were fat/chubby bodies, this has changed. Though some may blame it on the import of western thinness ideals, it could also be a natural development, just as the United States and Europe began with the fat-ideal and moved to the thin-ideal or healthy-ideal. In addition, when the thin-ideal developed in Asia, it was able to spread rapidly, as most of the nation is made up of genetically small people.

When women, especially, began to eat more and become larger, they as they could not ignore the difference in size as they were surrounded by naturally thin women. This is epitomized by the comments by a number of Asian women who spend time in both Asia and the West, that while they are in the West they usually are happier with their bodies, as they appear small when surrounded by the obesity epidemic-affected population of the West. When they return to Asia, these women are surrounded by smaller people, and are more able to recognize any discrepancies in size. (Pan, 2000)

While many scholars describe the thin-beauty ideal, diet behaviors and promotion of exercise to maintain weight, the consumer lifestyle, as well as a shift in the pace of China's lifestyle due to an increase in white-collar jobs on Westernization, it could also be argued that these are a result of modernization. In addition, many different studies have pointed out the high levels of body dissatisfaction among Chinese women, which in comparison with body dissatisfaction levels among Westerners is often significantly higher. This shows that body dissatisfaction is not something that has been imported by the West, but rather is indigenous to the Chinese cultural mindset. (Cooper, 2008)

Other study have discovered that for many Asians a more excessive ideal of thinness is preferred than even that preferred by Western women. In a study comparing Asian females living in America, they were shown to have thinner-ideal than their American counterparts. In other studies, Asian females, including Chinese, were found to have a higher incident of eating disorder pathology than Caucasian females. If it were true that the Western thin-ideal is what has promoted eating disorder pathology among the Chinese, then Chinese who have not been affected by Western ideals and who are more traditional, would be found to score lower on the EAT-26. This idea is contradicted

in a 2005 study in which Asians who were closely associated to their tradition and less acculturated scored higher on the EAT-26 than Asians who were more westernized. This study is limited, however, by the fact that it did not differentiate between Asians.

(Cooper, 2008)

Many other researchers have come to the conclusion that Western media does not lead to an increase in eating pathology. Comparisons between other cultures and the West have not shown a correlation between acceptance of Western ideals and increased dieting behaviors. Instead it is suggested that since there has been a worldwide increase of eating psychopathology, perhaps the cultural differences that are often associated with prevalence are overemphasized. (Cooper, 2008) In addition, there is plenty of research which points to China as developing its own thin-ideal. Though many people conclude that the spread eating disorders occurred in the 1990s because this is when China began to experience vast Westernization, it is important to consider also, the within culture events and changes that occurred in the 1990s which could have had an effect on the eating psychology of the nation. For example, in 1995 lifestyle magazines became extremely popular, and through their proliferation a new image of and “educated, elegant, career women” was promoted. The most famous of these is a magazine published by Modern Media, *Outlook*. This magazine was started by a man who had never lived outside of China, and therefore had not had his attitudes transformed by Western ideals when he began to spread the ideals of a modern Chinese woman. (*Mountain Times*, 2010) Even among researchers who implicate Westernization in the development of eating disorders it is acknowledged that there are enough confounding factors to make much of the research debatable.

The following research compares body and weight-satisfaction, self-esteem, depression, and compensatory behaviors of dieting and exercise among Chinese students in Hong Kong with Chinese students in the United States. The hope of the researchers was to discover whether there is a correlation between sex and country of residence, rather than sex apart from country of residence. (Davis and Katzman, 1998) It was discovered that the weight data among the females in Hong Kong and the United States were extremely similar, as well as their IBMI (Ideal body mass index). For females those with lower body and self esteem and greater weight dissatisfaction often also exhibited increased dieting. Increased exercise for males was associated with higher body and self-esteem and lower depression. Those from Hong Kong had lower body and self esteem, higher depression, greater weight dissatisfaction, and more dieting behavior when compared to those in the United States. Those who resided in the United States exercised a lot more than those in Hong Kong. (Davis and Katzman, 1998)

The findings did not show a connection between country of residence and sex; however they did show a difference between participants who resided in Hong Kong verses those who resided in the United States, and a difference between females and males. This means that though gender has an effect on body perception as well as dieting and exercise behaviors, and country of residence has a different effect, the two are not necessarily related. However, the study also revealed that among both sexes, body perception was associated with Western culture, with men desiring to be larger and women wanting to be more petite. (Davis and Katzman, 1998)

This study shows that women in both the United States and China who view themselves as being overweight are likely to exhibit similar eating disorder pathologies.

It also showed that females in Hong Kong actually had much lower body and self esteem and higher incidence eating disorder pathologies than those in the United States. This was very interesting, as it seems to point to the idea that Chinese who immigrate to the United States are less likely to develop eating disorder pathology than those who live in Hong Kong. This contradicts the theory that Western influence has been a large part of the development of eating disorders in China, as those living in the United States, whom one would assume to be more influenced by Western culture, were less likely to develop eating disorders than those in Hong Kong, whom one would assume to be less influenced by Western ideals. (Davis and Katzman 1998)

In a study published in the *International Journal of Eating Disorders*, Lake et al focuses on the importance of cross-cultural sensitivity when it comes to defining eating disorders. Through a survey using the Eating Attitudes Test and the Figure Rating Scale, Lake et al compared the results of Hong Kong-born and Australian-born subjects. In the study, Lake and her colleagues divided the Hong Kong-subjects into two groups depending on their level of Chinese identity, if they were westernized or if they were traditional. The results showed that, in general, over-all the eating attitudes of the Hong Kong-born Chinese subjects versus the Australian-born Chinese subjects was basically the same. However, the results of their body shape perceptions were significantly different. Hong Kong-born traditional subjects, along with Australian-born subjects reported lower Eating Attitudes Test and Figure Rating Scale scores than Westernized Hong Kong subjects. (Lake et al, 2000)

Lake et al took a sample of 140 female students from two Australian Universities and divided them into two groups. The first group was made up of 98 first-year Bachelor

of Psychology students, all of whom were born in Australia and were the mean age of 20.13 years old (ranging from 17-42). The second group was made up of 42 University students born in Hong Kong with the mean age of 23.24 (ranging from 17-42). This group was divided into two subgroups as well, with the first group consisting of 22 females with weak Chinese ethnic identity/Western acculturized, and the second group made up of 20 females with strong Chinese ethnic identity/Traditional. (Lake et al, 2000)

