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# Let's Talk About Disordered Eating and Eating Disorders in the Indigenous Communities

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## About eating disorders and disordered eating

**Eating disorders** are “mental health conditions that involve disturbed patterns of thinking and behavior related to food, weight and body shape” (Very Well Health, 2022). They are serious and potentially life-threatening. People with eating disorders may engage in different behaviours involving food or weight control methods which can include eating too little or too much in relation to their body’s needs, avoiding certain foods altogether, vomiting, misusing laxatives, or overexercising. Often, people who develop eating disorders experience low self-esteem, distorted body image, and/or intrusive thoughts about food, weight, or shape. **Disordered eating** is a broader term that refers to “thoughts, attitudes, and behaviours around food, eating, and body image that can interfere with an affected person’s daily life” (National Eating Disorder Information Centre, n.d.). Both eating disorders and disordered eating can impact all aspects of oneself – spiritually, emotionally, physically, and mentally.

“As a lived experience expert, suffering from an eating disorder meant that I had extremely low self-esteem and a very strong desire to disappear because I felt completely unloved and unwanted by the people in my life at the time that I was experiencing this condition. The view I had of my body was not only unnatural but also unhealthy to the point that I grew terrified of food and thought that somehow food was bad, and I didn’t deserve to eat. Personally, when I struggled with my eating disorder, eating was something I considered unacceptable.

What started as what everyone thought around me as a diet became an obsession for me and I eventually required mental health intervention.

An eating disorder doesn’t only affect yourself – it also affects those around you, even though in retrospect, I didn’t see that until I was well into therapy and recovery.” – **Christine**

There is a common misconception among the general public that people with eating disorders need to “just eat more” or “just eat healthier”. However, overcoming an eating disorder isn’t as simple as that. An eating disorder plays games with your emotions and tricks your mind. As you engage repeatedly in disordered eating behaviours, your mind produces more and more unhelpful thoughts, and you feel increasingly distressed about your body and around food. This escalation of behaviours, thoughts, and emotions can lead to a vicious cycle that can make getting help very difficult.

## The comparison trap

In the throes of an eating disorder, we can fall into what is called the “comparison trap”. This involves constantly comparing ourselves to others around us, which alone can be extremely exhausting and distressing.

Thinking “if only I could look like that” in relation to other people can become all-consuming, taking away our ability to focus on other aspects of our lives including our social connections, work, and physical health. This mindset can breed a strong desire to look like someone else as a way to escape the discomfort we feel in our own body. When we compare ourselves to others, we are making assumptions and predictions that are based on a small sample of information which can lead to biases in our perceptions. With deeper reflection, we might appreciate that we don’t necessarily know other people and their stories, and whether they are also struggling with their own self-esteem or body image.

Comparing our eating disorder experience with that of other affected people can also heighten our pain and suffering. Eating disorders and disordered eating present in many different ways. Know that your experience doesn’t have to look like someone else’s for you to deserve support and care.

## Contributing factors

There are numerous factors that contribute to an individual developing an eating disorder and how it is experienced. Factors that we feel are particularly relevant for Indigenous people in Canada include:

- Misinformation and stigma
- Low self-esteem and mental health issues
- Colonialism and beauty myths
- Intergenerational trauma and systemic racism
- Cultural practices and norms

## Misinformation and stigma

There is a broad lack of education about eating disorders and disordered eating among the general public, including within Indigenous communities. Stigmas around mental health conditions such as eating disorders are perpetrated by systems of power in society that can make it difficult for individuals experiencing these issues to seek help. Current education models for healthcare providers continue to focus primarily on physical illnesses or ailments, while mental health issues often go overlooked and under-discussed. For many First Nations, Métis, and Inuit people, this pattern is replicated in our communities, where we may learn to prioritize physical health concerns over mental health issues.

Moreover, appearance, weight, and shape ideals that are woven throughout our society in Canada can strongly influence the development and escalation of eating disorders and disordered eating. Misinformation abounds and can affect the way we behave, how we feel about ourselves, and what we think about others.

