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The Secrets of Self-Starvation

By Zenobia C. Y.ⁱ Chan and Joyce L. C. Maⁱⁱ

Abstract

This is a single case study for which a life history approach was adopted. The informant, a patient suffering from anorexia nervosa (AN), was specifically selected because of her particular circumstances. Three themes emerged from her narrative that accounted for self-starvation: saving money, reserving food and competing for slenderness. The paper explores these themes and closes by emphasizing the necessity of understanding the sensitive and untold story of a patient's self-starvation in her cultural-familial context.

Key words : anorexia nervosa, Chinese secrets, life history

Introduction and Rationale for the Study

This study employs a socio-cultural perspective in conceptualizing anorexia nervosa (AN) based on the authors' clinical observations over the past three years of a group of families (N = 34) with an anorectic daughter. Most of the local studies (e.g., Lee, 1992, 1993a, 1993b, 1994, 1997; Lee, Ho & Hsu, 1993; Lee, Lee, Leung & Yu, 1997; Lee, Lee & Leung, 1998; Lee, Lee, Ngai, Lee & Wing, 2001; Lee, Leung, Wing, Chiu & Chen, 1991; Lee, Wing, Chow, Chung & Yung, 1989) conducted in this area have employed survey as a research design. The focus of their studies can be grouped into three areas: (1) Diagnostic criteria and symptoms; (2) Evaluation of the psychometric property of measuring instruments such as EDI; and (3) Lay perceptions of body image and body shape. Among all these studies, only six studies (e.g., Lee, 1991a, 1991b, 1995; Lai, Pang, & Wong, Dawkins, 1996; Lee, Chiu, & Chen, 1989) have incorporated the socio-cultural lens. These six studies have recognized the importance of understanding anorexics in their social contexts. To this point there are no local, in-depth analyses on the relationships among gender, body and food.

The Qualitative Researchers

The first author (ZC) is a research student and research assistant working on the project "Evaluation of Structural Family Therapy for Chinese Anorexia Nervosa Patients in Hong Kong" (Ma, Lai & Lee, 1999). The second author (JM) is the principal investigator and a family therapist of this project. ZC plays various roles in this project: to conduct the pre-and post-family therapy treatment interviews; to observe the family therapy sessions from behind a one-way mirror; to coordinate appointments for the AN

patients; to arrange the venue for treatment; to reply to anorectic patients' emails; to answer their telephone inquiries; to offer psychological support and health education; and to observe any signs of relapse. Our objectives in conducting research on AN include presenting the patient's story and to discover her unique experience, and, rather than being expert driven, to adopt a collaborative approach with the patient during the process of data collection, analysis and even report writing and to develop an indigenous understanding of AN that is culturally specific and gender sensitive.

Over the past three years we conducted three qualitative studies on AN (Ma et al, 2002; Chan and Ma, 2002; Chan and Ma, in press). Ma et al.'s study (2002) has identified four themes from the family treatment: (1) Self-starvation as an expression of love and control; (2) An alliance of the AN daughter with the mother; (3) Family loyalty; and (4) The powerlessness and helplessness of the mother. Chan and Ma (2002) conducted another discovery study in which two themes of food refusal were discerned: (1) Self-starvation as a means for the AN daughter to discipline her body; and (2) To punish her parents. Chan and Ma (in press) explored the meanings of anorectic eating through an analysis of e-mails exchanged between parents and offspring. The result showed that anorectic eating is closely related to the patients' family context.

Committed to our mission of unfolding women's voices in research, we carried out a single case study of an anorectic female, who had hid the secret of her self-starvation for three years and had never disclosed the secret to her family or mental health professionals since the treatment started. The primary aim of this study is to present the patient's subjective experience of her self-starvation in her immediate socio-cultural context. The paper comprises four parts: (1) A literature review on gender, bodies and food; (2) The Method of study; (3) Results; and (4) Discussion.

