nedic

National Eating Disorder Information Centre

www.nedic.ca

Let's Talk About Disordered Eating and Eating Disorders in the South Asian Community

By Anita Khakh and Deepika Bajaj

Table of Contents

About this resource 1

About eating disorders and disordered eating 1

What are eating disorders? 1

How do I tell if I or a loved one has an eating disorder? 1

What is disordered eating? 1

Myths about eating disorders 2

Contributing factors 3

Intersections with other mental and medical conditions 3

Healing and getting help 4

Coping 5

Talking with loved ones 6

As someone who is experiencing an eating disorder or disordered eating 6

As someone who wants to support someone experiencing an eating disorder or disordered eating 6

References 7

Glossary 7

About this resource

This resource is written by two South Asian women who bring their knowledge and experiences with them to help shed light on the presence of eating disorders among folks in the South Asian community. Despite common stereotypes, eating disorders can affect anyone, regardless of race, ethnocultural background, religious faith, gender, sexuality, dis/ability, and socioeconomic status, to name a few. It is our hope to dismantle the White eating disorder trope that currently exists in Western society and provide guidance to those in the South Asian community who are currently experiencing an eating disorder or disordered eating. This resource contains facts; information about how to get help, different ways to cope, and how to talk with loved ones; and links to additional resources. All of the information provided considers nuances present in South Asian culture, including how to navigate mental health stigma, cultural foods, language barriers, holidays and more.

It is important to note that while we share our knowledge and personal experiences as members of the South Asian community, we do not attempt to speak for the community as a whole and recognize that folks have complex identities that are shaped by their own experiences.

About eating disorders and disordered eating

What are eating disorders?

Eating disorders are a class of mental health illnesses characterized by disturbances in body image and eating patterns. They are serious disorders associated with poor quality of life, physical complications, psychological health, and can be life-threatening. Importantly, they are treatable illnesses. The development of eating disorders has biological, psychological, and social components. There are several types of eating disorders that are officially recognized. Information about some specific eating disorder diagnoses can be found here: https://nedic.ca/eating-disorders-treatment/

How do I tell if I or a loved one has an eating disorder?

To receive a diagnosis of an eating disorder you will need to be assessed by a medical practitioner (e.g., family doctor, nurse practitioner, or psychiatrist) or a clinical psychologist. Here is a screening tool that can help identify if your symptoms are consistent with an eating disorder diagnosis: https://nedic.ca/media/uploaded/Screen_for_Disordered_Eating_-_fillable.pdf

What is disordered eating?

Disordered eating constitutes a wide range of eating patterns such as restrictive eating, binge-eating, and inflexible eating. It also includes a range of eating behaviours that do not meet full-threshold diagnostic criteria. Disordered eating is associated with low social support and body image dissatisfaction in young people, as well as with depressive symptoms (Santos et al., 2007). We want to emphasize that disordered eating behaviours can significantly impact our mental health and well-being.

Myths about eating disorders

- **Eating disorders only affect girls and young women.**

  Fact: Eating disorders do not discriminate based on gender. While the research shows that a higher proportion of girls and women have an eating disorder, boys, men, and transgender and non-binary people are also impacted.

- **Eating disorders are not serious illnesses.**

  Fact: Eating disorders are serious and can be life-threatening. In fact, eating disorders have one of the highest mortality rates among all mental illnesses.

- **All individuals eating with disorders look the same.**

  Fact: People with eating disorders do not all look the same. Eating disorders affect people of all ages, races, ethnicities, genders, sexual orientations, and body sizes. Moreover, eating disorders such as anorexia nervosa, binge-eating disorder, and bulimia nervosa are different from each other, and they present differently in different people. For instance, they do not always lead to drastic weight loss, and binge-eating disorder does not look the same in all individuals with the disorder.

- **Eating disorders only affect wealthy, white girls and women.**

  Fact: It is a common misconception that only rich white girls and women struggle with eating disorders. The reality is that eating disorders affect people from all walks of life including those from any group and socioeconomic status.

