

## Body Image and Eating Disorders Among Southeast Asians: A Student's Perspective

**[Center co directors' note:** In 2023, Meelana Pham, a UCLA undergraduate working at our Center\* had a personal interest in eating disorders among Southeast Asians. She reviewed the literature to learn more about the matter. The following is an edited version of what she reported, along with some of her personal comments. It is offered as an information resource for anyone wanting a brief introduction to the problem.]

**E**ating disorders are estimated to affect 9% of the US population (28.8 million people), with 10,200 related deaths occurring every year (Zauderer, 2022). The disorders include binge eating disorder, bulimia nervosa, and anorexia nervosa and are driven by an obsession with food, body weight and shape that lead a person to create unhealthy eating habits and weight control behaviors (National Institute of Mental Health, 2017). The unhealthy behaviors are influenced by societal beauty and body standards that generate body dissatisfaction (Center for Mental Health in Schools, 2016).

*Meelana's personal perspective: Having an eating disorder causes significant mental struggles, and developing one is often due to a combination of multiple factors. A major factor for me was my family and cultural background. As a person who is Southeast Asian and identifies as a Vietnamese-American, my family's influence and cultural background greatly impacted me in a way that played a role in my development of disordered eating for anorexia nervosa. My culture and how I grew up with that cultural influence impacted me in ways that I did not realize. With an expectation to always look a certain way, I became obsessed with my body image and found ways to fix it using diet restrictions. As I entered recovery for my eating disorder, I slowly learned about how my family unintentionally reinforced my thoughts about my body.*

### Differences Between Southeast Asian and East Asian Culture

Cultural differences matter. When Asian culture is brought up and talked about, people often automatically think about East Asia (e.g., Japan, Korea, China). The underrepresentation of smaller Southeast Asian cultures (e.g., Thai, Hmong, Burmese) in media and research has led to over-generalizations of findings from East Asia to all Asian countries (Yu, 2020). Discussion of the prevalence of eating disorders is an example. Despite having a considerably smaller population, Southeast Asia is estimated to have double the prevalence of diagnosed eating disorders (Worldometer, 2023a,b).

*Growing up, I went to an East Asian predominant high school and every time I would meet someone new, they would try to guess my ethnicity. After going through the three main East Asian ethnicities of Korean, Japanese, and Chinese, they proceeded to be confused when I answered no to all of their questions and asked, "Well, what else is there? What are you?" When I told them I was Vietnamese, they would also say something along the lines of "Oh, right I forgot about Vietnam." Even when I went to a school that was mainly Asian, I still felt very underrepresented and unheard of. Oftentimes, I felt marginalized and defined by the media's warped perspectives of what it means to be Asian, which was evident by how people would never think to guess Vietnamese for my ethnicity when first meeting me.*

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## The Connection Between Southeast Asian Culture and Eating Disorders

Many cultures, including Southeast Asian culture, place a major emphasis on avoiding overweight. Widely held standards, especially for females, stress maintaining slim waists and curves. For example, a traditional belief among many Southeast Asian families is that being “skinny means you’ll have a more successful life” (Business World, 2022). Southeast Asians also tend to have very strong collectivist and family values, prioritizing putting the family first and never bringing dishonor to one's name (Carteret, 2010). For many children of Southeast Asian descent, the approval of family is ingrained, making family influence and opinions a deciding factor in how they behave. This can lead to members constantly trying to reach unreasonable expectations. Growing up in such an environment can result in development of negative feelings about one’s body (Yoon, 2021).

The “Bootstraps narrative” highlights the hardships many immigrants experience in moving to the United States and building new lives. Because of the hardships, they are unable to think about anything else. In addition, as immigrant families struggle to adapt to a new environment and culture, they frequently take out their frustrations by criticizing aspects of their children’s behavior. Too many children of Southeast Asian immigrants experience a substantial generational gap that shapes their self-concept and body image in ways that lead to problem behaviors.

Another matter highlighted in the literature is the tendency for many Asian parents to pressure their children to achieve, succeed, conform, and be upwardly mobile (Sun et al., 2010). The impact can be that their children internalize a constant need and desire to strive for perfection. In a society where the Model Minority myth stereotypes Southeast Asians, there is intense stress on assimilating into American culture. In this connection, many parents focus on how well their children's bodies meet U.S. body and beauty standards. All this can lead young people to engage in unhealthy eating behaviors to maintain an “appropriate” body image.

*In my own experience growing up as a child, I felt a constant need to fit into my family's expectations and ideas of how I should behave and what I should look like. I soon learned my image was a reflection of my family's and that meant that I carried the weight of my family name on my shoulders. My family immigrated to the US when my mom was a preteen, meaning she grew up her whole life assimilating to American culture. Everyone had to learn what it was like to live in an American society. And what that meant for me was I had to ensure that I lived up to my family's name and expectations. Over numerous dinners and reunions, I would hear comments about my body either being too skinny or too fat. Soon, I felt that neither I nor my body would ever be perfect enough to meet their standards. So, I took matters into my own hands and spent much time trying to figure out what their definition of perfection was. As my unhealthy obsession with my body image took over, I developed disordered eating for Anorexia Nervosa. But, how could I ever let my family know that their perfect daughter, grandchild, niece, cousin, etc. had a mental illness? It would have absolutely destroyed our image and brought shame to our family. So, I kept it in and didn't seek treatment until a year and a half after developing these unhealthy eating habits. I felt an immense shame and fear of the stigma surrounding mental health. I didn't want to seek treatment because I knew that I would receive a lot of backlash and comments from people for having an eating disorder as my image would forever be changed in society's eyes.*

## **Southeast Asian Culture and Mental Health**

The National Latino and Asian American Study reports that 18% of the general U.S. population reached out for mental health support, but only 8.6% of Asian Americans did so. It was also noted that Asian Americans are three times less likely to seek mental health support compared to white Americans (McLean Hospital, 2023).