“When I was in the throes of my eating disorder and the depression and suicidal ideations that ensued, people around me thought that I was doing it for attention.

Attention-seeking could not have been further down the list of functions that it served. There was a lot that I was emotionally, physically, mentally and spiritually going through, but no one really wanted to dig further into what I was thinking or why I was behaving the way that I was.” – **Christine**

## Low self-esteem and mental health issues

In our communities, eating disorders may be perceived as a lifestyle choice rather than a real illness, or considered unimportant compared to other physical or mental health issues. Low self-esteem, various mental health conditions, substance abuse disorders, and experiences of trauma can all contribute to the development of eating disorders. Oftentimes, eating disorder behaviours serve as ways of coping with other underlying issues such as depression, anxiety, or suicidal or self-harming thoughts. Not surprisingly, living with an eating disorder can make individuals more vulnerable to developing these same mental health issues. Low self-esteem and negative beliefs about ourselves can create strong emotional distress and a desire to escape or change the parts of ourselves that we don't like. An extremely negative self-image might lead us to focus on changing our body as a way to change how we feel about ourselves as a whole. Experiences of past or current abuse or neglect can also contribute to the emergence of disordered eating behaviours as means of coping with trauma symptoms such as flashbacks, nightmares, anxiety, and emotional flooding. For some, engaging in eating disorder behaviours and thinking can help us feel more in control when so many other parts of our lives are feeling extremely overwhelming or scary.

## Colonialism and beauty myths

Colonialism has had a huge impact on how we perceive each other. As Indigenous people, we have to walk in two worlds – the Western world and our traditional world that many others don't take the time to understand – which can be difficult. Western concepts of beauty and Western body ideals affect other cultures by imposing outside beliefs onto people whose worldview is different. Curated images of white, Western appearance ideals that are not representative of the diverse skin tones, backgrounds, and body shapes of Indigenous people are prevalent across all forms of media in Canada. When we are unable to conform to these narrow appearance ideals or follow the extreme practices promoted in order to achieve these standards, we may experience emotional and mental distress. What people often don't realize is that the pictures and advertisements that we see are highly manufactured, and that the new weight loss diet that people are buzzing about is based on unsustainable eating and exercise routines. We see edited images everywhere, but the struggles that so many vulnerable people face in trying to live up to these ideals tend to be hidden. For members of Indigenous communities, exposure to sexist and racist representations of our peoples' bodies can heighten the distress created by not being able to meet these unachievable ideals. The lack of positive representation of Indigenous people in mainstream media paired with the overwhelming prevalence of Western beauty ideals and practices can be major factors in the development of negative body image and eating disorders.

“I can honestly tell you that it carries the impression that you only matter if you look good on the outside, and that if you are struggling within, you're wasting people's time. Within my own experience, I was adopted into a non-Indigenous family who wanted to (and did) project themselves into believing appearances were everything. No one knew what was going on behind their façade of perfection and behind closed doors. This was detrimental because instead of enjoying a carefree childhood, I learned from a young age that not only did I have to perform to certain standards, but also that for me to succeed as an individual, I had to adopt certain behaviours that were acceptable to those I interacted with. It made me see myself in an unnatural light and had me believe that if I projected myself in a negative light, then it was unacceptable. Turning around on how I see myself has been a lifelong journey.” – **Christine**

“Elders are really respected and growing old is seen as a real true gift. Because not a lot of people get to live to old age. Growing older was – is – never seen as a bad thing. [Our attitudes towards aging are] not like [the negative attitudes that prevail] in Western culture. I used to joke, ‘I can't wait for my hair to grow white, I want to have white or grey hair.’” – **Lalita**

## Intergenerational trauma and systemic racism

Emotional, mental, and spiritual pain can contribute to the development of eating disorders and disordered eating as ways of coping with our distress. Experiences of generational trauma and race-related stress play an intricate role in Indigenous people's well-being and ability to live a good life. The oppression and systemic violence that we are subjected to can keep us stuck in the trap of an eating disorder. Racism-related stress stemming from longstanding inequities as well as personal mistreatment can impact our psychological well-being (Institute of Childhood Trauma and Attachment, 2023). Experiences of historical trauma through products of colonialism such as land dispossession, residential schools, the Sixties and Millennial Scoops, and the disappearance and murders of Indigenous women, girls, and 2SLGBTQQIA people impacts our sense of self and voicelessness as Indigenous people. The physiological marks left by these exposures to trauma have been passed down across generations in our genetics and family systems, potentially increasing our vulnerability to developing mental and physical illness, including eating disorders (Brewerton, 2022).

