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Let's Talk About Eating Disorders and Disordered Eating in the Latin-America Diasporic Communities

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Note: "Latin-America Diasporic Communities" was selected for the title to refer to people with ancestry in what many know today as Latin-America and what was pre-colonially known as *Abya Yala* and *Pachamama* among other names, in a way that recognizes connection to this geographic region and Land, rather than imposing an identity term (Vásquez Jiménez, 2018). For readability, however, throughout this resource the gender-inclusive term "Latine" is used to refer to individuals and communities who identify as having roots in Latin-America.

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Why was this Latine-specific resource created?

Awareness of eating disorders has grown in the last decade, mainly through social media. However, because so much of the social media content and informational resources are Eurocentric and exist only in English, their usefulness to many members of Latine communities is limited.

The purpose of this resource is not to generalize the experience of all communities here in what is colonially known as Canada with geographical origins or ancestry in Latin-America. It was created to share the experiences of two women of Latine ethnicity, with the hope that other members of our communities who struggle with any kind of eating disorder, in reading this, feel seen and supported. Even though we differ in our identities as individuals, there is no denying that Latine communities are affected by the ongoing consequences of colonialism and white supremacy, such as intergenerational trauma, religious trauma, patriarchy, racism (particularly anti-Blackness and anti-Indigeneity), ableism, saneism, anti-fatness, and poverty. (Definitions of colonialism, white supremacy, and other major systems of oppression can be found on Egale Canada's website.) We will elaborate on how some of these factors affect our life experiences, specifically related to eating disorders.

We want to acknowledge that we are immigrants to Canada, and our experiences with an eating disorder mostly developed in our countries of origin. Therefore, we can't speak specifically to the experiences of individuals who developed an eating disorder here; however, there may be aspects that are shared to varying extents. Additionally, I, Magali, acknowledge that my experiences are influenced by the privileges of being middle-class, white-passing, cisgender, heterosexual, and able-bodied. Finally, I, Kelly, acknowledge that my experiences are influenced by the privileges of being middle-class, cisgender, heterosexual, able-bodied, an international student with a scholarship, and someone that has access to therapy and a dietitian every month.

About eating disorders and disordered eating

What is an eating disorder? What is disordered eating?

According to the American Psychiatry Association, *"...eating disorders are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. They can be very serious conditions affecting physical, psychological and social function"*. Information about the types of eating disorders and their characteristics can be found on NEDIC's website. Even though an eating disorder is a mental illness that can only be *diagnosed* by medical professionals and certain mental health professionals, there are millions of people who do not meet all the criteria for a diagnosis but nonetheless experience eating-related distress – or what we could call disordered eating. This might look like counting calories, thinking for most of your day about your next meal, having "forbidden" foods, or going on and off diets and rigid meal plans. With the widespread misunderstanding of eating disorders among the general public, many people would only consider someone "sick" when physical symptoms are evident. However, it's important to understand that any relationship with food that causes guilt, shame, fear, obsession, or stress deserves to be taken seriously.

The 'comparison trap' and the 'journey'

The colonial spread of Catholicism alongside anti-Blackness, anti-Indigeneity, and ultimately white supremacy in Latin-America meant that the messaging that many of us received about mental health is that it can and should be managed with willpower or prayers. This leads to stigmatizing, minimizing and, sometimes, completely ignoring mental illnesses. This might be even more true for eating disorders since they involve something so ordinary – food. Despite their harmful potential,

engaging in eating disorder-related behaviours is often seen as a phase or an act that an individual can stop "whenever they choose to". Consequently, a Latine individual affected with an eating disorder is less likely to seek help and, perhaps even worse, due to the normalization of many symptoms, people around them might not offer it.