The purpose of the research conducted by Lake et al was to discover whether Western society's influence on a slim physique and negative stereotyping of obese figures has been a factor in weight-concerns and body shape dissatisfaction among women which have lead to eating disorders in Western Societies. There has been evidence that there is an increase in eating disorders among non-Western women upon entering Western society. (Dolan cited in Lake et al, 2000) There are two common arguments on why this occurs. The first is that the increase in eating disorders is due to the cultural clash experienced by migrants, which pressures them to adapt to the new culture. The confusion of adjusting to two sets of cultural values leads to these difficulties. This argument states that immigrants with more traditional values have an increased likelihood of developing eating disorders and body image problems. The second argument is that when non-Western women move to Western cultures they attempt to take on the values of their host Western culture, which focus more on body image and eating attitudes. Previous studies among Hong-Kong women have shown that though these subjects share similar ideals of slimness as Western women, there is still a lower incident of eating disorders among Hong Kong women. With this information in mind, Lake et al's research was focused on studying the effects of cultural influences on

the development of negative attitudes toward eating, dissatisfaction with body image, and the development of eating disorders. (Lake et al, 2000)

According to the results, the first argument, (that the reason for the development in eating disorders among immigrants is the cultural clash), which supposes that those with a traditional mindset are more likely to be influenced by Western values than those who are acculturated, is most accurate. Therefore, the women from Hong Kong who have been more influenced by Western culture are less likely to be affected by Western attitudes towards eating and body image than those who are closer to their Chinese identity. The fact these Hong Kong born women have less body dissatisfaction compared to their Australian-born counterparts may imply that the reason behind the eating disorders between the two cultures may be different. It seems that the reason behind eating disorders among Hong Kong born women may not be because of body image dissatisfaction. This emphasizes the fact that it is really important for researchers and psychologists to not refer only to Western cultural phenomenon when classifying eating disorders. (Lake et al, 2000)

Lake et al found that all of the women from the Australian women and Hong Kong-born women had similar eating attitudes. Even so, there was a significant difference between their body image perceptions, with Hong Kong-born women having less body dissatisfaction than Australian-born women. Upon further study, it was found that the traditional Hong Kong-born women had similar body image perception and eating attitudes to the Australian born women than the acculturized Hong Kong women. It is when traditional Chinese students enter Western society they are more likely to develop eating disorders. Perhaps then, this does not have to do as much with being

influenced by Western fat-phobia, but instead with the culture shock, the mental and emotional stress of living in a foreign country. If this is true, then it is possible that the development of eating disorders among immigrants to the United States does not prove the Westernization theory. It could instead be caused by the immigrant's desire for control of an aspect of their lives when everything is so overwhelming. The fact that the Chinese who were accustomed to the United States did not suffer anymore than anyone else with eating disorders goes along with this hypothesis, as they did not suffer from as much psychological distress as immigrants. Therefore, the psychological distress of living in a foreign country could be a possible explanation for the development of eating disorders among Chinese immigrants, rather than the affect of Western ideals. If Western ideals were the cause of the development of eating disorders among Chinese, those who were acculturated would have a similar increase in eating disorders as those who were traditional because both would be influenced by Western ideals. In fact, those who had been in the West the longest would be even more likely to develop eating disorders as they would have had more time to be affected by Westernization. The fact that the exact opposite is true shows that perhaps Westernization as a cause of anorexia is not an accurate hypothesis. (Lake et al, 2000) This study could imply that while the development of eating disorders among immigrant to the West has been repeatedly blamed on Westernization, perhaps it is more of a result of the increased pressure of entering a foreign culture, rather than a western mental illness being incorporated into Chinese immigrants' psychology.

Though this study focuses on cross-cultural differences between the West and Chinese, it does not discuss how Chinese who live in China are being affected by

Western ideals. This article shows that though it is possible that Western ideals can have an effect on Chinese eating-disorder pathology; it is possible that they are in contact with such ideals even in their own country. (Lake et al)

In a dissertation on Chinese in America, the author, a Chinese immigrant herself, describes the pressure of being slim. “Surrounded by images of pencil-thin models in the main stream mass media, I have found myself more please with my weight than I had been in Hong Kong, because I am relatively slim compared to most American women.” (Pan, 2000 p. 6)

This show the mind set which encourages comparison with those around oneself. It is interesting that when the author was in Hong Kong, surrounded by tiny women, she was less pleased with her weight than when she was in America, surrounded by women who were in general heavier than her. Therefore, her body image dissatisfaction did not have to do so much with the culture she was in. It seems that either way she desired to be slim, yet in America she seemed thinner and therefore was more satisfied, while in Hong Kong she did not. This may mean that the spread of eating disorders in China, especially among urban women who are more likely to be overweight, could be due the comparison made when the women realize that their bodies are larger than the body size of the average Chinese woman. This could cause greater body dissatisfaction. This is accentuated by the fact that “In Asia, many women see beautifying themselves as a “social obligation...Since many Asian women have been entering the workforce only recently, a “well-groomed image” is in great demand.” (Pan, 2000 p. 27-28)

In Hong Kong, for example, there is no doubt that the Hong Kong media is emphasizing a thin-beauty ideal, “For the past three decades, the increasingly revealing

clothing style and the over-representation of ultra thin models, movie stars, and pop singers in the mass media has intensified Hong Kong women's body consciousness and the desire for a slim body, to the point that they are said to be "thinness obsessed" (Leung, 2001; Pan 2010) One example of this form of media is a spa advertisement from 1998 which promoted the idea that not only was it important for women to be thin, but also to have the right shape. It promoted the idea that "even weighing 98 pound is not being in perfect shape...To achieve this ideal figure, one needs to "completely remove the extra fat in the body and the face" ("Spa advertisement," 1998, Pan 97) In a study of undergraduates in Hong Kong it was discovered that the majority of female subjects "desired petite body, flatter stomach..." It was also suggested that "a narrow waist and full hips are crucial in defining Hong Kong beauty..." It is also known that true beauties in Hong Kong still retain Asian racial characteristics. If one is to consider typical Asian characteristics, would not a petite form be one of the main characteristics? The top priority for Hong Kong girl's to be beautiful is slimness. (Pan, 2000) Though this is the same desire in the West, it is not farfetched to assume that just as this ideal developed independently in the West, it may have developed apart from any other cultures' influences in China as well.

## **What factors affect the spread of anorexia and bulimia in China?**

### *Modernization and Development*

The next most common theory for why fat-phobic eating disorders are spreading in China is that China is modernizing, and along with modernization comes modern forms of eating disorders. This theory argues that though the development of modern

eating disorder pathology in China seems to mimic the development of modern eating disorders in the West, this is not due to Westernization. Instead, China is going through the same process the West went through when it was developing. This theory seems to be logical. Stating that eating disorders could be spreading because of the thin-ideal which is now common all-over the world, and is not necessarily a Western rooted ideal. Recent studies call into question that plumpness is the traditional beauty ideal and say that the ideal is instead “taller and thinner than average Chinese women...this ideal matches depictions of beauty in classical Chinese literature, and it challenges the notion that plumpness is valued...” (Tewari & Alvarez, 2009)

There has also been proof that the thin ideal has been around in China for quite some time already, and that the women in China, the wealthy in particular, have long valued being tiny and slim, yet since there was never such an abundance in food and in the past the environment was not obeseogenic, it has never been difficult to reach this idea. There has not been a large amount of eating disorders detected in the past, because there has not been a need for them in order for the Chinese women to maintain their slim physiques. Women are no longer able to stay thin as naturally due to the increase in quality of life, and therefore women are beginning to develop eating disorders to deal with their expanding waste-lines.