“[In our community] we don't talk about our trauma...I haven't heard my mom's story, or my grandmother's. They've never shared their story with us...Residential schools brought a lot of trauma, a lot of dysfunction, that's been carried forward to the next generation – to me...Understanding how an eating disorder is tied to trauma – I didn't ever connect the two.” – **Lalita**

## Cultural norms and practices

Cultural beliefs and practices can play a role in the development and maintenance of eating disorders (Miller & Pumariaga, 2001). Food plays a huge role within every culture, but how it is viewed varies between cultural and ethnic groups. Within many First Nations cultures, there are a lot of food-based ceremonies. If we go to a ceremony and we don't eat, it may be viewed by others as being disrespectful. If we're seen as “too skinny”, we're labeled “unhealthy”, and we're encouraged to eat more. Compared against Western attitudes, within Indigenous communities, different body sizes and shapes are more widely accepted, with larger bodies being viewed as healthy and beautiful. Being exposed to patriarchal systems that have forcibly removed Indigenous people from traditional roles has also contributed to experiences of displacement and loss of identity. In walking in both our Indigenous world and the Western world, we face two very different sets of ideas about appearance and food. The conflict between our traditional concepts of beauty and healthy food practices, and Western diet culture and its ideals of thinness can be unsettling. This tension between the two worlds in which we walk can contribute to pressures to conform to Western practices, and the onset of disordered eating behaviours as a way to cope with the difficult transitional process.



## Healing and getting help

For people who experience eating disorders, recognizing the need for and deciding to seek help is a huge step forward. Recovering can involve the use of traditional healing methods; treatment from medical, mental health, and nutrition professionals; and support from family, friends, and/or community-based programs. Goals for treatment are highly individual and can include improving mental well-being; relearning how to eat in an attuned way; restoring physical health; enhancing body/self-image; establishing alternative coping strategies; and increasing overall quality of life.

There is no single path one must walk in order to recover from an eating disorder or disordered eating. At times, progress may seem slow or it may feel like we are taking a step backwards instead of moving ahead. Recovery often occurs in a cycle rather than a straight line, which can lead to feeling discouraged or uncertain about change. We want to encourage you to be kind to yourself as you move through the different stages of change that come with recovery. In starting your journey, taking stock of your personal history, cultural and traditional practices, and community connections can be helpful in creating a sense of direction.

“It’s not a trip, it’s a long, long journey...I’ve been on one for 10 years and I’m finally calm around food. Today I can say that I have a calmness around food, whereas before I had a lot of distress. The stage that I am at now in my healing journey...it’s not about exercising, not about being skinny; it’s just being healthy, because I have grandchildren I want to grow old with. I joke how I want to be the oldest person who ever lived so I better look after this vessel with nutrition, feed myself properly.” – **Lalita**

## Barriers to getting help

Getting help for an eating disorder or disordered eating can be challenging and there are many barriers that can make reaching out for support especially hard for Indigenous people. Experiences of being stigmatized or shamed by others in our community and society at large can lead us to minimize the severity of our symptoms and struggle with low motivation to change. The historical mistreatment and under-treatment of Indigenous people within the healthcare system, combined with personal negative experiences, can contribute to negative attitudes toward seeking professional help. In addition, we might not receive encouragement from others to seek help. For some of us, there may also be a fear of losing control, fear of change, or not wanting others to worry about us.