Gender, Bodies and Food

Women are politically, economically, socially, and ideologically devalued and disadvantaged in patriarchal cultures, where they are socially constructed to be inferior to men (Moore, 1988). This calls for the need to examine the concept of bodies and food in the light of a gender perspective. Freud gave an account of the conceptualization of male and female bodies as kinds, and postulated the origin of the masculine/feminine distinction (Welton, 1998). He and others have asserted that the female body is docile and thus may be subjected to transformation (Foucault, 1977). This view suggests that current social norms present persuasive messages to women that bear out these transformations: the importance of body control through dieting, thinness as a means for feeling and looking pretty, and physical fitness as an equivalent to total health (Blau & Gullotta, 1996; Freund & McGuire, 1995). Influenced by object relations and psychoanalytic theories (e.g., Orbach, 1986), as well as postmodern critiques of gender and the body (Bordo, 1989, 1992; Hepworth, 1999), some feminist scholars have

developed alternative explanations for AN. For instance, Bulter (1993) claimed that the body is a system of meanings and representations, an object of coercion, inscription and exchange in a patriarchal society. Mohanty (1991) suggested that the body could be interpreted as a place of oppression, discursive formation and symbolization. In the case of women with AN, the thin body is monitored by the internalized gaze that results in self-policing, and by the increasing power of mass media in promoting an ideal female body shape (Bartky, 1988). It has also been suggested that women's struggle for controlling their weight represents a fundamental fight for the mastery of their lives (Bell, 1985; Diamond & Quinby, 1988).

Food plays a central symbolic role in people's lives. Food may convey meanings and can be regarded as a system of communication (Counihan, 1999). Maleness and femaleness in all cultures are associated with specific foods, and rules often exist to control the consumption of those foods (Charles & Kerr, 1988). Chinese use food to mark ethnicity, cultural changes, family events and social transactions (Anderson, 1988; Simmons, 1991). Chinese women are expected to feed others but not to serve themselves (Charles & Kerr, 1988). Moreover, preparation of meals and disciplining children's eating are assumed as the maternal role (Murcott, 1983). In brief, food can be considered as a medium of exchange, connection, and the distinction of family role between men and women (Lupton, 1996). As a result, disturbed eating patterns may have a symbolic meaning in which the children struggle for personal growth away from the family (Bruch, 1973; 1978, 1995; Selvini-Palazzoli, 1986). The refusal to eat with one's family is to refuse the notion of the meal as a familial bond and to refuse the parental concerns (Killian, 1994; Le Grange, 1999).

Research Methods

This study attempted to explore the subjective meanings of self-starvation. A qualitative approach was adopted with the following justifications. It is inductive in nature and the specific experience of participants is emphasized (Ribbens & Edwards, 1998; Tesch, 1990). This approach views social life as a series of social interactions and socially constructed meanings (Kopala & Suzuki, 1999) which describe and analyze in-depth descriptions of the participants' experiences (Sherman & Reid, 1994; Wilkinson & McNell, 1996). With the above epistemological assumption, this study employed a life story approach narrated by the anorectic female, who was purposive selected and was regarded as our patient and friend.

The Patient's Profile and Summary of the Treatment Process

The 24 years old female patient, Amy (a pseudonym), was the eldest child in her family. Her 50 years-old father was a skilled worker. Her 48 years-old mother was a housewife. She had two younger brothers ages 22 and 13. They were living in public housing, in a

home of about 300 square feet. Amy had met the diagnostic criteria of DSM-IV (American Psychiatric Association, 1994) and received 25 sessions of family therapy. Her body weight was 31.8 kg for a height of 158 cm (BMIⁱⁱⁱ = 12.7), when she was first referred to our family treatment on March 18, 2000. The patient and the family did not respond well to family treatment. She was regarded as an “unsuccessful case” in terms of the weight restoration, and the psychosomatic and the family functioning assessment. Amy and her family found little improvement after receiving the family treatment. But after the completion of this study, Amy and her family wished to resume family treatment immediately after a crisis in October 2001. The patient was arrested by the police and was charged for shoplifting. They received six more family sessions. Eventually Amy weighed 47 kg and recovered in January 2002. By the post-treatment interview, following a series of telephone conversations and e-mail exchanges, the multiple reasons for her recovery were found: she had unfolded her secrets of self-starvations. She took up a new sales business in November 2001 where she could earn more money; her family had become more supportive and had provided more space for her; an intimate relationship and rapport between the patient and ZC was built that further enhanced the therapist–family relationship in the family sessions. Most importantly, Amy started to own her problem after the crisis. She knew that if she did not find ways to help herself, she would not have any future.

