



## Cultural and Familial Influences on the Risk of Eating Disorders and Eating Disturbances Among East and Southeast Asians in Asia and North America

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### INTRODUCTION

Contrary to the widespread assumption that eating disorders (EDs) are mainly limited to White populations, these mental health conditions are as prevalent in other racial and ethnic groups (Han, 2020). EDs among East Asians remain underdiagnosed due to a lack of culturally appropriate diagnostic tools, which hinders health care practitioners from identifying hidden symptoms effectively (Javier & Belgrave, 2019). Furthermore, Asian Americans are less likely than White Americans to be referred for further assessment of mental health concerns including EDs.

These issues warrant attention as some research indicates that Asian populations exhibit higher levels of weight and dieting concerns and dietary restraint, and endorse smaller body ideals (Wildes et al., 2001). The 12-month prevalence in White females is approximately 0.4% for anorexia nervosa, 1–1.5% for bulimia nervosa, and 1.6% for binge eating disorder (American Psychiatric Association, 2013, as cited in Tsong & Smart, 2015). Meanwhile, prevalence rates of 0.12% for anorexia nervosa, 1.42% for bulimia nervosa, 2.67% for binge eating disorder, and

4.71% for “any binge eating” have been found in Asian American women (Nicdao et al., 2007). However, the actual prevalence of EDs and eating disturbances among Asian Americans may be higher as this population has been underresearched. This paper aims to provide insights into the cultural and familial influences that play a role in the development of EDs and eating disturbances among East Asian and Southeast Asian (ESA) populations in Asia and North America. It will also discuss considerations for psychotherapy for ESAs living with EDs.

### CULTURAL INFLUENCES

#### Acculturative Stress and Intergenerational Conflict

Acculturation is the process of adopting, acquiring, and adjusting to a new cultural environment, yet maintaining one’s original culture (Tanenbaum et al., 2013). The acculturation experience may lead to intergenerational conflict – tension between parents and child due to an acculturation gap – in turn leading to dissonance in cultural values and communication (Sun et al., 2023). According

to Han (2020), intergenerational conflict due to the acculturation gap is associated with binge eating and restricted eating among Asian and Asian American women. For example, ESA immigrant parents in the United States are more likely to maintain their native language and adhere to traditional cultural values, behavioural norms, and lifestyles. However, their children may have English as their primary language and adopt the Western culture as part of their socialization into the broader culture in which they live. These differences may lead to intergenerational conflict between children and parents who do not understand their children's desires for the autonomy, individualism, and assimilation promoted in Western culture (Han, 2020). ESA youth who experience resentment and emotional distress due to the cultural conflicts may then engage in ED behaviours as a coping mechanism (Smart et al., 2011; Sun et al., 2023).

Both ESA and Western cultures promote thin body ideals (Han, 2020). At the same time, some of the appearance ideals conflict. In North America, cultural messaging upholds being tan and athletic, and having a toned, curvy body shape, as the "all-American" look (Javier & Belgrave, 2019). For men, muscularity is emphasized as an aspect of masculinity (McCreary & Sasse, 2000). In contrast, ESA cultures emphasize having pale skin and a slim/thin body as appearance ideals for women, and having a slender, lean and fit body type for men (Javier & Belgrave, 2019; Kawamura, 2012; Ng et al., 2021; Zhou et al., 2022). Asian men are often portrayed in media in East Asia with a feminine-looking appearance that some young Chinese men strive to achieve (Goodman, 2017). While Western men often work out to gain muscle, Chinese men commonly try to maintain a slim, non-muscular figure. According to Yamaiya et al. (2020), a dichotomy of appearance ideals exists among young men in Japan; while many value muscularity, a substantial proportion values a slim, androgynous body.

These conflicting cultural ideals both directly and indirectly influence attitudes among ESA women living in Western countries and may lead to bicultural stress due to feeling disconnected from both cultures' ideals of body image and eating behaviours, pressures to adhere to both cultures' values, and conflicts with parents due to acculturation gaps (Javier & Belgrave, 2019; Sun et al., 2023; Tsong & Smart, 2015; Zhou et al., 2022). ESA individuals may internalize the clashing messaging about beauty standards and may engage in disordered eating to cope with the emotional distress or to meet the thin body ideals.

### East and Southeast Asian Values of Collectivism

Collectivism is valued within ESA cultures, where people construct their identities in relation to other groups (Zhou et al., 2022). They value interpersonal relatedness and are interdependent with other members of their social groups (e.g., family and peers). Body ideals are a part of cultural norms, and collectivist values may increase the likelihood of their internalization among ESA American individuals when they maintain their ESA cultures of origin (Zhou et al., 2022). Research has shown that higher levels of social anxiety occur in collectivistic cultures (Akdoğan & Çimşir, 2022; Schreier et al., 2010), and that high levels of social anxiety are associated with ED psychopathology (Kerr-Gaffney et al., 2018). Brosos et al. (2019) found that individuals in North America with Asian heritage have higher levels of social anxiety compared to Whites and that social appearance anxiety was a stronger predictor of social anxiety and ED symptoms among Asians and Asian Americans.