For many people with eating disorders, there are also practical barriers to accessing help, such as long wait times for services, workplace policies that make it difficult to obtain accommodations to attend appointments, and the costs of private treatment options. As a result of historical and ongoing systemic inequities, Indigenous people may have additional challenges. These include discomfort with navigating the healthcare system; gaps in the availability on reserves of both basic and specialized health services; and food insecurity which can make following a meal plan or nutritional treatment recommendations difficult. If any of these barriers resonate with you, know that you are not alone. Next we provide a brief overview of some different professional and cultural support options, as well as coping strategies to consider in creating a plan for how you would like to approach your own recovery journey.

## Professional supports

Different professional support options are available for those seeking help with eating disorders and disordered eating.

Treatment could include:

- Nutrition counselling
- Individual psychotherapy
- Group psychotherapy or support groups
- Medication
- Hospitalization programs
- Day and outpatient programs

“My counsellor is a big part of my healing journey, and my dietitian taught me about not taking things out but adding things, that it’s okay to have things that I used to categorize as a bad food...I go to her if I have questions and I won’t feel like it’s a bad thing to add more to my menu.” – **Lalita**

In seeking professional help for an eating disorder, you deserve to be treated with compassion and respect. Seeking help can be lonely or daunting, and having people who show patience and understanding goes a long way. Because many Indigenous people don’t fit neatly into the “young, thin, white female” stereotype associated with eating disorders, it can be difficult for us to get a timely diagnosis and start treatment. It can be helpful to look for professionals who identify with anti-oppressive, anti-racist, and culturally safe healthcare practices. Anyone pursuing eating disorder care is entitled to access professionals who are committed to the following:

- Transparency
- Respect and safety
- Education
- Understanding of an individual/their background (recognizing that everyone is unique)
- Flexibility in managing treatment issues and processes

If you feel uncomfortable or are facing barriers working with your current healthcare provider or team, remember that it is your right to receive care that fits your needs. Engaging in advocacy around your health and well-being can be challenging and it is helpful to know some ways of keeping healthcare providers accountable for supporting you in the way that you deserve. Feeling more involved in our care and more empowered over our own bodies can promote positive treatment outcomes. Below are some ideas for how you can advocate for your care needs.

- Bring someone with you for support, like a friend, family member, Elder, or case worker.
- Research your concerns before and after visits.
- Attend your appointment with questions written down; ask about side effects, rationale, advantages, and disadvantages of recommendations made by the provider.
- Connect with the patient relations department or ask for a patient navigator at the hospital/clinic.
- Ask for a copy of your healthcare records.
- Look into eligibility for Non-Insured Health Benefits funding that could be used for treatment (see [Additional Resources and Support](#) for more information).
- Listen to your body! If your symptoms are getting worse or not improving, tell your healthcare provider.
- Ask to work with a clinician who identifies as Indigenous (or BIPOC – Black, Indigenous, or Person of Colour).
- Request to be transferred/referred to another provider who better fits your needs.

## Traditional healing practices

In Canadian healthcare systems the Western biomedical model has been prioritized over Indigenous holistic views of health. Treatment focused on medical stabilization may be essential for some individuals with eating disorders, for example if experiencing severe health complications, such as irregular heart rate, extreme weakness, fainting, or suicidal behaviours. Some people may wish to prioritize or integrate holistic approaches to well-being into their treatment plan. When creating your own care plan, consider the approaches that will work best for you. For example, one person may respond well to medication and attending a hospitalization program, while another may respond better to using traditional healing practices in combination with participating in a support group. Every individual is unique in their recovery needs and how they may want to incorporate traditional approaches to healing. Holistic wellness practices could include using ceremonies, natural medicines, or physical and energetic therapies. Below are some ideas for you to consider.