In Southeast Asian culture, prioritizing family image is of the utmost importance; bringing shame to one's family name is unacceptable (Scheel, 2019). There is a belief that acknowledging mental health problems in the family shames the family. Thus, many choose to suffer in silence and ignore their mental health problems. Control and hard work are valued. Having a body that fits societal standards signals to the outside world that the person is in control, ambitious, and able to overcome impulses (e.g., inappropriate eating behaviors). Families teach these beliefs to their children.

*My experience: I have learned that some of my family members find it hard to wrap their heads around the idea of mental health. Whenever I bring up potential issues such as depression, I am often met with comments such as "Well, just don't be sad." or "Just don't think about it and it's not that big of a problem." This led me to learn to never bring up mental health topics around my family because they would have trouble understanding my struggles with mental health disorders like disordered eating for Anorexia Nervosa. I eventually internalized my issues as I learned never to seek support from my family and soon I felt no one else would be willing to hear me out and help me either.*

Another factor that could contribute to the decreased likelihood of people in the Southeast Asian community seeking out mental health support is the lack of understanding and availability of services or how to access them. Many immigrants are unaware of the existence and nature of mental health services and focus on matters of daily living and their future.

In general, immigrant families are preoccupied with issues related to assimilation and socioeconomic status and their children's education (Pham, 2022).

## **Southeast Asian Culture and Eating Disorders in Schools**

People with eating disorders typically spend 20-65% of their waking hours thinking about food and their bodies; people with normal eating habits spend approximately 15 minutes thinking about food (Bulimia Guide, n.d.). This affects all aspects of life. For students with eating disorders, it is a significant factor interfering with school (DuBose, n.d.). It is not uncommon for these youngsters to fall behind and then have difficulty catching up.

Stigma and stereotyping surround students with eating disorders. As with other diagnosed mental disorders, individuals may be characterized as weak, incompetent, and worse. For these and other reasons, some become more hesitant about discussing their problem and seeking help. Moreover, the negative reactions from others may be internalized and exacerbate their poor performance at school.

Some students battling an eating disorder do try to keep up with their schooling. However, the effort to continue excelling at school while coping with an eating disorder can be so exhausting that school performance declines and the disorder worsens (Harper & Hardman, 2004).

Overtime students with eating disorders may withdraw socially and from treatment (Brelet et al., 2021).

*When I was first diagnosed with disordered eating, I felt like my world had stopped. The most difficult part about going through this was that I felt that my life had completely changed. I would look around me and everyone was able to act like nothing had happened. I would go to school and people would be continuing on with their normal daily activities and there I was with a disordered eating diagnosis that I had no idea what to do with. Because having an eating disorder is incredibly isolating, I felt that I had no one to turn to and no one who would understand that my world had just stopped spinning. The only people that would have supported me were my family, but I felt scared of disappointing them and telling them of my struggles. And so, I was completely and utterly alone.*

When students have problems, implementing a more student-centered learning system can be crucial in order for schools to play an effective role in resolving problems. For example, such a system enables paying greater attention to a student's cultural upbringing and providing relevant supports to meet individual needs.

Also potentially helpful is enhancing accessibility to independent study. Independent study is an alternative program that targets students' individual learning styles and needs as well as teaches students academics outside of the traditional classroom setting (Fensterwald & Johnson, 2021; Vinikas, 2022).

*Personally, I would have really appreciated the option of independent study being offered to me when I was first going through my recovery process for disordered eating. More than anything, I needed time to process my diagnosis and the flexibility to just breathe a little bit without having to worry about school while this heavy weight of having a mental disorder laid on my shoulders. During this time, my high school had classes online because of COVID-19, but I would often skip my classes and sleep in all day. Other times, I would attend class but not be as mentally present as I usually was. As I mentioned before, it felt like my world had stopped but I wasn't able to have a moment to myself to breathe and get it to start spinning again. The biggest thing about having an eating disorder is processing those thoughts and feelings and giving yourself grace of not being okay. Being robbed of that time to process those emotions can cause you to not only fall behind in school but also create a disconnect between yourself and life. If I had the option of going on independent study, I would have been able to take time to myself to come to terms with my diagnosis while still making progress in school, which was what I needed to do more than anything.*

**For a brief discussion of the schools' role, some examples of how schools might enhance education about eating disorders, and links to resources see the Center's Information Resource [Eating Disorders and Schools](#).**

**For more on Eating Disorders, see the Center's [Quick Find on the topic](#).**

**For a broader discussion of how schools can better address mental health concerns, see**

- > [Rethinking Student and Learning Supports](#)
- > [Student/Learning Supports: A Brief Guide for Moving in New Directions](#)
- > [Embedding Mental Health as Schools Change](#)
- > [Addressing Barriers to Learning: In the Classroom and Schoolwide](#)

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