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### Conformity to Norms

Conformity to norms is inherent within the collectivist values of ESA cultures as a means to be accepted and respected by others (Ng et al., 2021; Tsong & Smart, 2015). Filial piety is a Confucian concept that advocates cultural and moral norms, values, and practices of respect and caring for one's parents, and is a value apparent in ESA cultures (Sun et al., 2023). Relinquishing control over food and body (e.g., not refusing food cooked by older family members) is part of the profile of an ideal, obedient child; food refusal is interpreted as a direct expression of disrespect to one's elders (Ng et al., 2021). Eating is viewed as a means of forming and maintaining interpersonal relationships, and mealtimes are considered essential times of family bonding (Ng et al., 2021). Eating past fullness and sacrificing their sense of agency to prioritize familial harmony can lead to stress for ESA Americans (Ng et al., 2021). Conformity to

norms was directly associated in one study with restricted eating because of the pressure to follow the thin body ideal of the mainstream culture, and restrained eating reflects self-discipline (Han, 2020). Trying to conform to appearance and eating norms to be accepted by others in ESA cultures may lead to habitual body monitoring and body shame (Han, 2020; Ng et al., 2021).

## FAMILIAL INFLUENCES

### Family Achievement Orientation

Asian families in North America may be more oriented than non-Asian families towards promoting their children's obligations for academic success and accomplishments to fulfill the family's wishes (Sun et al., 2023). ESA parents strive to secure their children's upward mobility in Western societies by ensuring their commitment to school and life success. Academic success is commonly viewed by immigrant ESA families as the only guaranteed pathway for their children to avoid poverty and racial discrimination in White-dominant societies (Sun et al., 2023). Han (2020) found that familial achievement orientation was significantly associated with binge and restricted eating. Tsong and Smart (2015) also found that family recognition through achievement was a significant contributor to disordered eating. The emotional distress from the pressures in ESA families related to achievements may drive ESA women to compensate through disordered eating. These perceived pressures may be more intense for female ESA students, who become more susceptible to developing pathological eating habits to uphold familial pride and strive for an "ideal" appearance (Sun et al., 2023).

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### Parental Overprotection

Parental overprotectiveness is common in ESA family dynamics, and often extends into adulthood for young ESAs (Sun et al., 2023). This parenting style has been suggested to be maladaptive to young ESAs who grow up internalizing Western values of autonomy and individual freedom. Traditional ESA parents may believe increased parental monitoring is essential in preparing their children for success in white environments. However, this may result in resentment and psychological distress in adult children who perceive such behaviour as abnormally intrusive in the context of Western culture (Sun et al., 2023). Furnham and Husain (1999) found that maternal overprotection was significantly associated with disordered eating attitudes and behaviours in young British-Asian women. Adolescents with overprotective parents may suppress their need for autonomy (or independence) to avoid intergenerational conflict, leading to disordered eating in Asian adolescents and young adults to cope with psychological distress.

### Interpersonal Influences

**Immediate family members** refer to parents and grandparents who have expectations about body image and eating behaviours. ESA participants in Javier and Belgrave's study (2019) stated that immediate family members commonly do not want to see their children gain weight, but at the same time, they do not want them to "starve" either and encourage them to eat.

**Non-immediate family members** refer to extended family members such as aunts, uncles, and cousins who play a role in body image and eating behaviours. In ESA cultures, extended family members often also freely comment on whether a family member gained weight (Javier & Belgrave, 2019; Ng et al., 2021). A Vietnamese participant in the study by Javier and Belgrave (2019) stated that when she sees her cousins after they have not seen each other for a while, they always comment that she "gained a lot of weight" and "should lose weight". This is also common in South Korean culture where non-immediate family members often criticize relatives' appearance (e.g., "You put on weight") and would still tell them to eat more. As highlighted by Javier and Belgrave (2019), Asian populations maintain body dissatisfaction at rates equal to or higher than representative samples of other racial and ethnic groups.

Overall, it is common in ESA cultures for immediate and non-immediate family members to freely share their opinions about appearance and eating behaviours (Javier & Belgrave, 2019; Ng et al., 2021). Societal appearance ideals shape the internal attitudes and perceptions of beauty in interpersonal relationships, leading to conflicts regarding individuals' beauty and eating behaviours (Javier & Belgrave, 2019). The negative interpretation of these messages from families and media (e.g., movies and magazines) about beauty standards can lead to body image disturbance or negative self-appearance and low self-confidence among ESA Americans. These are risk factors for disordered eating in which individuals may internalize these ideals, which shape their interpretations of body image and eating, and engage in dietary behaviours (e.g., restricting intake) to demonstrate self-discipline and avoid negative comments from family and others (Javier & Belgrave, 2019; Levinson & Rodebaugh, 2012).