The Relationship Between Amy and ZC (Narrated in the First Person)

Amy and I (ZC) had developed a rapport over the past two-years. On March 15, 2000, I paid my first home visit to Amy and her family to conduct a pre-family treatment interview. The purpose of this interview was to assess her bio-psychosocial conditions and the family dynamics after she suffered from AN. Amy was living with her parents and a younger brother. Another brother studied abroad. Amy was quite shy and spoke very little, but her parents and the younger brother were very expressive.

On March 18, 2000, Amy had received her first family therapy session in the university. Before and after each family therapy, I would contact her to offer psychological support, to assess her progress of recovery and to detect any signs of deterioration. Our relationship in the first year was a casual one, like the patient-nurse relationship, and task-oriented such as weighing the patient before each family session and advising on the diet and health related matters. On March 2001, Amy started to send me e-mails seeking advice or sharing her inner feelings about such things as family conflicts, stress in work and even new hobbies. Amy wanted me to address her by a special name that was not used by her family members or any others. That name was used during our private conversations and in the e-mails. Over the eighteen months that passed since my first visit to Amy's home, the rapport became increasingly strengthened.

The reasons the patient sought me out in such a way was deliberately planned. I decided to select her as a negative analysis for my doctoral study, so I actively tried to make friend with her. Honestly, I was selfish. However, the relationship developed beyond my primary concern with the accessibility of data collection: we were linked by our age and gender, and unexpectedly, we like each other and became friends. The following incident reveals our relationship.

Confession to Amy

In June 2001, the most memorable scene with Amy took place. She had brought a homemade mango pudding to my office around 8 p.m. She told me that she made the pudding in the middle of the previous night without telling her family. She wanted to establish her personal boundary with her family, and I interpreted such behavior as a sign of differentiating her personal identity from her familial identity. She brought the pudding with her to her office in the morning, and later made a one-hour trip to deliver it to me after office hours. The pudding was packed in a plastic transparent container with a white cloth wrapped inside. I usually stay in the university from 8 a.m. to 10 p.m., studying. When Amy appeared in front of me, at first glance I could see and feel how the pudding had been made and wrapped by her with tremendous care. However, I have to confess now that I never did eat the pudding, because the mango slices on top of it had turned bad and the cream had already dissolved. I deceived Amy by telling her I did eat it and that it was very delicious. When I threw it away, I felt extremely guilty but I had to do so because I was afraid that I would get sick if I ate it. My interpretations of the symbolic significance of such a gift was that food can be regarded a channel for communication (Counihan, 1999), particularly in expressing love and care (Anderson, 1988; Lupton, 1996). Amy attempted to show her warmth toward and acceptance of me through this gift, and that she viewed me as her close friend.

The Setting and Data Collection

The day Amy brought me the pudding we sat together on a sofa in one of the university buildings and chatted. All the staff members and students had already left. At that moment, I urged her to tell me about the meaning she attributed to her self-starvation. Previously, I assumed that I knew the reasons well by observing the interactions between her family and the family therapist from behind the one-way mirror during the family sessions. I believed that her reasons were mainly related to her parents' marital conflict, having a sense of control in her life, and even hating her body at the normal body weight. However, I had not verified all these reasons with her. Therefore, on that night, I hoped she could share her secret of self-starvation with me, as I did not wish to misinterpret her.

Before I probed into the untold, inner territory of her unique experience and context

of self-starvation, I asked Amy for her permission to use this information in a paper for publication, provided that she was strictly protected from any harm or the possibility of identification. In addition, I told her she had the right to end the conversation at any time and to reserve any information that she felt uncomfortable sharing. I obtained verbal consent. No audio-recording equipment was used, nor were notes taken, because I believed a non-intrusive data collection method was the best way to obtain qualitative data. I also believed that Amy would feel more relaxed and be better able to express her views. However, I adopted several strategies to maintain the trustworthiness of the data, including prolonged engagement in the field and persistent observation of Amy's treatment progress.

