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Let's Talk About Disordered Eating and Eating Disorders in the East and Southeast Asian Communities

By Katheryn Iu and Melissa Yang

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Why was this East and Southeast Asian-specific resource created?

Eating disorders and disordered eating affect people of all cultural backgrounds. However, not all groups are represented equally in conversations that address these topics. The purpose of this resource is to bring awareness to the existence of eating disorders and disordered eating in East Asian and Southeast Asian communities in Canada. When the topics of mental health and mental illness can already feel so difficult to talk about with our loved ones, it can be even more discouraging when the resources that you can find are geared towards specific groups that you are not a part of. We want to challenge mainstream ideas of what a person struggling with an eating disorder or disordered eating can look like. Any person, no matter their body type, culture, ethnicity, age, sexual orientation, or gender, can develop an eating disorder or struggle with disordered eating. Everybody deserves to be proud of where they come from and the diversity that they bring to the world. This means that in seeking care and services, no one should have to disregard their cultural background and the impact it has on who they are. It also means that people should not feel like they are underrepresented in certain areas of healthcare, including eating disorders and disordered eating services. We want to encourage conversations about eating disorders and disordered eating that explore the intersectionality of race, culture, and mental health. As East and Southeast Asian women who are on their own eating disorder recovery journeys, we hope this resource that we wrote will help other East and Southeast Asian community members know that their struggles are valid, they are seen, and they are not alone.

This resource will not be the one and only that is uniquely for East and Southeast Asian people. With the advent of further research findings and more people speaking up about their experiences, we feel confident that there will be others who will continue this conversation and create healing spaces for East and Southeast Asian people struggling with eating disorders and disordered eating.

Facts about eating disorders and disordered eating among East and Southeast Asian populations

“As a young Chinese woman growing up in Canada, I always imagined someone with an eating disorder to be a White, upper-class or middle-class woman. This is what popular media showed me online, in books, on TV, and in the movies. The problem with this is that when you are used to a very specific image and you do not fit into that image, it can be difficult to see yourself as someone struggling with the same thing. Even during the earliest stages of my disordered eating, it did not occur to me that I was embarking on a dangerous path. It just did not seem likely that someone who looked like me could develop an eating disorder. Furthermore, certain dieting habits and ideal body type beliefs were normalized to me growing up as a Chinese woman. I did not see anything wrong with what I was doing. In some ways, it felt like this is what I *should* be doing.” – **Melissa**

In reality, East and Southeast Asian individuals are at high risk of disordered eating and developing an eating disorder (Barry & Garner, 2001). Some research suggests that levels of body dissatisfaction among Asian American women are higher when compared to other ethnic groups (Javier & Belgrave, 2019). In addition, higher levels of weight and dieting concerns and dietary restriction, and a smaller body ideal have been found in East and Southeast Asian populations. Some studies have shown that Asian American women develop eating disorders like anorexia, bulimia, and binge eating disorder at rates similar to or even higher than White women; at the same time, Asians in North America are *less* likely to be referred to eating disorder services in comparison to White people (Javier & Belgrave, 2019). There are many reasons for this; they include cultural factors which impact an individual’s help-seeking behaviour and a lack of cultural understanding from the practitioners themselves (Javier & Belgrave, 2019). As a result, people fall through the cracks, and we are seeing this with East and Southeast Asian individuals struggling with eating disorders and disordered eating.

What factors are especially relevant to the development of eating disorders and disordered eating in East and Southeast Asian people?

East and Southeast Asian individuals might link certain disordered eating habits that they see are common among their community to their cultural identity. A history of being subjected to colonization, which has promoted the concept of the superiority of whiteness and Western ways of being, greatly affects East and Southeast Asian individuals living in North America (Hwang, 2021), as do pressures to assimilate into the dominant Western culture (Sun et al., 2023). Furthermore, for many people who are a part of this community, there are pressures to both assimilate into Canadian culture *and* preserve their own cultural identity. Feelings that one is not “Canadian enough” or not “East/Southeast Asian enough” are common. This disconnect in one’s identity has been shown to lead to psychological discomfort and could promote someone to engage in behaviours that are harmful as they try to navigate through this discomfort and to understand it. Coupled with the stress of being an immigrant or the child of immigrants in a country where our race is a minority, feelings of low self-esteem, self-loathing, and difficulties with self-regulating can arise and impact our ability to cope and adapt.