### **CONSIDERATIONS FOR PSYCHOTHERAPY FOR EATING DISORDERS FOR EAST AND SOUTHEAST ASIAN POPULATIONS**

Cognitive Behavioural Therapy (CBT) is one of the evidence-based approaches to treating individuals with EDs (Smart, 2010). However, limitations of CBT include the treatment aspects that are structured around individualistic values from Western culture, and therefore requires cultural adaptations for the provision of care to ESA populations (Cummins & Lehman, 2007). Individualism is inherent in CBT, which may conflict with the needs and desires of ESAs who hold more collectivistic views. Some ESA clients may perceive it as threatening or forced when used to try to change their views and may find it confusing as it does not align with their cultural beliefs and values (Smart, 2010). Therefore, it is important to consider how collectivistic values impact treatment approaches for ESA individuals. Smart (2010) suggests that therapists should resist confronting clients' views about the cause of their problems; it is more productive to work cooperatively and reframe family struggles in the context of acculturation difficulties.

Understanding the client's cultural context is necessary for developing a collaborative and trusting therapeutic alliance (Smart et al., 2011; Tsong & Smart, 2015). Examining beliefs through a cultural lens will assist clinicians in distinguishing what might be cultural and what might be an ED symptom. Based on their systematic review findings, Acle et al. (2021) recommend culturally adapted

interventions as they produced more significant reductions in psychopathology in studies than other or no intervention. Consider culturally relevant beliefs and practices regarding mental health, stigma, food, relationships, and harmony. Some standard practices that are highly valued in Western societies may be counterproductive in treating individuals of Asian origin; for example, increasing assertion, individuation, setting boundaries, and confronting situations may offset familial harmony and cause additional issues (Yu et al., 2019). Furthermore, culture plays a role in addressing client barriers to treatment, and it is crucial to understand cultural nuances to appropriately assess and address barriers specific to a client's cultural background (Acle et al., 2021). Culturally sensitive therapy should also explore social and environmental factors such as racism, gender, barriers to treatment, and culture to ensure families and clients receive relevant education and work cooperatively together (Kawamura, 2012).

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Research has shown that psychoeducation effectively reduces the shame of seeking help, eliciting cooperation from family, increasing ED awareness, and clarifying misconceptions about psychotherapy (Acle et al., 2021; Smart et al., 2011; Yu et al., 2019). Furthermore, it may be used to challenge parents about acculturation, autonomy, and communication issues, and is crucial when family and cultural norms overtly harm clients (Smart et al., 2011). Therefore, when working with ESA clients, inviting the participation of their parents to educate parents about EDs, negotiate intergenerational conflict and misunderstandings, and help families negotiate acculturation stresses (according to the therapeutic relationship with the client) is an important consideration (Kawamura, 2012; Smart et al., 2011).

An alternative to CBT is Buddhist mindfulness meditation, which encourages acceptance and non-judgmental awareness. Mindfulness fosters the ability to focus on the present moment, and the application of mindfulness meditation in the treatment of addictive behaviours and substance use disorders has produced promising results (Bowen et al., 2005; Priddy et al., 2018). A meta-analysis conducted by Sala and colleagues (2020) found that mindfulness was negatively associated with ED psychopathology, and this correlation was strongest for binge eating, emotional or external eating, and body dissatisfaction. Mindfulness may be relevant to binge eating as it promotes emotional acceptance, allowing individuals to refrain from habitually binge eating to regulate distressing emotions. It also decreases reactivity to external food cues and encourages individuals to eat in response to hunger and fullness signals more regularly, and less frequently to emotional and external factors (Sala et al., 2020). Research also suggests that mindfulness may decrease body comparison and checking, and in turn increase body satisfaction (Sala et al., 2020). Therefore, individuals experiencing difficulties with dysregulated eating and body dissatisfaction may benefit from treatment that cultivates mindfulness.

Lastly, family therapy and family-based treatment are worth considering in treating ESAs with EDs. The collectivistic values inherent within ESA cultures may be leveraged to promote efforts to maintain a supportive family environment for ESA clients with EDs. Engaging ESA parents or caregivers in their child/loved one's treatment may help increase their understanding of cultural differences in family interaction styles and correct maladaptive family processes (Ting & Hwang, 2007). Chew et al. (2020) found that family-based treatment can be effectively implemented in multidisciplinary ED programs serving Asian adolescents with anorexia nervosa based as it showed improved rates of weight restoration.

## CONCLUSION

EDs among ESAs in both Asia and North America are underresearched. More in-depth exploration of the experiences of EDs in this population is needed to further elucidate factors that influence the development of EDs and eating disturbances in this population, as well as treatment approaches that will be effective for affected individuals.



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