The dilemma of being faced with an obeseogenic society while being pressured by a thin-beauty ideal may be the same thing the West encountered due to development and the consequential growth in the rates of obesity. This dilemma, in whatever culture it is in, produces confusion and body-image dissatisfaction, and it is from this core that eating disorders develop. The lifestyle changes in China are said to occur almost four

times faster than they did in the United States. This has terrifying implications for the rate at which obesity and eating disorders could spread as well. (French & Crabbe, 2010 p.8)

The idea that eating disorders are a result of modernization, rather than westernization, is backed up by the fact that it is the wealthy and the upper and middle classes who are the most modernized, as well as the most obese. It is also this class who are developing Eating Disorders, presumably to cope with the added pressures of modernity. It is not surprising, that as the urbanites become overweight, surrounded by the rest of the population which is not only not obese, but very small in general, the comparison could cause awful body image issues to arise. “Little more than 20 years ago many people, even in China’s richest cities, were struggling to feed themselves; now they are struggling to lose weight...” (French & Crabbe, 2010 p.8)

In this surge of modernization, the Chinese are not only faced with a sudden abundance of food, but an abundance of options and the freedom to choose, something they did not have before. “For urban China at least, the issue was not supply but choice- a new problem for China and one many citizens were not able to recognize and were little prepared for.” (French & Crabbe 10) The result of this development is that many people are overeating, yet are unprepared for the weight gain which is coming with this. They have never had a history of weight gain, and therefore there is no knowledge on how to combat it. In a survey of 13,000 women 27% “had an irregular diet” and 23 % were overweight, yet 29% had never exercised before. (French & Crabbe, 2010) While in the West exercise has been promoted in order to combat weight gain, China is just beginning to reach this stage, so the majority of the people who are struggling with weight gain are

not equipped with any tools to fight back. Along with this weight gain, there has also been an increase in bullying and depression (French & Crabbe, 2010) which could have a huge impact on body image and the development of eating disorders.

Eating Disorders are often connected to control issues or emotional problems which are expressed in the restriction or over indulgence of food. In the past, China did not have the ability to expressing mental disorders through food, whether it was through restriction or over-eating. They did not have food in abundance enough to make these decisions. Now, this option has been opened to a majority of the population, and there has been rampant growth in all forms of Eating Disorders. In addition to anorexia and bulimia, which are the main focus of this discussion as they are the most common and the most well researched disorders, there is probably a portion of the population expressing inner-turmoil through binge-eating disorder, which is what leads to obesity. In the DSM “obesity is not considered an official disorder, but we consider it here because it is thought to be one of the most dangerous epidemics confronting public health authorities around the world today.” (Barlow & Duran, 2009 p.262) Binge eating, however, is only considered an Eating Disorder when linked with emotional distress and dysfunction, and is therefore easy to overlook as so any people in this modern world overeat. Even so, it is still an eating disorder which often develops during modernization, when food is accessible and can be abused. Almost 8% of China’s population is obese before they even reach adolescent, which can lead to teasing. “Childhood experiences with teasing...are also likely to lead to a negative body image.” In addition to this, China already has a culture of perfectionism caused by the single Child policy and pressure placed on children to not shame their parents, and this characteristic, along with other

characteristics such as self-consciousness can have an influence on Asian body images. (Pan, 2000)

Right now in China, more than 1/5 of the population was obese or overweight. This is not caused by Westernization, but development, which leads to changing diet, increased salaries, disposable income, and changing lifestyle and environment. “Obesity has become part of the everyday language of urban China as people worry about their weight, are bombarded with advertising for weight-reduction products (genuine and spurious), join weight-loss programs, are diagnosed with obesity and weight-related illnesses and conditions, and commit to bariatric medicine...a growing discipline for China’s medical community...catering to the newly rich and their desire to shed weight fast.” (French & Crabbe, 2010 p.16) According to many texts eating disorders have not been prevalent in developing countries, “where access to sufficient food is so often a daily struggle.” Rather it was only prevalent in the West, “where food is generally plentiful.” Now China is no longer a developing country, struggling to access enough food, therefore it is only natural that in following with the typical history of development, eating disorders are now prevalent in China. (Barlow & Durand, 2009)

### ***Beauty as a factor in obtaining a job***

Though it may be natural for employers to be more likely to hire attractive looking people in many countries, countries such as the United States call this unfair and try to put laws in place to keep this from happening, and it is not usually a huge problem for most industries. (Employment Discrimination Law) China, on the other hand, has a completely different view point on this issue. Choosing workers because of their good

looks is a very common practice. Because it is well-known in China that not just being well-maintained, but actually being good-looking, is important in finding a high end job, many Chinese will transform their looks in order to get a job. As a nursing employer, Liao stated in an interview about how much looks matter in the workforce, “Beauty - for women particularly – plays such a big part in young university graduates' job-hunting process...” she would “recruit a prettier nurse with the same qualities as one who wasn't so pretty”. (Li, 2010) This may not seem too unusual, however, there is so much competition in the workforce in China, that looks may be the one advantage which could help an individual land a job. The practice of choosing better-looking employees is a well-understood fact, especially for women in China hoping to join the workforce. For example, as a young girl hoping to enter the workforce stated in an article on job competition, “As a girl, having bigger eyes make me feel much more confident,” she says. “Many of my friends at university have done similar surgeries so I really need to stay competitive.” (Li, 2010) For a number of job titles in China, there are height and weight requirements. For example, in order to become a steward or stewardess, a person must not just be able to reach the overhead baggage-bins, but stand not only stand about the same height as a model in China, but have the appearance of one as well, purely for the sake of aesthetics. (Li, 2010)

Because of these restrictions and the competition between the many well rounded college graduates in China, “many feel potential employers will favor them if they adhere to modern standards of beauty in China. In a hyper-competitive job market, many students feel they need every advantage they can get.” (Metz, 2006) The pressure to be beautiful and thin is part of the job market. As is proven by the number of Chinese

women undergoing plastic surgery for the purpose of looking beautiful to obtain a job, some people will do anything to succeed. This is not limited to surgeries for facial features, being thin is a part of the beauty required to obtain jobs, and many women are willing to go to extremes to maintain a slim-figure. This added pressure could have an effect on the development of eating disorders, especially among women in China.