When we finished the interview, it was almost 11 p.m. Amy called her father to escort her home. Amy and her father were very considerate and they accompanied me to the railway station. When I got home, I felt very tired but I tried to record all the notes of the interview in one sitting. I read through those notes the next morning and recalled the whole interview again and then began to write the narration of her self-starvation.

Data Analysis and Research Results

For the data analysis, matching and thematization were done by repeatedly reading and thinking about the narration and then by asking myself what the data were revealing. After that, I phoned Amy to countercheck with points that I might have misinterpreted or overlooked in order to ensure the authenticity as much as possible and present the results as vividly as I could. Finally, we discerned three themes for her self-starvation. Saving money, reserving food and competing for slenderness were the three reasons behind her self-starvation as narrated by Amy during the conversation.

Theme one - saving money

Amy: *"I just eat raisin bread that costs HK\$2 dollars (US\$0.26) for my lunch."*

ZC: *"Could you tell me how you started fasting?"*

Amy (looking out the window): *"When I was a first year university student, the government offered me a small loan^{iv}. At that time, my father earned HK\$12,000 [US\$1,538] per month while the total basic family expenses for housing, food and transportation were about HK\$9,000 [US\$1,154] per month. I was afraid that there was not enough money to pay my school fee. To help pay the costs, I worked as a clerk for the two months in summer vacation, earning a monthly salary of HK\$5,000 [US\$641]. For my lunch, I often bought a round-shaped raisin bread for HK\$2 (US\$0.26). This was the cheapest bread I could buy from the bakery next to my office. [Depending on the ingredients and size, these breads cost between HK\$2 (US\$0.26) and HK\$12 (US\$1.54) each]."*

ZC: *"So you wanted to save money to pay the school fee. But would you tell me what was*

happening at that time and whether there was any relationship between the raisin bread and getting AN?"

Amy (a little shyly): *"I didn't have any intention of losing weight [she was 54kg and 158cm tall at that time]. I just wanted to save money. After finishing the summer job, I went back to the university for my second year of study. In the university cafeteria, the cheapest food I could find was a ham sandwich [HK\$5.5 (US\$0.7) each and HK\$12 (US\$1.54) to HK\$22 (US\$2.82) for other foods such as noodles & rice]. Thus, I chose the sandwich for my lunch every day."*

ZC (pausing): *"How long did you eat sandwiches for lunch? Were there any changes in your weight?"*

Amy: *"I ate sandwiches for a year and my weight dropped to 37kg eventually. At the same time, I had constipation and then sought medical advice. The doctor said that I suffered from AN, and that I required hospitalization. Actually, I didn't think I had AN at all because I just wanted to save money; however, the doctor said that I did. My parents were shocked when they learned this term."*

ZC: *"Have you ever told anyone about the reason of your fasting? Why haven't you told anyone except me?"*

Amy: *"Because I am afraid that people will laugh at me. I tell you because I can trust you. No one can imagine how a girl like me could develop AN for the reason of saving money."*

Several observations were drawn from the above vignettes. It was shameful for Amy to save money by eating bread every afternoon. She perceived herself as silly since her behavior was different from her peers; most of the classmates would have a lunch set in the school canteen. Second, she perceived saving money as stigmatized because she came from a lower class family and lived in a small public flat. If she and her family were wealthy, there was no point for her to save money and to develop AN. Finally, she did not feel worthy enough to spend for herself because she perceived that her younger brother should receive more nurturing than she. This point was same as the literature review mentioned: women are supposed to feed and nurture others but not themselves (Charles & Kerr, 1988). Amy started starving herself because she wanted to save money. But this was just one of the reasons she developed AN. She also explained why she ate less at dinner: she wanted to save the food for her father.

