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National Eating Disorder Information Centre

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Let's Talk About Disordered Eating and Eating Disorders in the West Asian and North African (Middle Eastern) Communities

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Note: The term “Middle Eastern” is a British colonial invention from the 1850s. Using the title “West Asian and North African” locates the region in the continent and acts as a form of decolonization – that is, a restoration of the worldview that existed before European invasion and occupation.

Table of Contents

Why was this resource created?	1
About eating disorders and disordered eating	1
What is an eating disorder? What is disordered eating?	1
The ‘comparison trap’ and the ‘journey’	2
Intersections with other mental health issues	3
Healing and getting help	4
About treatment.	4
Practical considerations about treatment	5
Coping and talking to loved ones	6

Why was this resource created?

Historically, clinicians and researchers thought that eating disorders only affected white, middle/upper-class girls and women. We know that they actually had a very limited understanding; there is a lot of evidence that proves that individuals of diverse backgrounds, including West Asian and North African, experience eating disorders and disordered eating. And, everyone in Canada deserves access to culturally-sensitive information about signs, symptoms, potential causes, and getting help.

About eating disorders and disordered eating

What is an eating disorder? What is disordered eating?

Eating disorders are mental health conditions that are diagnosed when specific features are present. They can be caused by various interconnected biological, psychological, and social (or biopsychosocial) factors; these include genetics, trauma, socio-economic status, food access, social media, diet culture, oppression, racism, and family dynamics. At some point in our lives we may have learned to cope with these factors through food or controlling our body weight or shape.

Disordered eating is self-defined, and typically describes a person's relationships with food and their body when these have become a struggle for them. The feelings, thoughts, and behaviours that would point to a disordered relationship with food, nutrition, eating, weight, and your body, may be the same ones that would be used to diagnose an eating disorder. Sometimes disordered eating symptoms clearly align with an eating disorder diagnosis (see <https://nedic.ca/eating-disorders-treatment/> for more information about diagnoses) which can be identified with the help of a health professional and would be determined by the number of behaviours, frequency of the behaviours, and impact on your quality of life.

Is your relationship to food and your body interfering with your ability to live your life the way you want to?

There are many feelings, thoughts, and behaviours involving eating and body image that may indicate that your relationship with food is compromised.

For example:

- eliminating food groups
- restricting intake
- counting calories
- overexercising
- bingeing
- feeling shame/stress/anxiety/judgement around food
- fearing weight gain and feeling uncomfortable in your body
- over controlling food intake or types of foods consumed
- turning to food for comfort and being out of control of the amount of food consumed
- being preoccupied with looking a certain way
- being afraid of eating in front of people
- not having access to cultural food or any food at all

More information can be found here: <https://nedic.ca/help-for-yourself/>

The ‘comparison trap’ and the ‘journey’

Everyone’s eating disorder experience is different – our relationships to food and our bodies differ and so are the ways in which we engage in our eating disorders. Often, our relationships in our family and the impact of society, our culture, and patriarchy (a system in which power is held by men and withheld from others) in our upbringing can influence the relationships we have with food and our bodies. Comparison to others – which can mean people within and outside of our community, or people within or outside of our culture – can be a dysregulating experience. Whether we are a subject of someone else’s comparison or measuring ourselves against others, comparison can negatively impact the way we feel about ourselves.

Some days may be better than others, and the way we engage in our eating disorder behaviours will be impacted by our environmental stressors. Sometimes these behaviours can become habits, sources of comfort, and coping mechanisms that we use to survive our environments. While they serve this purpose, they also can harm our bodies and minds. An especially insidious aspect of disordered eating is the way in which it can wedge itself into our lives and feel so normal that we do not perceive any reasons to pursue recovery.

Our relationship to food and our bodies can change over time. Recovery from an eating disorder is not a straight path forward. Sometimes we will take steps backwards before we can take another step towards healing. Sometimes it is a life-long journey that requires maintenance and care.

Just as the difficulties with food and body image differ from person to person, so does the recovery process.

Contributing factors

Many West Asian and North African people have experienced the effects of colonization first-hand, which directly impacts our cultural identity as through each experience, we became more disconnected from our traditional ways. The most recent wave of colonization via European powers has impacted our communities’ values and beliefs about beauty, acceptability, and success. Thoughts can become internalized and passed down the generations. We might come to a point of being convinced that our bodies are only “beautiful” or “acceptable” when they look a particular way, and afraid of the judgement of others.

Here are a couple of examples of how this might show up:

“My grandparents believe that being fair skinned is more beautiful. This is something they learned as children, and often tell me to straighten my curly hair and to not wear clothes that make me look too ‘ethnic’, as if being an Arab is a bad thing. This is their internalized racism – their learned belief that whiteness is best.”

“My aunty makes comments about my body being too much of this and too little of that, and then gets offended when I don’t finish the food she’s cooked. I try not to show her the pain this causes me.”