### *Chinese Culture-collectivism, family pressure, emotional fulfillment*

One key factor in the spread of eating disorders, particularly anorexia and some bulimia, relates strongly to the development of anorexia due to a desire for control, lack of belief in self, and the desire to fulfill emotional gaps. Often, psychological factors resulting in eating disorders include, “Diminished sense of personal control and self-confidence, causing low self-esteem.” (Barlow & Durand, 2009) The lack of individual control is apparent in China, and there are many factors which contribute to it, including the family pressure placed on most of the population caused by the single-child policy, the collectivist nature of the society, and the rampant changes occurring in the country which may cause many people to feel lost, confused, and overwhelmed.

Unmet emotional needs and a desire for control contribute to Anorexia; this is different from the concept of inaccurate body perceptions contributing to eating disorders. (Barlow & Durand) Therefore, in order to understand the emotional reasons behind eating disorders it is important to focus on emotional trends leading to Eating Disorders. These are shown in a study in Hong Kong conducted by Dr. Lee Sing, George Hsu and V. K. Wing. This case study includes four different female patients, each struggling with Anorexia Bulimia. (Lee, Hsu & Wing, 1992)

In a study conducted in Hong Kong by Dr. Lee Sing, George Hsu and V. K. Wing, in depth descriptions of the typical form of anorexia bulimia among Chinese nationals are described. This study consisting of four case studies, each patient from a different background struggling with anorexia bulimia, gives an inside look into the development of eating disorders in China patients. (Lee et al, 1992)

The first patient, Patient A, was 22 and had a rigid father and domineering mother, and in order to cope with feelings of helplessness, emptiness, and boredom the patient began to binge eat. However, the eating caused her to feel overweight and guilty about her excessive food consumption and she became anorexic and bulimic. The second patient, Patient B, was 34 and has a similar story. She felt lonely, empty, tense, and bored, and in order to sooth these feelings she began to over eat to fill the emptiness and sooth herself. However as she put on weight from her terrible eating habits she developed anorexia bulimia. The third patient, Patient C, was a 19 year old who had a “noisy” domineering mother who picked favorites among her siblings and sent her to live with her grandmother. In order to deal with feelings of boredom, tension, demoralization, and helplessness the patient began to overeat, and in order to deal with overeating she developed anorexia characterized by food control and excessive exercise. The fourth and final patient in this study, Patient D, was 25 and also not the favorite child of a domineering mother. She became obsessed with food because of a casual comment that she was fat and began to consume large amounts of food when overwhelmed with feelings of boredom and emptiness, thus developing anorexia bulimia to lose the weight gained through excessive eating. (Lee et al 1992)

It seems that in many cases anorexia develops as a result of overeating to fulfill emotional gaps, so the original problem is not the desire to lose weight, but the desire to be comforted by food. Once the food becomes a crutch used to soothe emotions however, weight is gained and body image issues develop, leading to anorexia and bulimia. These case studies are very interesting, because at first the patients developed overeating symptoms because of emotional gaps. Yet it was the overeating which led to fat-phobia. Therefore, their fat phobia was caused by weight gain. Perhaps instead of being a Western import, fat-phobia is just a natural process which succeeds the development of a nation and coinciding weight gain. Ultimately, the patients' development of anorexia bulimia was due to mental distress, which was portrayed through eating dysfunction. All the eating disorders exhibited were related to control, whether it was a loss of control or an intense desire for control. China has a largely collectivist culture, and because of this huge emphasis is placed on making one's family proud. The pressure "especially for women, to maintain perfect physical appearance so as to not bring shame on the group..." may cause children to "feel pressure to maintain their physical appearance in order to project a positive image of their family." (Tewari & Alvarez, 2009)

On top of this, the one-child policy results in all the family pressure being placed on a single child. It is not shocking that individuals could be overwhelmed by the intense pressure, and this emotional distress caused by the pressure could easily take its form in the development of an eating disorder. The above case studies also show that it is possible for a child who comes from a perfectionist or controlling family to be more likely to develop an eating disorder. Parents who are domineering and "noisy" in a Chinese culture may talk down to their children to make them feel "small" or worthless

as they continue to demand more from their children. This in itself could cause feelings of ineffectiveness which could lead to an eating disorder. (Lee et al, 1992; Barlow & Durand, 2009)

There is so much pressure being placed on the Chinese, especially women, to be something particular; Family pressure to be a filial daughter and help support their parents and grandparents, peer pressure to be popular, beautiful, and fun, and social pressure to obtain a higher income and climb the ranks in the work-place. Yet how many women are or can be all of these things? If “self-esteem is dependent upon the discrepancy between how a person perceives herself and how she thinks she should be,” (Tewari & Alvarez, 2009 p.67) many women in China are very likely to suffer from low-self esteem and this could have an effect on the spread of eating disorders in China.

### ***Fast Paced Lifestyle***

There is no doubt that China is growing rapidly, and the lifestyle is speeding up as well since China began developing. “The Chinese middle class, always in a rush to get somewhere, stopped walking, dumped their bikes and started buying motorcycles and cars and began taking taxis. The amount of time they spent on their rear ends increased.” because of this, “...China’s urban professionals became ‘cash rich and time poor’...They wanted things *now*; gratification had to be instant.” (French & Crabbe, 2010)

Unsurprisingly, the way the general population eats is changing along with this fast-forwarding of everything else in their lives. As Lynn Jaffee, a licensed acupuncturist in China states, “How you approach food and eating is a mirror to how you approach life,” and right now the Chinese are approaching life rapidly. (Jaffee) It therefore makes sense

that weight loss would also need to be instant. Exercising and healthy eating habits, however, not only take time to develop, but take time to take effect, while starving oneself or throwing up shows some pretty rapid results. For example, as stated in *Fat China*, one pound of excess fat is equivalent to 3,500 excess calories. (French & Crabbe) Which is easier and quicker, to throw these calories up, not eat and burn the calories as the body breaks down excess fat to keep from starving or jogging for about four hours, which is about the time it would take to burn off that amount of calories? No wonder the Chinese are rapidly developing eating disorders. Lynn Jaffee is watching as this occurs. “In the clinic, I see busy professional women who only have time for a quick bite on the run, often from the nearest fast food place and eaten in the car or standing up. I see people who are depressed and unhappy eating out of control as a way to fill the void in their lives. I also see joyless clients who restrict their diets to within an inch of their lives—no carbs, no fats, no sugar, no this, no that.” (Jaffee)

Along with this change in pace, there is a change in the traditional support systems such as family and friends. “They are increasingly impersonal, fragmented cities and it can be hard to find a social life. Often consigned to the ever-expanding suburbs, new arrivals can find themselves lonely, out of contact with their traditional social networks of family and community and perhaps increasingly alienated.” (French & Crabbe, 2010 p. 32) This change in support could also cause eating disorders to develop, as often feelings of loneliness or separation can affect the development of eating disorder pathology.