Theme II - saving food

Amy :*"I saved food for my father who comes home late from working the night shift.*

ZC: *"Why did you keep starving yourself after you were discharged from the hospital?"*

Amy: *"My father is a night-shift worker and always comes home for a meal at 3 a.m. My mother cooks very little rice. [Rice is rich in carbohydrates and is the main food for*

people in Chinese culture. Chinese people usually eat rice for lunch and dinner.] *When I served myself rice for dinner, I noticed that there was not much left in the rice cooker. I was afraid that my father would not have enough to eat, so I started to eat less. My mother didn't realize what I was doing. She thought I had enough. So, she started cooking less and less, spontaneously, and I ate less and less, in order to save more rice for my father.*

ZC: *"Why didn't you tell your mother that she cooked too little rice for dinner?"*

Amy: *"I didn't think I needed to tell her anything because she was gradually figuring it out."*

ZC: *"Did your father know that you saved rice for him?"*

Amy: *"No. He rarely has dinner with us because he works at night."*

ZC: *"Is there any relationship between saving food for him and developing AN?"*

Amy: *"I never thought that this would lead to AN. I ate sandwiches for lunch, ate several spoonfuls of rice for dinner, and eventually I got thinner and thinner. I kept my weight around 32 to 35kg, and as far as I could tell, there was nothing wrong, no negative changes.*

ZC: *"What were your reasons for saving food for your father?"*

Amy (in a very soft voice): *"My father is an extremely good father. I want him to eat more. Holding a night shift job is hard work. I want him to have enough food to eat at home. My mother does not consider my father's situation and seldom shows her concern to him. She has no idea about being a good wife by cooking and preparing food for my father."*

ZC: *"Does your family have financial problems?"*

Amy: *"In fact, this is not really a big deal. But one of my brothers is studying in Australia and this causes a burden for my father. I want to save money for the family by all means. I got used to saving, rather than spending, money. I like the feeling of saving money in the bank and seeing the red color of savings. [The savings bankbook is usually red in Hong Kong.] At those moments, I feel very happy and comfortable."*

ZC: *"Do you spend any money on yourself?"*

Amy: *"Quite rarely! I will buy snacks like jelly or chips for my younger brother, because I always wanted my mother to buy me snacks when I was a child, but she never did. Now, I think that my brother probably has the same feelings I had, so I will spend money for him. I care about his eating and everything. I want him to have the best things. Even though I feel hungry, I will not buy food for myself. Sometimes, I will take a little bit of the snacks I buy for him, just a very little."*

ZC (returning to the issue of saving food): *"What does your brother think about the fact that you eat so little during dinner?"*

Amy: *"He seldom mentions it; he just eats by himself. During dinner, it is just my mother and I. Ah. Another one of the reasons for my starvation is to compete with my mother."*

Reserving food for her father was the second theme of her food refusal. Amy had a close emotional bond with her father and she used food as a means in expressing her care and love to her father. Again Amy is using food as a system of communication (Counihan, 1999). Her behaviors indicate a distinction within the family roles between men and women with respect to food preparation: Amy's mother took up the food preparation in the family; Amy took up the role of distribution – competing with her mother for care of her father.

Theme III - competing for slenderness

Amy: *"My mother is on a diet; I should be slimmer than her by all means."*

ZC: *"What do you mean by 'competing with your mother?'"*

Amy: *"Do you remember last year? Many women, especially housewives, were striving for slenderness. One very famous female singer lost weight effectively by using a special diet. My mother is one of them who tried this diet. When I saw her on the diet, I thought that the normal body weight for housewives should be 120 to 130 pounds and a little chubby is okay. When my mother was on the diet, she wanted to lose weight and get thinner and thinner. I thought that if housewives decrease their body weight to 100-110 pounds, then as I am an adolescent, compared to my mother's weight, I should drop my weight from 100 to 80 or 90 pounds. I had the conception in my mind that a female adolescent should always be slimmer than a housewife. Otherwise, I thought, it is abnormal and I would become like a housewife with a chubby body shape. I thought this would not be good for a youth like me."*

ZC: *"How do you feel about your mother's dieting?"*

Amy: *"There is no need for housewives like her to lose weight. She is just around 120 pounds; that is suitable for her age. If she needs to be on a diet, then I should be on a diet too. I could never allow myself to be fatter than her. I must always be thinner than her. When I saw her eating less and less, I decided to eat much less than her. But my mother pretends to eat "normally" when my father eats with us, because she knows that my father does not like people to be on a diet. Especially since I was diagnosed with AN, he dislikes the idea of dieting very much. If he knew that my mother wanted to lose weight, he would be very angry and would blame her for setting a bad example for me."*

ZC: *"How long have you compared the amount of food you ate with that of your mother?"*

Amy: *"At every meal, I watch how much she takes. When she eats more, I will eat a little bit more too, but I never eat more than her. When she eats less, I must eat much less than her. **Always, I must be thinner than her.** Even now, I am very thin. She always tries to her. She tries to persuade me to eat more, but she knows quite well that the only way*

that I will eat more is if she eats more too. When I see her eating more, I feel more relaxed and less guilty in eating. I like being able to make her eat more. It makes me happier and less stressed when I am eating.