"I was in denial for roughly six months before I finally agreed to seek treatment. My mother was the impetus behind this as she discussed her concerns with my family doctor who recommended a treatment centre. I was admitted to the treatment centre fairly quickly and easily, which I credit to specific privileges I ascertain (i.e., my size, socio-economic status, heteronormative, cis-gender, able-bodiedness). While seeking treatment, any notions I had about the stereotypical 'eating disorder patient' (i.e., thin, white, cis-gender, heteronormative, able-bodied, young girl) were dismantled as I saw many patients who broke this mold." – **Anita**

Contributing factors

- Immigration and **acculturation**[i] have been linked to eating disorders and disordered eating (Larkin & Rice, 2005). If you are a **newcomer**[ii], it is common to want to "fit in" to White, Eurocentric beauty/body ideals that are prevalent in countries such as Canada. If your parents were newcomers, it is likely that they experienced the same desire to "fit in" to what they view as "normal" in Canada.
- South Asian individuals can also be the target of body-based harassment (i.e., "weight- and shape-related teasing, sexual harassment, and racial harassment" (Larkin & Rice, 2005, p. 220). Racial harassment or bullying, in particular, has been evidenced to play a role in individuals engaging in body modification practices, such as altering "skin colour, hair texture, cultural dress, and other stereotypical notions of racialized bodies" (Larkin & Rice, 2005, p. 227). Such practices are carried out in an attempt to erase ethnically distinctive features and align more closely with White, Eurocentric beauty/body standards.
- **Shadeism**[iii] is a form of body-based, racial harassment and is common within the South Asian community. It is enacted by South Asian folks against other community members and can show up in the form of comments such as, "you look dark" and "stay out of the sun." In our experience, this type of harassment further enhances the desire to attain an unrealistic standard of beauty.
- Scholars have noted that South Asian women, in particular, can face difficulties balancing aspects of femininity as defined by cultural traditions (i.e., modesty and innocence) with femininity as defined by Western culture (i.e., heightened sexuality and male gaze) (Rice, 2014). These difficulties can lead to preoccupation with bodily expressions, shape, and size.
- People's ideas about "health" are influenced by their access to food and geographical location. The way in which a person who has stable access to a wide variety of nourishing food and lives in a high-income neighbourhood views "health" might be very different compared to a person who experiences food insecurity and lives in an underserved area. Lower income communities often bear the brunt of the weaknesses in our country's food systems (McMichael, 2000). Therefore, because of barriers related to access to food and where you are physically situated, it may feel like attaining "health" is more difficult.
- The media has a powerful role in promoting specific body ideals and fatphobic messages that allow the diet and fitness industries to profit from folks of different shapes and sizes (Dworkin & Wachs, 2009).
- The onset of puberty can be a trigger point for eating disorders or disordered eating (Larkin & Rice, 2005). This is largely due to hormonal changes, weight changes, and physical changes related to **secondary sex characteristics**[iv] (Thompson-Brenner et al., 2015).

Intersections with other mental and medical conditions

- Eating disorders and disordered eating are associated with a range of medical and mental health conditions.
- Specifically, anorexia nervosa is associated with psychiatric **comorbidities**[v] including mood disorders, anxiety disorders, obsessive-compulsive disorders, and substance use (Salbach-Andrae et al., 2008).
- Death rates for those with anorexia nervosa are six times higher than for those in the general population (Schmidt et al., 2016).
- People with anorexia nervosa often have high rates of medical complications that include heart problems, abnormal hormone levels, and poorer functioning of the gastrointestinal and immune systems.
- Binge-eating disorder is associated with medical conditions such as diabetes, high blood pressure, asthma, gastrointestinal symptoms, as well as irregular menstrual periods, pregnancy complications, and polycystic ovarian syndrome among women and people with ovaries (Olguin et al., 2016).
- Individuals with binge-eating disorder have high rates of co-occurring mental health conditions, particularly anxiety, mood, conduct, and substance use disorders (Hudson & Pope, 2007).
- Bulimia nervosa is associated with medical complications including electrolyte imbalances, tooth decay, heart problems, abnormal hormone levels, and neurological changes.
- Bulimia nervosa is also associated with co-occurring mental health conditions, particularly mood, anxiety, substance use, and personality disorders (Mitchell et al., 1991).
- Disordered eating is associated with an increased risk for major depression, substance dependence, and psychological distress (Gadalla & Piran, 2008).

Healing and getting help

Treatment can occur in a variety of ways and there is no one "right" way to seek help or treatment. Specific models include **in-patient**[vi] and **out-patient**[vii] care and can occur in hospitals or private settings with teams of different healthcare practitioners. Treatment can also look like regular meetings with trusted health professionals, such as a family doctor or a dietitian, who work with folks struggling with eating disorders and disordered eating. Depending on which route you take and whether or not you have access to health insurance, there can be costs related to seeking treatment.