This resource invites you to find help. Don't wait until you experience physical pain. Even the slightest discomfort around food is worth attending to and assessing. You don't need a diagnosis to deserve support, to use many eating disorder resources, or to talk to a professional. I (Magali) would like to share my journey to illustrate this statement:

> "My relationship with food has been stressful for as long as I can remember. Restriction started in my childhood when white bread, potatoes, whole milk, butter, and anything deep-fried were forbidden in our home. I started bingeing and purging when I was 13 years old and have been doing it intermittently until the present day. Around age 31, I got cosmetic surgery to change the shape of my body, and to maintain the results of said procedure, I began engaging in extreme restriction and over-exercising as well. I only sought help two years ago, when I was 32, during the COVID-19 pandemic, as I found myself bingeing and purging much more frequently."

That is to say, despite this long and strenuous journey, a healthcare provider has never diagnosed me. However, I found a community that has helped me not to feel alone in this journey and understand the roots of my disorder, making it easier to unlearn, learn, and heal.

Eating disorders are a complex topic for everyone, from doctors to family members and people that are close to you. It can be tricky to attach a specific name to the different thinking and behavioural patterns that characterize the various eating disorders. This can make it hard to identify, diagnose, and therefore treat eating disorders, especially when it comes to children or teenagers. Depending on your environment and the people around you, you might be susceptible to comments about your body; dealing with these from a very young age is challenging. Critical or shaming comments in particular are harmful and should not occur, but sadly they do; words can hurt and without strong self-confidence, comments about your body can lead you to have unhealthy thoughts and beliefs about your appearance that, if not addressed, could develop into disordered eating, an eating disorder, body dysmorphia, or other serious mental health conditions. This is my (Kelly's) story:

> "I developed an eating disorder with heavy restricting habits at the age of 8 because my family kept commenting on my body and how 'overweight' I looked. As a result, I developed very low self-esteem and started restricting my food intake. Although I was losing weight at a rapid pace and got compliments on my figure, it wasn't until my clothes were very loose that my parents suspected something was wrong. They took me to a dietitian, and I had to follow a meal plan and be constantly watched so I wouldn't restrict anymore. This approach never really worked in my case because I still had the same thoughts about myself and my body. I refused to get help from a psychologist and my parents were not going to spend more money on treatment if it was something I didn't even want. As I was about to finish high school and became more aware of the financial crisis in my own country, I developed an interest in changing my reality and trying as hard as I could to leave the country I was in. I graduated, started an undergraduate program and got a job as soon as possible, so I could pay for a psychologist on my own and started the healing and recovery process by myself. As I was still living with my mom, I became aware of her struggle with food and that was challenging to my recovery. It was challenging to deal with it and to have constant disagreements about it, but eventually, I moved out for a year which in my case improved my recovery journey. A few years later I was able to leave the country and have access to recovery while I live here in Canada.
>
> In my case, leaving my house was beneficial. I was fortunate enough to reach a point in my recovery where I could healthily control my food intake with both a dietitian and a psychologist that has been treating my case for years. I was also fortunate enough to work and pay for it at the same time which is an opportunity not many people can get."

Contributing factors

Historical and systemic influences

The region known today as Latin-America was colonized; remnants of colonization can be felt and seen to this day. The exploitation of Land, genocide, enslavement practices, and oppression of peoples, particularly Indigenous, Black, and Black/Afro-Indigenous peoples, are ongoing issues. Systemic poverty is a direct result of colonialism and has countless consequences (Megged, 2014). I (Magali) will explain one of them from a personal perspective. First, I will describe how systemic poverty influenced my eating disorder.

> "I grew up in a low middle-class family with a single working mother supporting my sister and me. We never went hungry, but money was always tight. However, my mother grew up with food insecurity; she told us stories of how she and her older siblings would take turns eating because they wanted to ensure that the food was enough to feed their younger siblings. Consequently, I was raised with a 'clean plate' principle, meaning that we were to eat everything on our plate, regardless of our fullness or whether we liked the food. We were always told to be thankful that we had food to eat and that not eating everything would be disrespectful and ungrateful. Eating past fullness and without enjoyment definitely disturbed my relationship with food creating feelings of guilt, stress, and learning to ignore my hunger cues. Consequently, I developed my first eating disorder: bingeing."

