

research snapshot

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Eating Disorders Are Experienced Differently According to Culture

What is this research about?

Eating disorders impact the individual's body, including their social, psychological and spiritual health. However, culture plays an important role in the different ways that women and men experience eating disorders. While women in Canada encounter similar messages and images about their bodies and ideal weights, the meaning and impact of these factors differ by culture. The existing research on eating disorders and women fail to address the experiences of racialized and immigrant women.

What did the researcher do?

The researcher wanted to share examples to provide understanding on the experiences of racialized and immigrant women in Canada. She used her work as Coordinator for an eating disorder program, collecting data from 18 years of work. The data looked at the Greater Toronto Area (GTA), with a hospital program, followed by a weekly out-patient therapy group. The women who participated ranged from ages 20 to 41 years. They included both racialized women born in Canada and those who had immigrated. The researcher sought insights on their experiences in the areas of:

What you need to know:

Treatment and research must address difference in order to support racialized and ethnic women with eating disorders. For many, working on family relationships is essential. Family attitudes and actions impact the way many women shape their eating habits, as well as the tensions they experience towards a healthy body image.

- Differences in their experience and body attitude with eating disorders.
- Attitudes on therapy.
- Cultural factors and food.
- Self-esteem and its relation to their families.

What did the researcher find?

These women and their experiences revealed the different meanings of eating disorders and body image according to culture. For some, the pressure to meet family and cultural values created tens eating behaviours. Many felt that

they could not inform their parents of their eating disorder because of the split between what they wanted, and their parents' wishes. The researcher also found that the more these women identified with mainstream standards of beauty (and whiteness), the more they internalized dissatisfaction within themselves.

The researcher found that the stigma that psychological problems hold in some cultures affected women's efforts to seek help. Racialized and immigrant women were more likely to seek therapy if there was family acceptance. These women also felt pressured during family or community events, where food held an important meaning.

Family tensions also existed with women who were second or third generation Canadian, because they felt that their parents had worked hard to provide everything for their children. Family involved in the out-patient therapy support did not always understand the disorder and their child's feelings. Thus, many of these women felt devalued in the face of jokes, criticism or comparison to other siblings.

How can you use this research?

This research may be useful for frontline workers in the area of health and nutrition, especially those who work in therapy and support. It provides insight on the different ways eating disorders are experienced by factors like culture. It may also be useful to support efforts to grant more government funding for community services like support groups related to the public's health and wellbeing.

About the Researcher

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