For South Asian folks, language barriers may be a concern. In this case, you may want to ask different care centres if they have health professionals who speak your language or if they can arrange for you to have access to interpreters who speak the language you or your family members are most comfortable with. Not only can this help with explaining the process of getting help, it can also aid in educating loved ones about the seriousness of eating disorders and disordered eating. It is normal for shame to come up when seeking help, specifically because there is a great amount of stigma associated with mental illness within the South Asian community. Remember to be kind and compassionate to yourself as you would with any other illness.

> "In my opinion, the greatest barrier to seeking and staying in treatment is the shame and stigma about mental illness that is pervasive in the South Asian community. By shame and stigma I am referring to the judgment, gossiping, and subtle comments from community members that leads folks to feel fearful about admitting they might need help in regards to areas of mental illness." – **Anita**

> "Oftentimes, we see that self-stigma, stigma in the community about mental health, and cultural norms are the pervasive barriers limiting folks to seek treatment in the South Asian community. Mental illness and eating disorders do not discriminate. They impact people from all groups. It is important to remember that you are not alone in your journey and there are resources available to help you get the treatment you need." – **Deepika**

Know that you are not alone, eating disorders do not discriminate, and that by educating family members and loved ones, you can be a pivotal part of the process to decrease the shame and stigma surrounding eating disorders and disordered eating in the South Asian community. You will find tips and suggestions for having conversations with family members and loved ones under **"Talking with loved ones"**.

For links to information and resources specific to getting help, please see
https://nedic.ca/bipoc/south-asian-community-members/

Coping

- Self-compassion is offering ourselves kindness and acceptance with a non-judgmental attitude toward our distress and disappointments. Self-compassion includes seeing our experiences as being human, rather than seeing our experiences in isolation (Neff, 2003). Studies have shown that fostering self-compassion is associated with reductions in eating disorder symptoms (Kelly et al., 2014; Ferreira et al., 2013). For a resource on self-compassion, please see https://self-compassion.org/category/exercises/
- Mindfulness is a practice grounded in Buddhism that includes cultivating a non-judgmental awareness, and open, non-reactive and present-focused awareness (Kabat-Zinn, 2015). Mindfulness has been shown to be related to decreased eating disorder symptoms and body dissatisfaction in both clinical and non-clinical samples (Sala et al., 2019). For a resource on mindfulness, please see https://www.mindful.org/meditation/mindfulness-getting-started/
- Self-stigma or the endorsing of negative stereotypes about ourselves is prominent in many mental illnesses. With respect to eating disorders, self-stigma is associated with delayed treatment, increased severity of symptoms, and increased eating disorder duration (Griffiths et al., 2015). For a resource on overcoming self-stigma of mental illness please see https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477
- Spirituality and meaning-making practices can be an asset during this time as you can rely on certain faith-based traditions and instill a sense of hope.
- Confiding in family, friends, or trusted health professionals, if possible, is helpful.
- Find a healthy outlet or helpful distractions that you can do alone or with others, such as painting, reading, making candles, knitting, etc.
- Have a "throwing-away-eating-disorder-clothes celebration" and/or take yourself shopping for new clothes! Thrifting is a great way to find new clothes on a budget.
- In the South Asian community, there are many cultural holidays and events that may be challenging to navigate with regards to food- and weight-focused conversations. To ease difficulties, we suggest:
  - Packing food that you feel safe eating in advance and bringing it with you to events.
  - Discussing common cultural foods with a dietitian and assessing how they may fit into your daily food plan if you have one.
  - Setting boundaries with family and friends (this can look like: removing yourself from conversations or saying "I don't feel comfortable continuing this conversation").
  - If possible, have a trusted friend or family member you can go to if things get overwhelming.
  - Pre-plan an "out" if you need to leave the situation altogether.
  - We recognize that certain religious holidays that involve **fasting**[viii], such as Ramadan, may be particularly challenging. For additional tips on this specific subject and as a reminder that you are not alone, here is a blog post on an individual's experience navigating Ramadan with an eating disorder: https://www.emilyprogram.com/blog/ramadan-and-eating-disorders/
  - Looking for more information on navigating an eating disorder as Muslim? Please check out **"Additional resources and support"** at https://nedic.ca/bipoc/south-asian-community-members/

"It is not okay for people to make any comments about your body, whether they are positive or negative comments. Your body and your journey are your own. Speak to your medical or professional team, and/or supportive friends and family to help you cope with unwanted comments." – **Deepika**

Talking with loved ones

As someone who is experiencing an eating disorder or disordered eating

It can be difficult trying to navigate how to tell a loved one if you are struggling with an eating disorder or disordered eating.