Many families in Canada, including immigrant families, also face food insecurity, making their members, especially the younger ones, vulnerable to compulsive and restrictive behaviours. For example, at food banks, people pick and choose what they want to take home, and it's okay to say "no" to items that do not suit them. However, a family that suddenly needs to rely on food banks could be tempted just to accept all the food they are given because it's free and because they don't know for sure that they will be given more in the future. The combination of factors – the stress of their financial hardship, the "clean plate" expectations caused by the fear of food scarcity, the shame caused by the stigma around relying on food banks, and perhaps other emotional challenges happening around the time – might trigger bingeing episodes in some of the family members (Lydecker & Grilo, 2019). Continued bingeing episodes could evolve into an eating disorder.

Other ongoing consequences of colonialism for Latine communities are ingrained racism, particularly anti-Blackness, anti-Indigeneity, and colourism. Within our communities there is a strong sense of nationalism that encourages us to embrace our roots; at the same time, it can make it hard for some to recognize the realities and present-day impacts of colonization, such as the social and structural inequities that numerous groups experience. Community members who are white or white-passing have privileges based on the lightness of their skin while those are not frequently face discrimination. The further one is from whiteness, the more likely one is to be subjected to unjust treatment. Mainstream media both in Latin-America and here in Canada are dominated by people who reflect white European appearance ideals, particularly within positive roles. This representation leads many of us to believe that our appearance is inherently wrong since we do not look like the people we see on TV and in movies. Moreover, those of us living abroad commonly deal with expectations of looking like internationally famous Latine people that, more often than not, do not represent the majority of our communities. Questions like "if you are Colombian, why don't you look like Sofia Vergara?" are not only ignorant but could also be triggering for individuals struggling with eating disorders, poor body image, and low self-worth.

I (Magali) can speak firsthand about not matching cultural body ideals since the women of my family are short and full-figured. Despite our genetic reality, my parents, grandparents, aunts, and uncles grew up accepting the ingrained Eurocentric culture's beauty standards when it comes to weight and size, and expecting the women of our family to meet them at all costs. Today, I understand that they had those expectations because they wanted to keep me safe from the discrimination and harassment that fat people face daily. However, those good intentions didn't make it any easier to face constant criticism of my body and to be monitored about the quality and quantity of the food I ate. On the contrary, this hyperfocus on food and body size led me to use food to cope with other traumatic events and to blame my "wrong body" for all the painful things that happened in my life.

The stress of poverty can be considered a form of trauma (Kira, 2001). The oppression that our ancestors were subjected to and that Latine people today continue to face has produced and perpetuated intergenerational trauma. It might be hard for a person or a family living with these conditions to identify the presence of an eating problem on their own; thus, it's important to raise awareness around disordered eating and provide accessible information and resources for communities that have been made vulnerable.

Intersections with other mental health issues

It's hard for many people to fully understand the relationships between mental health issues, including eating disorders. However, from my lived experience and what I (Magali) have learned from members of support groups, an eating disorder is almost always a symptom of other mental health conditions. The distress, guilt, shame, and physical exhaustion generated by the disordered behaviours might worsen the other conditions creating a vicious cycle where it's almost impossible to identify cause and effect. This makes healing and recovery a complicated and strenuous path.

The relationship between an eating disorder with other mental health issues is complex and unique to each individual. However, anxiety, depression, and post-traumatic stress disorder (PTSD) to name a few, can be intertwined with an eating disorder as a cause, a consequence, or both. In my case, my disordered eating was fueled by my anxious and perfectionist personality caused by childhood trauma and dysfunctional family history. These factors, combined with the mixed messages received from family about the "wrongness" of larger bodies (even though all the women in my family are on the larger side of the spectrum, with prominent hips and thick legs and arms), brought me to believe that I needed to be skinny to be loved, respected, and successful in life. Despite all the work I've put on towards my healing, I still have bingeing episodes whenever I'm procrastinating on a challenging task, and I'm doubting my capability.