Patriarchal ideas about how girls and women should look and behave, and anti-fat attitudes are also cultural factors that can lead people to believe that they need to control the way their bodies appear.

But, it often isn't possible to change our bodies without harming our physical selves, and our sense of self.

Feeling out of place in Canada, and the desire to assimilate in order to be accepted might have been an important part of our families' survival in a new country. But this can also be a process that shames our ancestry and culture.

"I try not to eat my cultural foods in public. When I was younger, my classmates would make fun of my favourite foods at lunch time."

"My parents immigrated to Canada from West Asia shortly before I was born. They have always been strict with me. I want to be both West Asian and Canadian and find it stressful. I'm criticized for not being 'West Asian enough' by people in my family, but also experience racism outside of my home. I try to find a place of belonging by changing my body."

What would reclaiming our cultural foods and clothing, our beliefs, and our bodies look like? What would reclaiming our autonomy to decide what we like, what works for our bodies, and what works for our own well-being be like? What would reclaiming and *embodying our identities* look like?

Here are a few examples:

- "I've asked my grandparents to teach me how to cook traditional meals and show me where to get the spices and ingredients I need to make these meals and nourish my body."
- "I'm going to wear my cultural clothes and eat my cultural foods in public and ignore any judgemental looks because I love my clothes and I love my food."

- "Straightening my hair every day doesn't serve me. I'm learning how to take care of my curls and wear my hair curly."
- "Finding a safe community that accepts and respects me just as I am has been so freeing."

Intersections with other mental health issues

Eating disorders may be accompanied by other mental health concerns. Psychological trauma (including racial trauma), anxiety, depression, and neurodivergence are only a few. When combined, these factors can contribute to how we engage in and manage our eating disorders. Consider talking to your healthcare providers about these intersections.

"My family lived in refugee camps for years before coming to Canada. We had little food and my younger brother had to hunt so that my siblings and I could eat. That desperation for food is still with me and impacts how I consume and hoard food. I'm trying to remind myself that I have food available now that I am in a stable place. I'm working through this trauma with my therapist."

You might experience mental health stigma at home and in your communities. For example, the people around you might ignore mental health concerns and encourage you to hide or bottle up your feelings – they might not know how to be helpful, or feel embarrassed, or learned to believe that it's "weak" to let things in life affect you. Or, they might not believe that you are struggling, and this might impact your ability to ask for help when you need it.

Know that if you have concerns about your mental health, you deserve to seek support without guilt or shame.



Healing and getting help

About treatment

There are resources available to help you when you are ready. The National Eating Disorder Information Centre (NEDIC) has a helpline (1-866-NEDIC-20 and 416-340-4156) and a live chat service on their website (www.nedic.ca) to answer your questions, to offer support, and to direct you to the appropriate resources that fit your needs.

If you are looking for a diagnosis, a psychologist, psychiatrist, and/or physician can assess you for one (psychiatrist and physician visits are covered by provincial/territorial health insurance). Be aware of the weight stigma and fatphobia that many healthcare professionals have. If you feel that your healthcare professional is making you feel ashamed of your body, you have the right to tell them so and you have the right to find another healthcare professional who is aligned with your needs.

Often, seeing a psychologist and obtaining a diagnosis can be costly. Just because you don't have a diagnosis, doesn't mean you don't struggle with disordered eating. There are many free and low-cost services available to help you. NEDIC can direct you to a network of eating disorder support organizations across Canada that can provide help.

There are also eating disorder-informed treatment providers (such as psychotherapists, social workers, psychologists, and dietitians) listed in NEDIC's [Service Provider Directory](#) available at different levels of cost. Some health insurance plans cover a portion of the cost of visiting these service providers.

Additionally, if you are eligible, there are treatment programs at hospitals around the country. Often these programs have long waitlists. In the meantime and throughout your recovery process, consider connecting with support centres and individual providers ([Tips for Choosing Professional Help](#) contains guidance in doing this).

Just as each person is different, not all healthcare providers are the same. You might find that you are not developing a rapport with your healthcare provider or that they are not meeting your needs. If that is the case, know that you have the right to walk away from receiving services from them, you can ask for a referral, find a different health care provider, and/or get a second opinion on the area of concern. When you first meet a healthcare provider, think about what you are wanting their help with, how you want them to provide that help, and try your best to ask for those things ([A Guide to Discussing Your Concerns with Your Primary Care Provider](#) was developed to make this conversation a bit easier). Often, our healthcare providers are perceived as being very knowledgeable and should be respected. While this is true at times, it doesn't mean that they are always right about what is happening in your body or how you feel, and it doesn't mean that they should abuse their power to impose their opinions onto you.

You have rights as a client and shouldn't be shamed, neglected, or mistreated by your healthcare provider. There are ways to report healthcare providers through their regulatory college if needed. You have the right to have access to your files and notes. The right to change to a different provider. The right to be heard and treated with dignity.