Body dissatisfaction can also develop out of the stereotypical views of people outside of our cultural community (Hall, 1995). For example, the popularity around the globe of Korean pop idols who all have a particularly thin and small body type can make East and Southeast Asians feel pressure to look the same if they want to be considered “attractive”. In other words, the pressure to uphold beauty standards can come from both outside and inside our cultural communities. When you are finding it hard to figure out who you are and how you fit into this world, looking through the lenses of cultural ideals and stereotypical assumptions can feel like the solution to your confusion.

It is important to note that eating disorders are complex biopsychosocial illnesses; genetic, sociocultural, environmental, and interpersonal factors influence their onset. They can be a response to a build-up of stress and discomfort in one’s life. For instance, feelings of “not being good enough” in your family could translate into a desire to become thinner because it seems like this will somehow reduce those feelings. Another common experience among East and Southeast Asian individuals is intergenerational cultural conflict (Javier & Belgrave, 2019). Our connection to our family and our culture is essential to our identity needs, but as we struggle to find a balance between very different cultures for ourselves, we can get disconnected from our family members and find ourselves feeling alone and unsupported. Furthermore, as immigrants from another country or the children of immigrants, we might find ourselves at the receiving end of racism and prejudice. We might also be subjected to seeing our loved ones, such as our parents or grandparents or those who look like our parents or grandparents, face unfair treatment as they navigate the realities of being an ethnic or racial minority and immigrant. Emotions such as frustration, anger, anxiety, shame, and even guilt can arise. These factors not only lead to higher stress levels but potentially also to more maladaptive ways of dealing with stress (Javier & Belgrave, 2019). Combined with body dissatisfaction, weight and dieting concerns, and a smaller body ideal, disordered eating behaviours can develop as coping mechanisms (Javier & Belgrave, 2019).

“I have heard multiple times that East Asian women all have a skinny body type. I have had doctors, both East Asian and not, bring up the fact that I did not have a thin body like other East Asian girls or women. I was told this by my family, by other members of my community, and many times by people outside of my cultural community as well. Growing up, this heavily impacted how I saw myself and my body. I was just a child and tried to make sense of things as best as I could. I thought, why was my body like this? Why am I the only one who does not belong? What is wrong with me? The discomfort I felt, along with other factors, led me to find comfort in eating disorder behaviours for many years. I tried to change myself to fit into these ideals but nothing ever felt like it was enough. I directed my feelings of confusion, resentment, anxiety, and shame at myself which led to low self-esteem and self-loathing. It took me a long time to accept that I was hurting myself through these behaviours. When I realized that something was seriously wrong, I felt like I had already ‘ruined’ myself to the point of no return. It took a lot to seek out help and to actually go to appointments and participate in an eating disorder treatment program. However, now, I am grateful that I did.” – **Melissa**

What are important considerations for East and Southeast Asian individuals when it comes to treatment?

Note: this section is more specific to Southeast Asian individuals

Pursuing eating disorder treatment in Canada can be intimidating for anyone; however, the process can be even more so for East and Southeast Asians. Oftentimes, engaging with the Western medical field may be in contradiction to the holistic practices found in East and Southeast Asian culture.

We want to explain the basic components of eating disorder care and highlight contradictions that East and Southeast Asian individuals may face with them. Treatment of an eating disorder ideally involves a multidisciplinary approach, with support available to individuals for as long as they need it. You may be referred to or receive care from a mental health professional (e.g., therapist or counsellor), primary care providers (e.g., nurse or family doctor), and/or a dietitian. Language barriers, ignorance of cultural practices, irrelevant services, and misinterpretations of folk medicine/remedies that East and Southeast Asian community members may encounter, however, can damage rapport and fracture trust between them and those providing care (Uba, 1992).