- Have your Elder or Knowledge Keeper help you
- Use the medicine wheel as a guide
- Practice the 7 Grandfather Teachings
- Lean into past traditions, which could mean your own as well as those of previous generations of your family
- Go to Ceremony or a healing circle
- See a Healer and go to a sweat
- Go on the land and be with nature
- Speak with your *Kokum* and listen to your Ancestors
- Incorporate more traditional foods into your nutrition plan
- Explore connections between your personal health and your relatives, community, and with the physical environment

“In my culture, we’re really spiritually-based, but not in the sense of church...we know that we have to be in balance with our emotional, physical, mental, and spiritual health. But I’m also within Western medicine, and that can be difficult. There’s tension between my own teachings and knowledge and what I’ve learned from my therapist. She often says I’m a teacher to her because I help explain to her the way my people deal with something.” – **Christine**

“You cannot fix or treat eating disorders and disordered eating without healing the mind. Personally, I would work through the medicine wheel – you can’t have four parts with one off and think you’re in balance.” – **Desnee**



## Coping

Learning how to find balance with our physical, emotional, mental, and spiritual well-being is a lifelong process. Imbalances in these areas of our lives can be influenced by factors within us or around us – our family, our community, and the environment. When creating your care plan, it is important to consider not only the support you would like to receive, but also coping strategies that will help you manage symptom triggers and challenges in your daily life. Below are some options that you may find effective for disrupting eating disorder thought and behaviour patterns that tend to arise when you are stressed. Remember – when we are under stress, we do what we know best! Experimenting with different strategies when you aren't dealing with intense feelings can help you figure out what will work well during times when you are really struggling.

### Strategies that could be helpful include:

- Going to the library to read about different coping methods
- Reading books/listening to audiobooks that encourage being kind with oneself
- Reading books/listening to audiobooks that highlight how “nobody is perfect”
- Meditation readings and workbooks
- Journaling your thoughts and feelings
- Taking a long bath/shower
- Writing down and repeating positive affirmations
- Placing an ice pack on your neck or splashing cold water on your face
- Listening to music and dancing
- Engaging your body and breath in relaxing movements such as yoga or tai chi
- Visualizing a safe or calm space to disrupt strong negative thoughts/urges
- Reducing exposure to triggering environments when possible – for example, removing social media apps from your phone, or avoiding people who engage in negative body talk
- Connecting with senses that are soothing for you – for example, by petting your cat/dog, wrapping yourself in a warm blanket, or smelling sage oils
- Smudging
- Getting a list of feelings that you can use to help identify what you are experiencing, especially at meal times
- Drumming
- Taking classes to learn a new skill or hobby
- Planning enjoyable/distracting activities during high-risk times for eating disorder urges
- Inviting support people to be part of your coping plan – let them know how they can help you!



## Talking with loved ones

Talking with loved ones about their eating disorder can be difficult for a lot of people, especially if you have a complicated family background or have a history of relationship trauma. Mental health issues can stem from these negative experiences within our family circles which weave themselves into how we communicate with our loved ones. If you suspect a loved one is struggling with an eating disorder or disordered eating, reaching out to express your concern can make a huge difference in nudging that person towards recovery. A lot of understanding and patience is needed if you truly want to help someone with an eating disorder. It is important to be prepared for the possibility that even the best intentioned and most well delivered message of concern does not end up being received positively. Remember that as hard as it may be to see someone you love struggle, it is ultimately up to the individual with the eating disorder to take the steps needed towards recovery. Being present, non-judgmental, and showing you care about them can be the first step in encouraging them to seek help. Below are some suggestions when having a conversation with your loved one about your concerns.

- Before you meet with the person, have a clear idea of how you are able to help as well as limits to your capacity to support.
- Validate the importance of the person and the relationship you have with them.
- Express concern using specific examples of behaviours/changes you have observed that worry you.
- Try using “I” statements instead of accusatory “you” statements – for example, “I worry when I see you not eating” instead of “You never eat anymore”.
- Avoid giving advice or suggestions (such as “You need to stop exercising so much”) if the person has not asked for any.
- Ask about ways you could support them in seeking help or in feeling more comfortable to talk to you about their concerns.
- Practice active listening – don’t rush! Make sure to wait and fully hear the person’s responses before responding or asking more questions.
- Avoid making direct comments about the person’s appearance or body.

## References

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

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