Additional things to consider when working with a healthcare provider:



If your healthcare provider is interested in learning more about eating disorders, you can share this guide by NEDIC, [Let's Talk About Culturally-Sensitive Eating Disorder Care: Supporting the Healing of Black, Indigenous, and Racialized Clients](#).



Consider working with a healthcare provider who approaches their work from a place of cultural humility (they approach interactions in a way that centres *you*, the client, as the expert on *your lived experience*, and they don't make assumptions about your life or pretend to know all about it even if they come from the same cultural background).



You may want your healthcare provider to take a Health At Every Size® approach (see <https://asdah.org/health-at-every-size-haes-approach/> to learn more) and may want to ask them not to weigh you or not to share those numbers with you.

Practical considerations about treatment

Eating disorder supports for newcomers:

There are non-profit organizations around the country that help newcomers with health care and settlement support. The Immigration, Refugees and Citizenship Canada (IRCC) encourages permanent residents to apply for private health insurance to cover a provincial or territorial wait period. That way, you can access eating disorder and other healthcare support through a physician and psychiatrist. Refugees and refugee claimants may qualify for coverage under the [Interim Federal Health Program](#).

Interpreters may be available to help you communicate with your healthcare providers. Be aware when using interpreters that they must do their best to translate what you say as precisely as possible and keep what you say between you and your providers confidential. If you don't feel comfortable with your interpreter, you have the right to ask for a different one and tell them why.

Coping and talking to loved ones

“Body image is a big thing. In my family, there was always an obsession with the way your body looks and there were constant comments about it. I think it’s a cultural thing. There are no clear boundaries and people can say whatever they want to each other. It can be really brutal. It doesn’t necessarily come from a malicious place, but it becomes ingrained into your brain and in the way we think about each other and about the world.”

“My partner has expectations around what my body should look like, and I’m worried that they won’t want to be with me if I don’t meet them. I want my partner to love me as I am, but they don’t understand how their comments hurt me and make the situation worse.”

“All I ever knew from my family was that I had to look a certain way to be accepted – for my body to be accepted. But I am more than my body!”

In a culture where body image and food restrictions are a big part of the community and our relationships, communicating the struggles about having an eating disorder might not be well received or understood. Setting boundaries might be the best option to move forward and can help you advocate for yourself while protecting those important relationships with your loved ones.

A few ideas for setting boundaries with loved ones:

- Think about how your loved one can help you through your process, and form a list of the things that you need from your relationship with them. For example:
 - “I understand that you care about your body. I’m really struggling with how I feel about myself right now, though, and it would be really helpful to me if you stopped commenting on your body and bodies in general in my presence.”
 - “I’m trying to repair my relationship with food and it’s really hard. Please don’t comment on what I eat.”
- Consider setting boundaries around family gatherings. Think about how the social interactions during important family gatherings/religious holidays can be adjusted to accommodate your needs. You can find holiday-specific tips and suggestions here:
 - [Sheena’s Place – Coping with the Holidays](#)
 - [Body Brave and Muslims with Eating Disorders® – Ramadan and Eating Disorders](#)

- Try to approach the conversation with loved ones from a place of calm, and invite your loved one to have a serious and important conversation about your well-being. Remember to use I-statements. For example:
 - “I feel shameful and heartbroken when people I love judge my body.”
- Avoid talking about your body with certain loved ones if this is what you feel is necessary to maintain your relationship with them.
- Prepare responses – “body clapbacks” – to comments that you have heard often. Come up with different types of responses to use depending on the nature of the relationship you have with the person who makes the comment. Your response could be:
 - Nice: one that is courteous
 - Spice: one that is snarky or sassy
 - Ice: one that is honest and shuts down unwanted conversation

Examples can be found here:

<https://www.instagram.com/p/CIG5UnirmzY/>

Setting boundaries is a difficult process, and you may find that you need to reinforce them multiple times.

More tips for talking to loved ones:

- Find an ally to support and advocate for you during difficult conversations.
- Keep in mind that your loved ones don't need to agree with you to support you. Try asking for support, expressing your feelings, and telling them what you need from them.
- Share eating disorder resources with your family to help them become more aware of your situation. These are a few that you can start with:
 - [Guide for Family](#)
 - [Guide for Friends](#)
 - [A Parents' and Caregivers' Guide to Supporting Youth with Eating Disorders](#)
 - [Coping Strategies for Families and Partners of an Individual Living with an Eating Disorder](#)

“I wish I could've been my own parent back then. I would say now to my younger self who was struggling: 'you still deserve to eat, bodies are different, part of this is respecting your body!' I wish I had somebody at any point in my entire young life tell me that I am always loved and that my body was not defining that love.”

Living with an eating disorder can involve experiencing a lot of negative or intense emotions even when you have a strong support system – but especially when you don't. A “toolkit” of coping techniques can therefore be very valuable. You can find a diverse list of ideas at <https://nedic.ca/coping-strategies/> that you may find helpful in creating a personal “toolkit”.

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

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