For healthcare professionals, it might be challenging to diagnose an eating disorder when a patient is struggling with other conditions. It depends on the healthcare professional's knowledge, the amount of research they have done for a patient's case, and even the time allotted per appointment. There is also no specific reason or pattern for developing an eating disorder. It should be considered as a possibility in every patient's case despite their main "mental health concern" as careful evaluations could prevent conditions from getting worse. Providing treatment as early as possible, or even just having a name for a condition the patient is not aware of, could be beneficial in the long run. Early treatment helps prevent serious health complications and promotes better recovery outcomes.

Familial influences

Latine culture is popularly characterized by its festivity and great gastronomic traditions. Most family celebrations in the Latine culture occur with some kind of cake, complex dishes, dessert, and drinks as the event's foundation. There is no party without food.

Food is tightly connected with family, culture and identity. We use it to show love and embrace relationships. However, for many of us dealing with an eating disorder, it's hard to enjoy the richness of our traditional foods without being triggered to binge or to engage in compensatory behaviours such as purging, restriction, and overexercising; it's hard not to be consumed by the guilt caused by our ideas of food morality[i]. Some of us might attempt to create "lighter" versions of our favourite dishes, but those will never be the same or make us as happy as the original recipe; those won't taste like our grandma's soup, our favourite aunt's cake, or our uncle's barbecue specialties. That is because, for us, food is more than an energy source. Our food evokes memories and makes us feel the love of our community.

This could create a wave of uncomfortable and confusing feelings; we might question the importance of meeting appearance standards over embracing our traditions, or of sharing memorable times with our family over our fear of being surrounded by "bad" foods. If this happens to you, please remember the long-lasting value of the memories and the love.

When surrounded by family, things might not be easy and smooth. In many Latine families, it has become normalized to greet someone by commenting on their weight (Molina, 2021); we congratulate them when they have lost weight, or express our "loving" concern when someone has gained weight. We even give advice about new diets, workouts, or pills to "help" them lose weight. Comments and unsolicited advice about people's bodies can be damaging to a person's

self-esteem and perpetuate disordered eating behaviours. Additionally, weight varies for many reasons; weight loss can be due to sickness or depression. Can you imagine congratulating someone for being sick or depressed?

When receiving these types of comments, we tend to laugh it off or change the subject to avoid appearing disrespectful in spite of the discomfort, pain, and shame we may be feeling. For people struggling with an eating disorder or in their recovery journey, these situations can be triggering and lead to setbacks. We could ask: if it's so painful, why don't we speak up when receiving these comments? Well, putting a stop to it can be difficult, especially because in our culture, we are taught to always be respectful and accepting of not only our immediate family, but also of our extended family. Many of us learn that we should never talk back to any adult, much less our aunts, uncles, cousins, or family friends.

It takes a lot of unlearning old ways and, often, time and support to develop the courage and skills to put ourselves and our health first, to set boundaries with our loved ones, and to disengage when our boundaries are crossed. However, the work is worthwhile; it's possible to enjoy the company of the people we love while taking care of ourselves. You could say things like:

- "I appreciate your concern, but I would rather not talk about my body."
- "I am dealing with some complicated things right now and your comments are not helpful. Could you please not comment on my body?"
- "There are so many more interesting things to talk about today. Let's skip the body weight conversation."
- "I would love you small or big. I hope you can do the same for me without commenting on what you see."
- "I appreciate your advice, but I am happy the way I am. Let's talk about something else."

Racism and oppression

It's important to understand that oppressive practices contribute greatly to the stigma, root causes, and mental illnesses linked to eating disorders. You might want to start learning how diet culture and the beauty industry grew by selling the idea that individuals, especially girls and women, should have their weight "under control" to conform to Eurocentric, white standards. European colonizers saw "willpower" as a characteristic of whiteness – white people have it, which is why their bodies are slim (Strings, 2019). Colonialism created categories that normalized whiteness as "good" and Blackness as "bad" and, by extension, thinness as "good" and fatness as "bad".