***Fat Baby is a Healthy Baby***

There has long been a cultural idea in China in which fat babies are the equivalent of healthy babies. Though times have changed, and there is now enough food to go around, this idea still persists. Parents, Grandparents, Aunts and Uncles, are all proud when the babies in the family are fat and “healthy”. They encourage this by overfeeding babies and young children so that they will be plump. This causes a problem, however, when the number of clinically obese children is increasing by 8% a year, from the 10% in 2005. This not only brings along health concerns such as diabetes and high blood pressure, but psychological ones as well. While the older generation promotes fat babies as healthy babies, causing a large population of children to start off life overweight, society is promoting the thin-ideal among teens and adults. Urban kids are 80% more likely to be overweight in adulthood if they were obese as teens. Therefore these generations of fat babies are faced with the pressure to be thin, when they have had the disadvantage of being overweight for most of their lives (French & Crabb, 2010)

Not only are babies often overweight, but there is still a generation of Chinese who lived the majority of their lives when China was not wealthy, and food was not in abundance. This generation, still places importance on being plump, as in times when food was scarce, this was a sign of health. Therefore, among of the elderly and those from rural cultures which are still not reached by modern wealth and the modern beauty ideal it is not considered rude “...to suggest that someone is *pang* or has *pangqilai*, gotten a little fatter. But “too” *pang* is rude...Early in the *pang* boom, people wanted to be plump enough to suggest prosperity, but then ideals became increasingly emaciated. As China beefed up, its billboards and magazines sported razor-thin models of beauty. Diet products, herbal remedies, and fat reduction farms spread across the country.” Rachel

DeWoskin (DeWoskin cited in French & Crabbe, 2010 p. 10-11) Just imagine what being called fat could do to a girl who is trying her hardest to look like the girls on magazines. Though it is meant as a complement on her health, it is an insult to her ideal of beauty. What woman would rather be called healthy, than beautiful-with a model or celebrity-like figure? The problem is compounded by that fact that many young people move around to find jobs, and therefore lose their primary support system. Even if their weight was originally not a worry, as Grandma and Mum always said heavier is healthier, immigrants may not be around such supportive family members anymore. Instead the new immigrant is surrounded by peers who are highly competitive on every level, including appearance. When "...fat was good, fat indicated prosperity but increasingly thin was the body image being presented in China's burgeoning media of fashion magazines, beauty pageants, model shows and advertising. A highly conflicted national body image was emerging and people could be forgiven for being somewhat confused." (French & Crabbe, 2010 p. 7) This confusion and added pressure and stress, could easily lead to eating disorder pathology, after all, "Social-Cultural and social emphasis on slender ideal, leading to body dissatisfaction and preoccupation with food and eating" is one of the most common causes of eating disorders. (Barlow & Durand, 2009 P. 306)

Chinese culture also promotes the over feeding of guests as a sign of hospitality and generosity. Traditionally, hosts serve their guests throughout the meal, and attempt to keep the guest's plate full at all times. This can often cause the guest to over-eat out of politeness, as it is rude to decline food that is offered by the host or hostess. If an individual happened to be struggling with their weight or body image or had a tendency towards an eating disorder. This could increase the likelihood for a desire or need to

purge; because overeating could occur even when the individual would rather not eat. The family style of eating, in which all the dishes are placed in the center of the table and eaten community style, could also limit the ability of people to pay attention to their caloric consumption and lead to obesity. (French & Crabbe) On the other hand it could be the perfect setting for an individual already suffering from an eating disorder such as anorexia, because the individual could limit their servings to a miniscule amount, without anyone knowing. This would make it difficult for a family member or friend to discover the development of an eating disorder in a friend or family member.

### ***Thin beauty ideal and weight gain of the Nation***

The culture of thinness, in China, is here to stay for the time being, but so is the expanding waistline of China. "... Chinese society is in a periodic obsession with beauty. The contrast between the image of Chinese beauty shown constantly in televised beauty pageants, taxicab cosmetic surgery-ads and fashion magazines is clearly at odds with China's expanding waistline." (French & Crabbe, 2010) This conflict is expressing itself in the spread of eating disorders among the Chinese.

### ***Thin-beauty ideal***

The belief that China has a history of valuing plumpness in women as a sign of beauty is widespread. However, according to extensive research it seems that the thin-ideal has been around since the days of Emperors and concubines. It is true that China went through stages in which the nation valued plumpness, often occurring during times of depression and starvation, and that those in rural areas or the less wealthy, have often

valued plumpness for its implication of access to food, health and wealth. However, the ruling classes of China have considered thinness to be beautiful since ancient times.

In between 722-481 B.C., the Emperor Chu was known to desire women who had slender waists; causing harems to starve themselves to death in the hope of being favored by the Emperor. (Leung et al, 2001) Even more extreme in his thin-ideal was Shih Ts'ung, a wealthy noble man who lived during A.D. 220-419. He valued thinness so much that he “used to make his concubines tread on a bed spread with rare incense powder. Those who were light enough to leave no footprint on it would be rewarded with strings of pearl, whereas those who left footprints were put on a diet and instructed to reduce their weight.” (Lin cited in Leung et al, 2001) In addition, many of the classic beauties were known for their slimness. During the Han Dynasty, between 200 B.C.- A.D.219, Empress Fei-yen, who was a beauty icon of the time, was admired for her tiny waist. The Chinese know her for being “so slim that she could ‘dance on a palm’” (Xu cited in Leung et al) Three of the four most famous beauties of China, Xi Shi, Wang Zhaojun, and Diao Chan were known to be slim while the fourth, Yang Guifei, though beautiful, was “known for having a voluptuous figure” for which she “was often teased by other harems as the “fat slave.” (Chen cited in Leung et al, 2001)

The well known beauty from the classic novel *Dream of the Red Chamber*, Lin Daiyu, “was said to be so fragile that she could hardly stand the breeze.” (Xu qtd in Leung et al, 2001) From these examples it seems that emphasis has been placed on thinness and fragility throughout Chinese history. Perhaps, therefore, the belief that Chinese value plumpness in a woman is more of a representation of the heavy body ideal for laboring women and farmer’s wives. Even so, it is common for the upper class to

have the largest influence on setting “mainstream beauty standards for the rest of society. This is evident from a compilation of the results of Miss Hong Kong Pageant winners and Miss Photogenic winners from 1975-2000 showing that the winners have always been much thinner than the average women in Hong Kong. This study is somewhat limited as it discusses the representation of beauty of women in Hong Kong, which is culturally somewhat culturally different from mainland China. It is still a Chinese representation, and from the past it seems that the mainland often follows along behind Hong Kong when it comes to trends and ideals. The results showed a “declining trend in the yearly mean BMI of semi-finalists.” However, this decline in BMI was because the average height of contestants increased over the years, while the average weight remained about the same. This shows that since the 70’s, the thin-ideal seems to have been consistent in Hong Kong. (Leung et al) A chart with the Body Mass Index (BMI) of the winners and average BMI of contestants is available in the appendix as well. (Table 5) There is no doubt the thin-ideal for beauty has its place in Chinese history and is indigenous to Chinese culture.