ASPECT OF CARE	CONSIDERATIONS
Medical: Attending appointments for medical supervision and treatment of physical complications.	Many primary care providers have little education and training in eating disorder treatment.
Nutrition: Developing health-promoting eating patterns and achieving weight restoration (when needed) for medical stability.	“As a dietitian working in outpatient eating disorders programs, there is a significant lack of representation with mechanical eating and meal plan examples. Nutritional resources frequently do not include the complexity and diversity of Southeast Asian dishes when determining ‘servings’ or ‘meal points’. In-hospital meal menu options lack cultural representation making adaptability an additional barrier for patients. (As a disclaimer: meal supervision is common and often necessary, and limiting accommodations for food preferences and meal adjustments is part of the treatment modality.) Lastly, tube feeds with nutritional supplement formulas are commonly a traumatic experience (universally). For Southeast Asian individuals, the intake of formulated hospital solutions may be contradictory to Southeast Asian beliefs that healing comes from the spiritual ‘hot/cold’ or ‘natural’ properties of food. Anecdotally, I’ve heard clinicians call our Southeast Asian foods ‘greasy and unhealthy’, which is a complete misrepresentation of our traditional foods. This discrepancy brings up a continual call to action for clinicians to increase cultural competency and understanding of cultural diversity in their care.” – Katheryn
Psychotherapy: Learning through “talk therapy” (e.g., Cognitive Behavioural Therapy) to develop skills in areas such as self-monitoring, improving eating habits, addressing mood issues, problem-solving, and coping.	Potential parallels to Western therapeutic practices are the Buddhist practice of mindfulness meditation, which encourages acceptance and non-judgemental awareness which can be beneficial to treat disturbances in body image (Kawamura, 2012).
Medication: Can be helpful for reducing or managing eating disorder behaviours (e.g., bingeing or purging) or obsessive thoughts about body, diet, or food.	Medications may also be prescribed to address symptoms associated with other mental health conditions such as depression or anxiety. Unfortunately, Western prescriptions are in many instances incompatible with Southeast Asian medicinal practices. Be aware that clinicians may not have the cultural competency or understanding of the medications/herbal treatments common to Southeast Asian cultures.
Hospitalization: May be necessary if you are assessed to be medically unstable or severely malnourished.	Your primary care provider may recommend that you be hospitalized and attend an inpatient program or day treatment program. Readiness for and openness to treatment is a significant component of the admission criteria for many Canadian eating disorder outpatient and inpatient programs. In Southeast Asian cultures, enduring pain is a sign of strength. Beliefs about one’s lifespan being a predetermined “destiny” can be a strong motivator to avoid healthcare services. This can re-affirm the notion of seeking services to alter your path or run away from fate as a weakness.



Why can it be difficult for East and Southeast Asian individuals to talk about their eating disorder or disordered eating?

Media representation: East and Southeast Asian cultures have historically been obsessed with thinness and frailty as indications of being delicate or well-kept and of higher social status. Across Asian media – from historical depictions of emperors and empresses to images of current pop stars to content on popular apps (e.g., *Weibo* – China’s Twitter-like social networking platform) – we see only thin bodies among characters or figures that represent “beautiful/popular/successful”. There is a long-standing normalization of the idea that “thin = beautiful”. You can see this perpetuated in trends such as “Waist the size of A4 Paper” or “Fitting into Uniqlo Children’s Clothes” across *Weibo*. Mainstream Western media have also reported on the widespread use in East Asia of drastic filters (e.g., in *Meitu* – a popular editing app in China) that allow social media creators to alter their selfies so they have a narrower, almond-shaped face; sharper facial features; pale skin; and extremely long, thin legs (Fan, 2017; Zhou, 2021).

Being raised in a collectivist culture, we may face massive pressures or expectations to maintain “group identity”. The very concept of seeking experiences for personal growth, desire, or acceptance may be deemed “selfish” or “self-centred”. Many of us who grew up in an East Asian or Southeast Asian household can recall family members consistently making comments or comparisons about our looks, behaviours, career, and accomplishments. No longer is our identity our own – it stands as a reflection of our family and community. Because our culture holds such strong collectivist values, an individual’s wish for unique experiences or deviation from what is expected of them

(e.g., failure in some aspect of their life) can bring immense shame to the family, as well as the broader community. For those struggling with an eating disorder and an internalized fear of weakness, this exacerbates the difficulty of seeking support or services for recovery.

Emotional restraint: In alignment with collectivism, East and Southeast Asian cultures often believe in maintaining a sense of “harmony” where any extreme episodes of pleasure/joy or negativity should be suppressed to sustain stability. Having control over one’s emotions is seen as a sign of strong character and patience. In contrast, Western cultures value the opposite – being bold, vocal, and direct is valued as a sign of strength. Trying to maintain emotional restraint may worsen psychological distress. This is where we can see the role of the eating disorder serving as a silent coping mechanism to alleviate or express these emotions. With restraint also comes difficulty in accepting or pursuing treatment and services. Out of all ethnic groups in America, Asian Americans have been reported to have among the lowest rates of enrollment in and usage of mental health services despite the high prevalence of experiencing mental illness symptoms (Kawamura, 2012).