Understanding its racist and violent history might give you additional motivation to unlearn the harmful ideas of diet culture. Instead, we can learn to appreciate ourselves as we are and the richness of our diverse roots. Many of us come from strong and resilient farmers, hunters, and warriors who figured out how to overcome various challenges and thrive. And oh, did they thrive! The civilizations that existed in the Americas before colonization were among the greatest in ancient history (Schuricht, 2021). Let's be proud to share some of their traditions, temples, and, of course, the foods they ate.

Understanding that our size and weight are determined mostly by our genes, and interactions between our genes and environment, can help us change the focus from looks to health (Adams & Willer, 2017). That said, we are referring to a holistic definition of health[ii] that includes our physical, mental, and social well-being, not the version of "health" promoted by the beauty, diet, fitness, and even medical industries. It might also help to know that hyperfocusing on one's body only benefits systems of oppression. When people are spending large amounts of their time, money, and energy on changing their appearance, they are distracted from personal growth, continuing education, political engagement, and many other more meaningful pursuits.

In conclusion, ditching diet culture, loving yourself, caring for your mental health, and growing your mind, is a form of rebellion and a stand against oppression.

Healing and getting help

Being ready to heal is not easy to achieve. The hardest part could be asking for help. An eating disorder can bring with it a lot of guilt, shame, and feelings of inadequacy. The healing journey is different for each person – yours will not be exactly the same as anyone else's. Remember that the time to heal will be your own. However, I (Magali) would like to tell you my own story; whether you can relate to it or not, it might help you understand how, sometimes, finding the strength to start healing will require you to go through hard times.

"My healing journey started after a crisis. I had gotten cosmetic surgery to change the shape of my body and I was obsessed with fitness and purged every time I slipped off my meal plan. I reached my lowest weight ever, and I was feeling like I had finally achieved my lifetime goal of being skinny. At the time, I immigrated from Mexico to Canada to pursue a Master's degree and to look for a better life. However, the loneliness from being away from my family, on top of the financial demands of being a full-time student with a part-time job with no time for working out every day or sticking to my super restrictive meal plans, created an incredibly stressful situation that pushed me to the limit and to the darkest side of my illness. Fueled by COVID-19 isolation, I started purging multiple times a week, always being careful that my roommates wouldn't notice the signs of vomit in our shared washroom and feeling a sore throat constantly because of the gastric juices. Also, my finances started to be affected by the amount of food I was consuming every day.

Then, I stopped seeing my eating disorder as a tool to keep my weight in check and started seeing it like it was – an illness. I realized that it caused me a lot of shame and guilt and that I wouldn't want anyone in my life, not even my dearest friends, to know what I was doing. I also pictured my niece seeing me down on my knees in front of the toilet, and me trying to justify why I was throwing up – I just couldn't stand the idea of setting that example for her. I decided that I didn't want that life anymore and reached out to the University's health clinic for help. They assigned me a social worker who suggested some support groups, and I started therapy. Three years later, I'm here, sharing these words with you."

Getting help could start with small things such as watching videos of specialists or survivors talking about it; using NEDIC's helpline or live chat services; getting information about options available for people with or without private health insurance; or going to support group meetings. Eating disorder-specific resources may be available in your own community. No step is small as long as you're trying to walk towards recovery; that's all that matters.