### ***Growth in overweight and obesity rate***

As China expands as a nation, their average weight is expanding too with the number of obese at 19 million. The rate of obesity is increasing too, at the extreme rate of 30 to 50 percent every year. This means that every year, there are 6 million to 10 million more obese people in China. This rampant spread of obesity is spurring a large discussion on the consequential spread of health problems such as high blood pressure, diabetes, and cardiovascular problems. Yet the possible spread of mental disorders which could also be a result is not on the forefront of this discussion. (French & Crabbe, 2010)

The question being asked is, why is obesity spreading so quickly in a nation which was once known for its small sizes? The answer is found in development. As China is developing there has been major growth in the food industry and a newly found “ability to consume- in terms of choice, range and affordability.” (French & Crabbe, 2010 p.xix) Along with this came a change in lifestyle which has allowed the Chinese to spend a larger part of their day sitting rather than walking or participating in physical activities. “Increased car ownership, more white collar jobs (an increasingly desk-bound nation) and hectic work hours that do not allow time for exercise. Additionally, urban planning, the growth of supermarket retailing and other issues have not necessarily helped. China’s major cities have an alarming lack of parks and open spaces available to the public. When parks are built, it is invariably against the rules to actually go on the grass. At school, the intense pressure to succeed academically has reduced the space for sports on the curriculum.” (French & Crabbe, 2010)

The combination of these two things can only lead to one thing, weight gain. As is discussed in the New England Journal, “Bigger portions of higher-fat foods are not the

only culprit. Not long ago, China's streets, even in the big cities, were full of bicyclists. Now that people have money, cars and motorbikes have taken the place of bicycles. There are 20 million cars on the road. That number has tripled in just 10 years. The tradition of morning exercise in the park still exists, but it's mostly China's older generation that can be found doing their daily routines that keep them moving, keep them limber. Today, people are doing more indoor work, sitting at computer screens or television sets.” (Ifil, 2010) This change in lifestyle is also changing the shape of the Chinese body, so much so that “clothing retailers now have to order additional larger sizes...Urban Chinese people are getting bigger.” (French & Crabbe, 2010 p.xxiii)

As the Chinese people are recognizing their weight gain, there has also been a burst in the weight-loss industry; for example, the spread of weight watchers to China. The premise of this company is to focus on the exact amount of caloric intake one is consuming per day, and exactly how much is being burnt, so that participants can consume less than they burn to lose weight. After clients reach their goal, they are encouraged to consume only the amount of calories they burn a day to maintain their ideal weight. Though this system seems to be reasonable, the program causes participants to focus on their weight, where it is at, whether it is going up or down, and what they are eating. This can easily make partakers of weight-watchers become obsessed with their weight and caloric intake, and obsession with weight and food is one of the main causes of the development of fat-phobia caused eating disorders. When so much emphasis is placed on food and weight gain, especially in a Nation which previously did not struggle very much with gaining weight in the past, it is no wonder there has been an influx in eating disorders in China. (Ifil, 2010)

It is not just individuals who are promoting weight loss. As the nation begins to suffer from obesity-related health problems; the government is trying to encourage healthy living and campaign against obesity. Some argue, that a “too radical a campaign against fatness will lead to a furtherance of the supermodel, heroin-chick, size-zero skinniness that has also meant, conversely, that at a time of rising obesity levels in the developed world, we have also seen rising levels and growing awareness of eating disorders, notably anorexia.” (French & Crabbe, 2010 p.xviii) In America, women had to deal with the same issues. Surrounded by obeseogenic environment; they were confronted with the contrast between ideals and reality. However, the Urban Chinese, who are the majority of those struggling with weight-related issues, not only have to deal with this problem, it is amplified when they look around the streets see the ideal as a reality among the middle and lower class women who are not overweight or obese.

The result of the emphasis placed on beauty and the pressure to be thin, when combined with the rapid spread of obesity, is a focus on how to lose weight. This has appeared in the form of weight-loss industries, such as weight watchers, as well as an increase in the use of diet pills (Efron) There are also those who are using their increased wealth to buy healthier food products as French and Crabbe point out in their book, *Fat China*, “...media articles have a consumer effect; many Chinese women are increasingly changing their eating habits...” (French & Crabbe, 2010 p.26) It is especially the urban, upwardly mobile women, who coincidentally are also faced with the most pressure to be thin and beautiful, who are buying healthier food. They are also introducing exercise, dieting pills, and cosmetic surgery into their lives to compensate for the weight gain. “...Their newfound wealth is being spent on self-improvement in many ways including

gym memberships, spa treatments, relaxation therapies, dieting pills and cosmetic surgery. It is one of the odd contradictions in modern consumer society that while China's urban population has been rapidly getting obese..." they are valuing health in the form of less fatty figures to an even greater extent. (French & Crabbe, 2010 p.27) There is high probability that the spread of eating disorders in China is largely due to the combination of weight gain and the thin-beauty ideal.

## **Methodology**

In the attempt to answer the questions asked in my Introduction, I needed to have a greater understanding of not only eating disorders in China, but eating disorders in general. I had to develop an understanding of cultural and psychological differences between those from the West and those in China. To do so, I researched eating disorder pathology as viewed from the West. Then compiled all the research I was able to find on eating disorders in China. In addition I collected comparative study results as well as studies done in different parts of China. I read articles published in the *International Journal of Eating Disorders* as well as other scholarly articles found in Pub Med, Proquest, and other such databases in the attempt to find as much information as possible on what research has been done on this topic.

In order to develop a better understanding of the indigenous form of eating disorders in China, I first conducted research by reading material written by well-known Chinese Psychologists on the topic of eating disorders. I reviewed surveys and case studies conducted among Chinese subjects and used these to compile a basic definition of eating disorders in China (what symptoms are classified as which eating disorders). I

also compiled information about the transfer of Western ideas of mental illness to China and how that has affected the Chinese.