“The term ‘lose face’ is deeply engraved on my moral compass. I recall having very intense waves of guilt/shame at the very thought of displaying weakness or disappointing others.” – **Katheryn**

Tips and suggestions for talking to your family

Starting a conversation with a loved one about a problem you are experiencing can be extremely difficult, especially if there has been a history of trauma with them or they have shown a lack of acceptance of mental health concerns. If you would like to talk to your family, below are some tips and suggestions to support you:

1

Create a plan: Depending on your situation, the readiness or receptiveness of the individual(s) you approach may be low. If this is the first time you are approaching a conversation, we highly recommend journaling your intentions for the conversation (e.g., for your healing versus increasing their knowledge), thinking about realistic expectations, and preparing a small outline with words to translate if your family is unfamiliar with the Western definitions.

2

Set a time and place to talk: If possible, arrange a proper time with privacy and the most comfortable space to speak with them. This can help prevent interruptions to your conversation so that you both have each other's full attention and can allow your loved one time to process what you have shared.

3

Express your concerns: Although it may be extremely difficult, do your best to be open and communicative about your experience and what you would like from them. A couple of phrases that you may find helpful (and may therefore want to translate) are: "I feel sad and scared about a health problem I am struggling with", or "I have tried to overcome this on my own but feel that I need help".

4

Be receptive to their response: Your family may not comprehend and may even react negatively to what you share with them; they may express feelings of shock, disappointment, confusion, and fear. Know that you are not responsible for their reactions. Head into the conversation knowing you have showcased bravery in your journey to recovery.

5

Learn grounding skills: Practicing grounding techniques can help de-escalate high levels of emotional distress and add to your healing (Ekern & Karges, 2014). See these resources for ideas:
[Central Coast Treatment Centre – Grounding Techniques](#)
[Eating Disorder Hope – Grounding Techniques](#)

6

Seek post-conversation support: Consider arranging a counselling session with a local community-based mental health service or calling a distress line. The conversation may not go the way as planned and it may be beneficial to have someone to talk to about the experience rather than trying to cope alone (you might find this list of [Additional Resources and Support](#) useful).

Self-advocacy

It is tremendously hard to break generational trauma and stigma against seeking mental health support or even acknowledging its existence. Many of those affected by eating disorders while living with loved ones who exacerbate or dismiss their negative feelings find their situation extremely painful and challenging.

We want to recognize that not every individual has the privilege to set full boundaries with their East Asian or Southeast Asian family or access to comprehensive support. Acknowledging that seeking mental health support for your eating disorder is NOT betrayal or failure. It is a way to improve your quality of life to live sustainably, engage with things that really matter to you, and cope with your family too.

“‘You will never be enough’ – this is a well-ingrained thought we may have inherited from the societal pressures to keep up appearances/status on behalf of the family. For as long I can remember, there was always a deep-rooted sense of guilt for ‘existing’ – I heard words such as ‘do you know how much we’ve sacrificed just to give you kids a better life?’ and internalized that ‘sacrifice is your duty to return the favour for those that came before you’. The concept of pursuing what is right for them versus what right for myself was unfathomable. I used to think self-advocacy was only a part of Western individualistic cultures. At first, I interpreted this as ‘selfish/turning against your own/walking away from your community’. Southeast Asian families may express love in a variety of ways – whether that is through ‘sacrifice’, providing food (e.g., a bowl of fruit), immigration, or wanting their kids to succeed above what they could achieve. For a long time, I recall being so afraid of what my family would think of me if I even thought I had an ‘issue with food’. Would they feel hurt? Would they feel offended that they’ve done so much to immigrate here from war just for me to fail and be so weak? Whether the ‘love/acceptance’ is present in the family or not, autonomy and building skills to navigate your environment can be a significant part to your eating disorder journey.” – **Katheryn**

Coping strategies

Develop self-directed Cognitive Behavioural Therapy (CBT) skills

The [Break Free From ED](#) modules are grounded in evidence-based treatments including CBT, and reference materials by eating disorder clinicians and researchers including Glenn Waller, Christopher Fairburn, and Tracey Wade. The modules are designed so that they can be completed either independently or with the assistance of a mental health professional.

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Links to other resources that you may find helpful are available at <https://nedic.ca/bipoc/east-and-southeast-asian-community-members/>

National Eating Disorder Information Centre

200 Elizabeth St., ES 7-421 Toronto, ON M5G 2C4 Canada

Tel: 416-340-4156

Toll-free: 1-866-NEDIC-20

Email: nedic@uhn.ca

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