- NEDIC helpline and live chat: https://nedic.ca/contact/
- Find a Canadian Mental Health Association branch in your area: https://cmha.ca/find-help/find-cmha-in-your-area/

About formal support and treatment

As mentioned before, each person struggling with an eating disorder has a unique set of factors influencing their condition. Likewise, each person's path to healing and recovery will differ. Some people have mild symptoms; others need intensive medical treatment. However, these are some general ideas that we would like to share based on our lived experience:

- Start with reflecting and identifying if your relationship with food is causing any stress for you. If you feel uncomfortable around something as fundamental for our survival as food and eating, there most likely is an issue. Trust that you can change that, and know that you deserve peace around food.
- Don't underestimate the importance of your situation. You don't have to be physically sick to deserve help. Eating disorders hurt people of all sizes, ages, genders, and ethnic backgrounds. The sooner you start your healing journey, the better.
- Know that you are not alone. If you don't feel comfortable sharing with your family because they might not be emotionally ready to support you, or are trapped in diet and fitness culture; there is a community out there that will support you in your journey.
- The effectiveness of each eating disorder treatment depends on a variety of factors, so be aware that what works for some people may or may not work for you. Researching different options and, if possible, consulting an eating disorder specialist, can help you make an informed decision about treatment.
- The process of finding help in the Canadian system, especially as an immigrant, might not be straightforward, but trust that there will be resources (such as this one) created by people that want to make information accessible and inclusive for everyone. Keep looking – don't give up. You will find a list of other resources on the NEDIC website that you might select from depending on your living situation. Resources vary from written materials, support groups, and individual psychotherapy to clinics that will provide medical care and treatment should you need it.

There are some other uncomfortable situations that you might want to know about and be prepared for while searching for support:

- People whose bodies and eating habits don't match up to specific criteria can face access barriers. For example, anti-fat attitudes are so widespread that fat people often aren't able to access treatment because their eating disorder isn't seen as a risk, or their disordered behaviours may even be framed as beneficial if it means they are losing weight. They might also be encouraged to adopt behaviours that would be considered unhealthy in thin people.

- Fatphobia, transphobia, homophobia, racism, and other problematic attitudes exist throughout the healthcare system, which can cause marginalized patients to experience harm when they access treatment.
- Some professionals misunderstand the nature of our feelings towards our bodies. They may know little about eating disorders and even less about Black, Indigenous, and racialized people's cultures and food practices.
- A diagnosis is meant to differentiate what is "abnormal" from a defined "normal". Many people have difficulties with their body image, food, and eating but aren't diagnosed with an eating disorder; this doesn't mean they don't deserve help.
- You might face rude comments about your cultural foods or how you eat in your work or school environments and at social gatherings. You have the right to speak up and request respect.
- Finally, some people treat eating disorders mainly as a biological problem, paying little attention to other essential factors, such as a person's social environment.

Practical considerations about treatment

Given the many barriers to accessing help that exist, you may need to be persistent and to advocate for yourself to receive what you need. To be eligible for government-funded eating disorder treatment programs, you must have a diagnosis and public (provincial or territorial) health insurance coverage. Fortunately, there are non-profit and grassroots organizations advocating for mental health care and providing eating disorder support that offer services to people regardless of whether they have a diagnosis or insurance (visit NEDIC's website for examples).

If you need treatment beyond what government-funded options or non-profit organizations can provide, consider getting private health insurance, if feasible. Before choosing a provider or benefits plan, don't be afraid to ask about specific coverage details. If you already have a private health insurance plan, ask for the specifics of your coverage for different scenarios. Know that you are not forced to disclose that you are dealing with an eating disorder.

Another option is to ask your healthcare practitioner or other health professional that you trust if they can give you some advice about the questions to ask, the different types of treatment, or even if they can suggest health insurance that they consider reliable or "good."

Accessing health care as a newcomer or immigrant to Canada

Healthcare systems vary massively from country to country. So, if you are a newcomer or immigrant to Canada – of any immigration status, which could be undocumented or precarious – it will always be helpful to have supportive people in your corner. Support will look different for everyone; it could come from family, a trusted friend, cultural communities and spaces, or a mentor. Remember that many people are struggling with similar experiences, so it's important to find communities to which you can relate. There are also online resources like this one and others provided under "Additional resources and support" on NEDIC's website, including organizations that offer Spanish-language support.