- To ease the difficulties, it may be helpful to have a third-party (i.e., trusted healthcare provider, someone who speaks the same language/understands cultural barriers) to support you in the process. If this is not possible, sharing resources such as this one could be effective. If you are having a hard time locating resources specific to a topic you would like your loved ones to better understand, please see **"Additional resources and support"** at https://nedic.ca/bipoc/south-asian-community-members/ for additional links.
- Another helpful strategy is to identify potential **triggers**[ix] that have come up for you so that your loved ones are aware to avoid certain verbiage or behaviours that provoke certain thoughts and/or behaviours when around you. A lot of the time, loved ones can be unaware of how their words or behaviours may elicit specific triggers, which is why knowing your triggers is important so that you can make others aware of them as well.
- Lastly, you may have some loved ones who simply don't "get it" and may never will. In situations such as this, please know that it is okay to set boundaries and surround yourself with people who *do* "get it," such as health professionals, friends, and other available supports. That said, be sure to seek friends or continue friendships that exist outside of the realm of eating disorders, if possible. Tread lightly with friends also struggling with eating disorders as this may exacerbate triggers and, in our experience, can allow you to become "stuck" in the recovery process. If triggers with friends do arise, it is important to communicate boundaries. Phrases that you may find helpful include:
  - "I don't feel comfortable talking about this."
  - "I'm not in a place where I can share/respond right now."
  - "I need some time alone right now."
  - "This may be a better topic to approach with a trusted health professional."

As someone who wants to support someone experiencing an eating disorder or disordered eating

For loved ones hoping to support someone experiencing an eating disorder or disordered eating, it is important to recognize that recovery looks different for everyone and there isn't a set "timeline" in which you can expect someone to recover. There may be resistance to support, even though it is wanted because of the internal struggle that exists within your loved one.

- Getting as much information as possible is crucial in order to better understand what your loved one is experiencing. Read different resources, talk to different healthcare professionals, check in with your loved one often, and let them know you are there for them without judgment.
- To take care of the people we love, it is important that we also take care of ourselves by getting rest, leaning on a social support system to share our thoughts and feelings, and to ask for help when we need it.

Glossary

i **Acculturation:** The process of psychosocial change that occurs when a group or individual acquires the cultural values, language, norms, and behaviors of a dominant society (Wildes & Emery, 2001, p. 524).

ii **Newcomer:** An immigrant or refugee who has been in Canada for a short time, usually less than five years is considered a newcomer (New Youth).

iii **Shadeism:** Discrimination based on skin color, also known as colorism, or shadeism, is a form of prejudice and/or discrimination in which people who share similar ethnicity traits or perceived race are treated differently based on the social implications that come with the cultural meanings that are attached to skin color (Jones, 2001).

iv **Secondary sex characteristics:** Any physical characteristic developing at puberty which distinguishes between the sexes but is not directly involved in reproduction (Oxford Languages). Examples include the development of breasts and growth of facial hair.

v **Comorbidities:** The simultaneous presence of two or more diseases or medical conditions in a patient (Oxford Languages).

vi **In-patient:** A patient who stays in a hospital while under treatment (Oxford Languages).

vii **Out-patient:** A patient who receives medical treatment without being admitted to a hospital (Oxford Languages).

viii **Fasting:** The practice of going long periods of time without eating or consuming calories.

ix **Triggers:** Distress, typically as a result of arousing feelings or memories associated with a particular traumatic experience (Oxford Languages).

References

Dworkin, S. L., & Wachs, F. L. (2009). *Body panic: Gender, health, and the selling of fitness*. NYU Press. http://www.jstor.org/stable/j.ctt9qgds8

Ferreira, C., Pinto-Gouveia, J., & Duarte, C. (2013). Self-compassion in the face of shame and body image dissatisfaction: Implications for eating disorders. *Eating Behaviors*, 14(2), 207–210. https://doi.org/10.1016/j.eatbeh.2013.01.005

Griffiths, S., Mond, J. M., Li, Z., Gunatilake, S., Murray, S. B., Sheffield, J., & Touyz, S. (2015). Self-stigma of seeking treatment and being male predict an increased likelihood of having an undiagnosed eating disorder. *International Journal of Eating Disorders*, 48(6), 775–778. doi: 10.1002/eat.22413

Jones, T. (2001). Shades of brown: The law of skin color. *Duke Law Journal*, 49(1487). doi: 10.2139/ssrn.233850

Hudson, J. I., & Pope, H. G. (2007). Genetic epidemiology of eating disorders and co-occurring conditions: The role of endophenotypes. *International Journal of Eating Disorders*, 40, 576–578.