A few of my main sources included articles by Dr. Sing Lee and his colleagues, dissertations on eating disorders in China, a book cultural differences and eating disorders, and a recent publication, *Fat China: How Expanding Waistlines are Changing a Nation*, about the modernization of China and the resulting spread of obesity. (French & Crabbe, 2010; Cooper, 2008, Lee)

## **Significance**

The answer to questions on the development and cause of eating disorders in any country is not simple. Especially not in a country with such a unique and complex historical background that China has had. China has been influenced by so many ideologies throughout the ages, it is to be expected that there have been many different influences effecting the development of eating-disorder pathology in China. Pinning the spread of eating disorders on Western influence is oversimplification, as the development of eating disorders is a result of economic and cultural changes within China.

There is evidence that eating disorders in China can be cause by fat-phobia, a desire for control, and the desire to fill emotional voids often caused by social or family pressure. The case study done by Sing et al, there is evidence of these reasons for eating disorders among some Chinese patients. Children in China are often under the authority and pressure of not only their parents, but their grandparents and often aunts and uncles as well, due to the one child policy and collectivist culture. With so much pressure and control placed upon them, such children may use eating disorders as a way to exert

control over an element of their lives, such as the patients described in the case studies by Dr. Lee and his colleagues. (Lee et al, 1992) Control may be considered to be a Western reason for eating disorders, but if control-caused eating disorders were able to develop in individuals in the West without any outside cultural influence, there should not be the idea that they could only develop in Asia through Western influence. Human beings, no matter what their culture, all share similarities in emotions and thoughts, though how these are expressed may be different. It is not absurd, to believe that eating disorders developed to a similar extent in China as they did in the West, without Western influence. It is my hypothesis that fat-phobia based eating disorders would have developed in China with or without Western influence. Eating disorders are a result of development and are due to causes such as a desire for control and fat-phobia.

Further research into the study of eating disorders among the Chinese is warranted. In the field of psychology, one of the most important things is continual research and approaching all accepted ideas with skepticism. Continual research and constant questioning helps to prevent the possibility of accepting a hypothesis without further study and perhaps missing out on details. The details are important, because whether they are big or small they may have an impact on treatment methods. If such details are left undiscovered, effective treatment of Chinese patients may be prevented. Through this study and the compilation of research from opposing viewpoints, I hope that the development of eating disorder pathology in China can be put in a new light and the conduction of new research will be encouraged.

## **Conclusion**

Though there is a lot of contradicting information circulating about the causes and development of eating disorders in China, it is apparent that there is not one single answer to the cause and development of eating disorders in China. Rather, the development is being effected by many components, such as how beauty factors into the job market, the collectivist culture of China, the fast paced lifestyle, encouragement of having fat babies, and additional cultural factors. However, the most common cause seems to be the combination of a thin-beauty ideal and the weight gain which is occurring in China. This seems to be having a detrimental effect on the mental health of the Chinese, especially women. Though many scholars would blame this on Westernization, it seems that there is not enough proof to affirm this hypothesis. On the contrary, from a deep study of Chinese history, it appears that the thin-beauty ideal is an indigenous standard for beauty, rather than a Western import, and that eating disorder pathology, whether it is fat-phobic or food-phobic, has been around for quite some time. (Leung et al, 2001) Ultimately, the development of eating disorders in China is likely not caused by Westernization, but rather a result of many components which are either indigenous to China, or a product of modernization.

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## Appendix

**Table 1**

<b>NES Chinese ( <i>n</i> = 7 female, 12 male)</b>			
<b>Measure</b>	<b>Females</b>	<b>Males</b>	<b>Total</b>
<b>EDI-2 total score</b>	<b>80.00 (31.81)</b>	<b>80.33 (21.08)</b>	<b>80.19 (25.34)</b>
<b>Drive for thinness</b>	<b>3.57 (2.37)</b>	<b>5.58 (3.45)</b>	<b>4.84 (3.18)</b>
<b>Body Dissatisfaction</b>	<b>10.00 (5.94)</b>	<b>7.91 (4.06)</b>	<b>8.72 (4.82)</b>
<b>Bulimia</b>	<b>8.14 (5.87)</b>	<b>5.67 (3.60)</b>	<b>6.58 (4.57)</b>
<b>Ineffectiveness</b>	<b>7.29 (5.50)</b>	<b>8.58 (3.45)</b>	<b>8.12 (4.21)</b>
<b>Perfectionism</b>	<b>5.86 (5.43)</b>	<b>6.50 (4.52)</b>	<b>6.26 (4.74)</b>
<b>Interpersonal distrust</b>	<b>8.00 (4.55)</b>	<b>4.75 (2.56)</b>	<b>5.95 (3.67)</b>
<b>Interoceptive awareness</b>	<b>7.14 (5.79)</b>	<b>8.17 (4.06)</b>	<b>7.79 (4.64)</b>
<b>Maturity Fears</b>	<b>7.71 (3.90)</b>	<b>6.08 (2.64)</b>	<b>6.68 (3.16)</b>

**Table 2**

*Mean Scores for Non- NES Chinese Participants on the EDI-2 and EDI-2 Subscales*

<b>Non-NES Chinese ( <i>n</i> = 69 female, 82 male)</b>			
<b>Measure</b>	<b>Females</b>	<b>Males</b>	<b>Total</b>
<b>EDI-2 total score</b>	<b>66.72 (25.54)</b>	<b>68.82 (26.50)</b>	<b>67.83 (25.98)</b>
<b>Drive for thinness</b>	<b>5.96 (3.86)</b>	<b>4.15 (3.20)</b>	<b>4.99 (3.62)</b>
<b>Body Dissatisfaction</b>	<b>9.16 (5.97)</b>	<b>6.65 (3.50)</b>	<b>7.83 (4.96)</b>
<b>Bulimia</b>	<b>2.52 (2.98)</b>	<b>3.68 (3.75)</b>	<b>3.14 (3.45)</b>
<b>Ineffectiveness</b>	<b>4.83 (4.07)</b>	<b>5.84 (4.35)</b>	<b>5.38 (4.24)</b>
<b>Perfectionism</b>	<b>7.75 (3.59)</b>	<b>7.58 (3.76)</b>	<b>7.66 (3.68)</b>
<b>Interpersonal distrust</b>	<b>4.49 (2.93)</b>	<b>4.88 (2.69)</b>	<b>4.70 (32.80)</b>
<b>Interoceptive awareness</b>	<b>4.36 (4.28)</b>	<b>5.56 (4.65)</b>	<b>5.01 (4.51)</b>
<b>Maturity Fears</b>	<b>6.79 (4.48)</b>	<b>6.72 (4.01)</b>	<b>6.76 (4.22)</b>

(Cooper 29-39)