International students usually get a private health insurance plan with their tuition fees. If you are an international student, make sure you learn what this plan covers and assess your options. Most colleges and universities provide healthcare services to registered students. You may have access to a therapist or support groups on campus, and possibly even doctors in case of an emergency or if you don't have a primary care provider. You could also ask campus healthcare providers to refer you to a specialist as needed. Don't hesitate to explore your options and use them fully.

Some newcomers and temporary workers don't have immediate access to either public or private health insurance benefits, and some immigrants don't have insurance coverage in any form. However, as mentioned earlier, some organizations offer services like group therapy to people even if they are uninsured. Another option, if you have the economic and technological means, is to consult a therapist from your country of origin and hold sessions via video call. This option might address language barriers, making it easier to engage in treatment.

For people with public health insurance, there are some options for covered mental health support, such as counsellors or therapists working at Family Health Teams or linked to family medicine practices and psychiatrists (Everwell, 2021). Depending where you live in Canada, a local hospital may provide specialized eating disorder treatment.

Strategies for self-advocacy

It can be hard to advocate for yourself at times, and communicating your needs does not always mean that they will be respected. So, what can you do to increase your chances of receiving proper medical and emotional support? Below are some suggestions that could help:

- Communicate your needs, goals, and your available resources (e.g., economic, emotional) to the people from whom you are seeking support, which might include your primary care provider, psychologist, therapist, or dietitian. Write them down before your appointment and use translation tools if necessary.
- Determine if your care provider is committed to anti-oppressive and anti-racist practice. Ask for references from local people or friends. Ask (if you feel it's safe to do so) whether they have experience working with Black, Indigenous, and racialized folks. You deserve inclusive and humane care. A tip for figuring this out could be to ask to be in contact with a person from their team who speaks the language with which you are most comfortable.
- When possible, talk to your closest or most supportive people first, and work with them to develop a plan for conversations you anticipate being more difficult (e.g., with certain family members or healthcare providers).
- Trust yourself when it comes to your experience with healthcare providers – only you know if it feels like a good relationship, and what might be a good experience for some might not be acceptable for others. Whenever possible, search for healthcare providers who identify as Health at Every Size® (HAES®)[iii] or weight-inclusive practitioners. This will help ensure that you get care that is not weight-focused (Association for Size Diversity and Health, 2020).
- Be aware of red flags and trust your instincts, put yourself first, and if you don't feel comfortable, don't be discouraged to try again until you find the right healthcare providers for you. Understand that these things take time, especially when there is a shortage of healthcare providers. Don't give up.

Recovery and relapse prevention after treatment

To fully heal from an eating disorder is challenging because we can never separate ourselves from food. Loss, addictions, moves, money problems, break-ups, and many other life events could trigger the relapse into old ways and bring the eating disorder back into your life. The journey is not smooth but full of ups and downs that might make you feel like you are not working hard enough or that you have failed when a relapse happens. But this is not true because every time you challenge the eating disorder, you learn something and become stronger.

Your ability to recognize a trigger and identify early behaviours that might develop into an eating disorder will depend on your past recovery work and the tools and strategies you might have gained. Several organizations provide post-recovery support through peer-support groups, coping and soothing strategies, and online resources to help you deal with triggering situations. There is always something new to learn and practice.

Peer support groups are great resources for helping people maintain their recovery. In our experience, a lot of the strength needed to fight an eating disorder comes from listening to the advice of others with similar experiences. It's also very encouraging to know that opening your heart and speaking about your own experience might help others in their healing journey. That feeling of reciprocity might give you the strength to never give up. We are almost certain that there is no recovery without community.

Coping

There might be times that we find ourselves in urgent need of soothing and unable to attend a group session or speak to a person directly. When this happens, many at-home strategies (e.g., watching a video, breathing exercises, reading, journaling, or just finding a distraction) might help us calm the feelings that are pushing us towards disordered behaviours, or find peace after an eating disorder episode. Here are some suggestions:

- Self-compassion exercises to remind you that you deserve to be loved and treated kindly.
- Distress tolerance practice to identify and control triggering emotions.
- Alternative Action Log to help you choose alternatives to disordered eating behaviours.
- Cognitive defusion techniques.
- Read about body respect.