Kabat-Zinn, J. (2015). Mindfulness. *Mindfulness*, 6(6), 1481–1483. https://doi.org/10.1007/s12671-015-0456-x

Kelly, A. C., Carter, J. C., & Borairi, S. (2014). Are improvements in shame and self-compassion early in eating disorders treatment associated with better patient outcomes? *International Journal of Eating Disorders*, 47(1), 54–64. doi: 10.1002/eat.22196

Larkin, J., & Rice, C. (2005). Beyond "healthy eating" and "healthy weights": Harassment and the health curriculum in middle schools. *Body Image*, 2, 219–232.

McMichael, A. J. (2000). The changing global context of public health. *The Lancet*, 356, 495–499. https://doi.org/10.1016/S0140-6736(00)02564-2

Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223–250. https://doi.org/10.1080/15298860309027

Olguin, P., Fuentes, M., Gabler, G., Guerdjikova, A. I., Keck, P. E., Jr, & McElroy, S. L. (2017). Medical comorbidity of binge eating disorder. *Eating and Weight Disorders: EWD*, 22(1), 13–26. https://doi.org/10.1007/s40519-016-0313-5

Rice, C. (2014). *Becoming women: The embodied self in image culture*. University of Toronto Press, Scholarly Publishing Division.

Sala, M., Shankar Ram, S., Vanzhula, I. A., & Levinson, C. A. (2020). Mindfulness and eating disorder psychopathology: A meta-analysis. *International Journal of Eating Disorders*, 53(6), 834–851. https://doi.org/10.1002/eat.23247

Salbach-Andrae, H., Lenz, K., Simmendinger, N., Klinkowski, N., Lehmkuhl, U., & Pfeiffer, E. (2008). Psychiatric comorbidities among female adolescents with anorexia nervosa. *Child Psychiatry and Human Development*, 39(3), 261–272. https://doi.org/10.1007/s10578-007-0086-1

Santos, M., Richards, C. S., & Bleckley, M. K. (2007). Comorbidity between depression and disordered eating in adolescents. Eating behaviors, 8(4), 440–449. https://doi.org/10.1016/j.eatbeh.2007.03.005

Schmidt, U., Adan, R., Böhm, I., Campbell, I. C., Dingemans, A., Ehrlich, S., Elzakkers, I., Favaro, A., Giel, K., Harrison, A., Himmerich, H., Hoek, H. W., Herpertz-Dahlmann, B., Kas, M. J., Seitz, J., Smeets, P., Sternheim, L., Tenconi, E., van Elburg, A., . . . Zipfel, S. (2016). Eating disorders: The big issue. *The Lancet Psychiatry*, 3(4), 313–315. https://doi.org/10.1016/S2215-0366(16)00081-X

Thompson-Brenner, H., Shingleton, R., & Richards, L. (2015). Addressing gender and ethnicity in the treatment of eating disorders. In Smolak, L., & Levine, M. P. (Eds.). *The Wiley handbook of eating disorders* (pp. 698-711). Chichester, West Sussex: Wiley Blackwell.

What are different statuses of newcomers? (n.d.). New Youth. Retrieved December 4, 2022, from https://newyouth.ca/en/resources/immigration/more-resources/what-are-different-statuses-newcomers

Wildes, J. E., & Emery, R. E. (2001). The roles of ethnicity and culture in the development of eating disturbance and body dissatisfaction: A meta-analytic review. *Clinical Psychology Review*, 21, 521–555.

Links to other resources that you may find helpful are available at https://nedic.ca/bipoc/south-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
Web and live chat: www.nedic.ca

thenedic
@the_nedic

@thenedic
@theNEDIC

NEDIC relies heavily on donations and fundraising opportunities to support our programs. Visit nedic.ca/donate to make a contribution.

Charitable Registration Number 12386 4068 RR 0001

What did you think about this resource?

NEDIC invites you to share your thoughts using the brief feedback form

The development of this resource was made possible by funding from

THE SLAIGHT FAMILY FOUNDATION