**Table 3**  
**Correlations of BMI, EAT-26, and EDI-2 Scores for Chinese Participants.**

Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>1. BMI</b>	--	.01	.08	.03	-.08	-.03	-.04	.07	.16	-.01	-.08	.12	.03	.06	-.23
<b>2. EAT Scores</b>	.04	--	.77	.95	.73	.74	.67	.28	.70	.70	.63	.11	-.16	.29	.44
<b>3. EAT BL-FP</b>	-.10	.73	--	.70	.34	.56	.44	.15	.54	.54	.51	.02	-.14	.28	.31
<b>4. EAT Diet</b>	.18	.88	.45	--	.53	.73	.66	.26	.69	.72	.60	.12	-.16	.31	.40
<b>5. EAT OC</b>	-.19	.73	.47	.42	--	.50	.47	.19	.41	.42	.38	.06	-.08	.07	.25
<b>6. EDI scores</b>	.13	.64	.50	.65	.30	--	.76	.48	.61	.82	.74	.42	.16	.41	.22
<b>7. EDI DT</b>	.31	.34	.37	.58	-.07	.64	--	.34	.52	.60	.53	.32	-.09	.06	.23
<b>8. EDI BD</b>	.38	.20	-.02	.41	-.12	.51	.61	--	.30	.31	.34	.15	-.03	.12	.07
<b>9. EDI BL</b>	.09	.54	.65	.36	.31	.58	.19	.21	--	.56	.48	.11	-.17	.19	.22
<b>10. EDI IA</b>	.01	.55	.58	.46	.30	.72	.31	.22	.61	--	.56	.23	.01	.39	.37

		*	*	*		*	*		*		*		*	*	
<b>11. EDI IE</b>	- .0 8	.4 9 *	.4 4 *	.4 7 *	.2 7 *	.7 3 *	.3 8 *	.2 8 *	.4 2 *	.5 8 *	--	.2 3 *	- 9 *	.2 7 *	.2 3 *
<b>12. EDI MF</b>	.0 1	.2 7 *	.1 9	.2 7 *	.1 6	.8 0 *	.1 6	.1 6	.0 7	.2 2	.3 7 *	--	.1 2	.0 3	- 1 6
<b>13. EDI PR</b>	.1 0	.0 5	- 1 0	.1 1 0	- 0 2	.1 3	.1 5	- 9	- 1 2	- 2 0	- 1 1	.0 2	--	- 0 4	- 2 1
<b>14. EDI ID</b>	.0 2	.2 5 *	.3 2 *	.2 2	.1 2	.3 0 *	.1 4	.2 2	.3 9 *	.3 6 *	.4 9 *	.1 8	- 2	--	- 0 2
<b>15. NEQ</b>	- .2 9	.3 1	.5 0 *	.0 3	.3 9 *	.3 6 *	- 2 1	.0 9	.5 2 *	.3 5 *	.3 3	- 2	- 6	.3 7 *	--

(Cooper 45) (\*standards for deviation charts in index)

Table 4

*Means and Standard Deviations for the EAT and EDI*

Measure	Females	Males
<b>EAT-26</b>		
<b>Total</b>	<b>11.9 (10.8)</b>	<b>5.2 (5.3)</b>
<b>Oral Control</b>	<b>2.6 (2.9)</b>	<b>1.8 (2.3)</b>
<b>Bulimia</b>	<b>1.4 (2.6)</b>	<b>0.6 (1.6)</b>
<b>Dieting</b>	<b>7.9 (8.0)</b>	<b>2.8 (3.5)</b>
<b>EDI</b>		
<b>Drive for Thinness</b>	<b>5.6 (5.9)</b>	<b>1.7 (2.5)</b>
<b>Body Dissatisfaction</b>	<b>11.3 (7.7)</b>	<b>4.3 (4.7)</b>
<b>Bulimia</b>	<b>2.1 (3.3)</b>	<b>1.2 (2.4)</b>
<b>Ineffectiveness</b>	<b>4.2 (5.1)</b>	<b>2.8 (3.7)</b>
<b>Perfectionism</b>	<b>5.2 (4.3)</b>	<b>5.8 (4.1)</b>
<b>Interpersonal Distrust</b>	<b>3.6 (3.8)</b>	<b>3.9 (3.5)</b>
<b>Interoceptive Awareness</b>	<b>4.5 (5.3)</b>	<b>2.5 (3.3)</b>
<b>Maturity Fears</b>	<b>4.2 (3.6)</b>	<b>4.2 (3.6)</b>

(Cooper, 2008)

Table 5

<b>Year</b>	<b>contestants</b>	<b>(mean)</b>	<b>Champions winners</b>
<b>75</b>	<b>17.99</b>	<b>17.68</b>	<b>17.54</b>
<b>77</b>	<b>18.82</b>	<b>18.48</b>	<b>18.48</b>
<b>79</b>	<b>18.56</b>	<b>17.28</b>	<b>17.28</b>
<b>83</b>	<b>19.13</b>	<b>19.62</b>	<b>17.52</b>
<b>84</b>	<b>18.54</b>	<b>19.15</b>	<b>19.15</b>
<b>85</b>	<b>18.77</b>	<b>17.77</b>	<b>17.34</b>
<b>86</b>	<b>18.67</b>	<b>19.53</b>	<b>18.27</b>
<b>87</b>	<b>17.9</b>	<b>17.47</b>	<b>18.55</b>
<b>88</b>	<b>17.94</b>	<b>17.07</b>	<b>16.32</b>
<b>89</b>	<b>18.08</b>	<b>19.42</b>	<b>16.43</b>
<b>90</b>	<b>17.98</b>	<b>17</b>	<b>17</b>
<b>91</b>	<b>18.37</b>	<b>17.66</b>	<b>17.75</b>
<b>92</b>	<b>18.46</b>	<b>17.52</b>	<b>17.52</b>
<b>93</b>	<b>18.59</b>	<b>17.58</b>	<b>15.72</b>
<b>94</b>	<b>18.06</b>	<b>17.89</b>	<b>19.39</b>
<b>95</b>	<b>17.65</b>	<b>16.9</b>	<b>17.18</b>
<b>96</b>	<b>18.79</b>	<b>19.76</b>	<b>19.76</b>
<b>97</b>	<b>17.79</b>	<b>17.99</b>	<b>17.99</b>
<b>98</b>	<b>17.57</b>	<b>17.46</b>	<b>17.46</b>
<b>99</b>	<b>17.71</b>	<b>18.56</b>	<b>18.56</b>
<b>2000</b>	<b>17.13</b>	<b>17.6</b>	<b>17.6</b>
<b>Overall</b>	<b>18.31</b>		<b>17.71</b>
<b>(Leung et al, 2001)</b>			