Talking with loved ones

One of the hardest parts of accepting and healing from an eating disorder is to disclose it to our loved ones. Because of the aspects discussed earlier, many Latine families might not be aware of the complexity and severity of an eating disorder. However, we know that most of the time, our families will want what's best for us; they might even be willing to educate themselves to be able to provide the support we need. If your circumstances allow you to do it, you could invite them to join informational sessions or workshops hosted by organizations from which you have sought support. If in-person participation is not possible, there always is information available online. If they are not open to learning, remember that their attitude is not a reflection of your value – that might just be where that person is at in their own life journey.

Resources for loved ones who need help to understand your experience

Including your loved ones in your recovery process can be challenging. Being honest from the start and using simple terms can help. But be aware that rejection and having to cut people out of your life to be able to recover fully is a possibility. Things may not turn out how you want them to; if this is the case, you may feel sad, hurt, or angry, and it's important to know that these are valid responses. For the ones that listen and want to help, there are resources to help them better understand what you're going through. Under "Additional resources and support" on NEDIC's website, you will find links that you may want to pass along to them. Included for loved ones who communicate in Spanish or Portuguese are videos and reading materials that provide information in these languages.

Glossary

i **Food morality:** When we intentionally or unintentionally categorize food as "good" or "bad," we are assigning moral value to food. This practice can result in negative emotional responses when "bad" foods are consumed.

ii **Health:** Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Source: https://www.who.int/about/governance/constitution

iii **Health at Every Size® (HAES®):** a framework for thinking about health that focuses on promoting health equity, ending weight discrimination, and improving access to quality healthcare regardless of a person's size.

References

Adams, L. & Willer, F. (2017). Everything you've been told about weight loss is bullsh*t. https://untrapped.com.au

Everwell. (2021). *Is Therapy Covered by OHIP?* Retrieved November 20, 2022, from https://everwellcounselling.ca/blog-counselling-psychotherapy-mental-health/is-therapy-covered-by-ohip

Hopkins, C. (2022, August 30). *Eating disorders in teens*. Change Creates Change. Retrieved November 20, 2022 from https://changecreateschange.com/eating-disorders-in-teens

Kira, I. A. (2001). Taxonomy of trauma and trauma assessment. *Traumatology*, 7(2), 73–86. https://doi.org/10.1177/153476560100700202

Lydecker, J. A., & Grilo, C. M. (2019). Food insecurity and bulimia nervosa in the United States. *The International Journal of Eating Disorders*, 52(6), 735-739. https://doi.org/10.1002/eat.23074

Megged, A. (2014). Poverty in Latin America. In B. Vinson (Ed.), *Oxford Bibliographies in Latin American Studies*. doi: 10.1093/obo/9780199766581-0166

Molina, J. (2021, March 18). *Dear Tías, please keep your unsolicited comments on my body to yourself*. Refinery29. https://www.refinery29.com/en-us/latinx-body-comments-health-effects

Schuricht, A. (2021). *Top 10 greatest civilizations of all time*. TheTopTens. Retrieved November 20, 2022 from https://www.thetoptens.com/peoples/greatest-civilizations

Strings, S. (2019). *Fearing the black body: The racial origins of fat phobia*. New York University Press.

The Health at Every Size® (HAES®) Approach. (2020). ASDAH. https://asdah.org/health-at-every-size-haes-approach/

Vásquez Jiménez, A. (2018). Dismantling the white supremacist term and discourse of "Hispanic". In: G. Sefa Dei & S. Hilowle (Eds). *Cartographies of race and social difference. Critical studies of education (Vol. 9)* (pp. 103-120). Springer, Cham.

Links to other resources that you may find helpful are available at https://nedic.ca/bipoc/latine-community-members

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