Through socialization by the family and the society, Amy had acquired particular images of different body shapes and eating habits for an adolescent (herself) and a housewife (her mother). Harworth (2000) suggested that the family mediates the cultural ideas of thinness and the family conveys this message to the family members. Thus, families may play a major role in promoting the obsession with thinness as a feminine ideal, and thinness occupies the utmost importance in gaining acceptance (Way, 1993). Regarding the family influence on eating habits, Bruch (1973) found that the parental failure to teach children the importance of appropriate recognition to hunger is the basis for causing eating disorders. The parents' attitude toward eating can send skewed messages to their children about the ways of dealing with food, hunger, and weight (Apostolides, 1998). As indicated from Amy's narrative, her competition with her mother in being more slender, the family values of body image and family influences on eating habits played significant roles in accounting for the onset and perpetuation of AN.

Discussion

Based on the conversation with the participant, it is clear that there are three secret reasons explaining her self-starvation: saving money, saving food for her father, and competing for slenderness with her mother. Saving money and reserving food are results unique to this study and are seldom discussed in any of the previous literature in the west and in Hong Kong. Some studies (Chan & Ma, 2002; Furnham & Manning, 1997) indicate that AN patients come from the middle class, and are motivated by the intention to fight for autonomy in their lives by manifesting control over their bodies. In addition, some reports (Bruch, 1978; Huline, 2000; Schwartz & Cohn, 1996) note that if the patients suffer from sexual abuse prior to the development of self-starvation, they would aim to diminish their body's size and hinder their normal growth in order to make themselves less attractive to men.

This study has shown that the participant grew up in the lower class and under the influence of traditional Chinese culture to be a good daughter by being loyal to her family, considerate of other family members and willing to sacrifice herself for the family. Therefore, her self-starvation must be considered in the light of cultural, gender and class perspectives. It is problematic to focus on the anorectic symptoms individually because this would not reveal how family and society have shaped her in relation to her self-starvation. Indeed, women's voices and experiences can be a justification and manifestation of their knowledge (Harding, 1987). As well, this study demonstrated that the sense of reciprocity between the informant and the researcher helped the informant to

explore her secrets. In this case the power and inequality between researcher and subject was also minimized through identification of the subject with the researcher (Davis, 1986; Riger, 1992) and vice versa.

Both the limitations and significance of the study should be addressed. One limitation of the study is that the data collection was conducted in a university setting, which is artificial to the participant, although the participant had attended a total of 25 sessions of family therapy at the university between March 2000 and May 2001. Secondly, the participant had to recall her past experience with AN, which might cause her some degree of psychological harm. The researcher had to observe any changes of mood in the participant and to provide support and monitor any symptom, if needed. The significance of the study is to provide a unique understanding of self-starvation from the subject's familial context; to let the participant's voice be heard by inviting her into the center of the research process; and to add to the multiplicity of AN studies in Hong Kong. We would never know the reasons of Amy's self-starvation, nor understand its specific meanings in her context, if trust and rapport had not been built up between the participant and the researcher.

Conclusion and Confession Revisited

ZC would like to convey her gratitude toward Amy by saying, "Thank you, Amy, for your trust. And, dear Amy, I would like to take this opportunity to ask for your forgiveness because I did not eat your pudding. I have committed myself to keeping you anonymous and we, the authors have made our best effort to publish this paper, because you have told us that you want people to be compassionate to your situation and understand the meanings of self-starvation from a new perspective.

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ⁱⁱⁱ BMI – Body mass index is a calculation, not a direct measurement. It is figured by dividing a person's weight (kg) by the square of her height (m). The normal range of BMI is about 19-24.9

^{iv} School fees in Hong Kong are HK\$40,000 (US\$5,100) per year.