

The Last Word



MELANIE A. KATZMAN

ASIA ON MY MIND: ARE EATING DISORDERS A PROBLEM IN HONG KONG?

When I told my friends and colleagues that I was going to Hong Kong to study eating disorders, many shared a look generally reserved for those who declare their intention to study igloo architecture in the Amazon. The world certainly might feel more orderly if it divided neatly into East and West, eating disordered and not, but the odds are that just as cultures are not bound to geographic lines, neither are anorexia and bulimia. Here the "instinctive" reaction that eating disorders don't exist in the Chinese is probably wrong. More likely the question isn't one of possibility; it's how much, how soon, and in what form. While academics have historically reported a low incidence of eating disorders in Far Eastern countries, recent studies have revealed disordered eating attitudes and a marked desire for thinness in women whose beginning weights are often lower than their Western counterparts' ideal. Although the number of identified "cases" remains low, several researchers have posited that the numbers can be expected to increase (Lee et al., 1989; Kok & Tian, 1994).

Valid comparisons of eating pathology clearly rely on the method of symptom reporting, diagnosis, and health-seeking behavior. However, as Asian women may aspire to fit a Western beauty ideal, numerous Eastern researchers and clinicians struggle to fit their patients' experience into Western diagnostic ideals. For example, body image disturbance may take on a new meaning for the Chinese. Dieting in the absence of any overt expression of dissatisfaction with their weight, a noticeable subset of Chinese anorectics cite the internal sensation of gastric bloating rather than fat as the

Melanie A. Katzman, Ph.D., is on faculty at Cornell Medical Center and maintains a private practice in New York City. She just completed a year as scholar in residence at the Hong Kong-America Center, Chinese University, Hong Kong. Address correspondence to: Melanie A. Katzman, Ph.D., 10 East 78 Street, Suite 4A, New York, NY 10021.

basis for food refusal. These “non-fat phobic” women are not easily colonized into typical DSM-IV criteria; however, their reliance on digestive terms to express distress in a society that tends toward somatization makes great cultural sense and is the subject of lively debate (Lee, 1995).

Whether it is ultimately the external size of one’s stomach or internal abdominal discomfort, my gut feeling is that Hong Kong teeters on a delicate balance of protective and predisposing agents. While numerous risk factors such as culture change, high achievement expectations, competition, and cultural preoccupation with food prevail, Chinese women experience later and less obvious changes of puberty, less body fat, and lower expectations of a life independent of their family. As Hong Kong women are increasingly encouraged to weigh in their self-esteem, which way the scales will be tipped will be of great interest.

To a professional who “grew up” treating and studying eating disorders in the 1980s, life in Hong Kong resembled an extended *déjà vu*. Walls of rice shops plaster ads for health clubs on their sides, and beautifying creams and weight loss programs promote their miracles in print and visual media. The flaunting of Western labels includes well-known fast-food establishments along with designer clothes.

The mobile phone, a ubiquitous Hong Kong status symbol, has been joined by the en-route-to-workout duffel bag. In a city claiming economic opportunity for all, employment ads legally request women’s age and pictures, and at times height and weight.

Last fall, a Chinese girl died on the streets of Wanchai: cardiac arrest secondary to bulimia, it was believed. A few months later another died as she leapt from her window, claiming life unbearable since she was unable to lose weight. As might be expected, a media frenzy ensued, with its requisite scrambling for experts and numbers. I was repeatedly pressed to confirm inflated estimates of eating disorders in what can generously be considered a demand for attention to a potentially lethal illness.

At the university, we stringently debated numbers of true cases, while I personally experienced severe helplessness watching the prodrome unfold. Requests to talk to high school students confirmed concern about weight and diet issues, while my lectures to college audiences lent further confirmation that eating disorders were of great theoretical and personal interest—as many chose to write on the topic for their abnormal-psych papers. The psychiatric trainees struggling to integrate their cultural experiences into the Western biomedical views taught in the classroom were alarmingly unfamiliar and delightfully intrigued with the introduction of feminist analyses that take as their starting point a critique of provincial and white androcentric standards for mental health (Katzman, 1995).

To my knowledge, no study of Chinese doctors’ readiness to diagnose eating disorders exists; however, even if it was quite high, the question of

appropriate treatment poses a difficult dilemma. The process of psychotherapy as practiced in the West is often at odds with cultural values concerning disclosure, confrontation, and differentiation. In addition, recovery based on naming distress outside of body dissatisfaction is difficult when the Chinese language has few terms to capture emotional states and instead relies on somatic descriptions. My work with Chinese patients often required a translator, who in fact became an integral part of the therapy process as she struggled to create a narrative in words that were meaningful to everyone involved.

And what of prevention? The rise in fast-food consumption, increase in weight, and implosion into Western media have become the identified culprits for many. Recent nutritional surveys report that the new generation of Hong Kong Chinese children have the second highest cholesterol levels worldwide. While it may be tempting to set up programs such as those in Singapore, where children weighing over a specified amount are mandated into government-run reducing programs, to focus on weight and diet alone will most likely miss the essence of change required. In Hong Kong, only 20% of women reach upper levels of management. In sections of the new territories, women still cannot inherit land or vote.

Girls coming of age at the end of this century may find themselves caught in a triple culture clash, faced with the competing images of their mothers' traditions, the possibility of what could be, and the potential restraints on advancement after the Chinese takeover in 1997.

Drawing upon the dieting behavior of non-fat phobic eating-disordered women, Eastern scholars such as Sing Lee (1995) argue for cross-culturally sensitive diagnoses that deemphasize concern with body weight. These views echo urgings by feminist writers to broaden our understanding of eating disorders to truly embrace the metaphorical communications of women at war with their bodies.

While I wanted desperately to provide a cautionary note to the women on the verge of eating disorders in Asia, I came away with a powerful lesson of my own. Superficial explanations that designate the drive for thinness as a result of Westernization, without asking what it is about Westernization in general or current cultural pressures specifically, may fill us up momentarily, but a few hours later we will be hungry for more answers.

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