

**Conspiracy of silence: Cultural dissonance as a risk factor
for the development of eating disorders in second generation South Asian women**

Submitted by

Nida Mustafa

Faculty of Health Sciences

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Abstract

This exploratory study examines whether traditional South Asian cultural practices, norms and values influence body image and body dissatisfaction in Canadian South Asian women, and whether these factors are involved in the development of eating disorders in this ethno-racial group. Eight second generation South Asian women, between the ages of 21 to 29 years, who have sought help for, or have been clinically diagnosed with an eating disorder, participated in a face-to-face unstructured interview.

The main research question addresses whether second generation Canadian South Asian women experience cultural conflict with regard to traditional group norms of family, household values, and/or arranged marriage practices. Determining whether the societal pressures of balancing these two cultures of East and West create mental health tensions, which manifest as body and self-concept distortions, was a main focus. Other key concepts implied in the analysis include denial, stigmatization, gender inequality, intra-familial competition, and intergenerational conflict in relation to mental health and body image.

Using feminist perspectives and transcultural models as theoretical frameworks, analyses reveal that body image distortions for these women stem not entirely from a pursuit to be thin as previous research has hypothesised, but rather from a multitude of pressures they face in relation to others in their lives. In a constant attempt to please others, follow familial and cultural expectations, and contend with restrictions, these women have sacrificed their own freedoms for their family's honour, even though their needs and desires may differ. This cultural tension creates a feeling of disconnection and alienation leading to mental pressure, and may be a strong factor for the development of self-dissatisfaction, and ultimately eating disorders, for young South Asian women.

Dedication

For my parents, Nighath and Mahmood Mustafa,
whose blessings, love and support will take an eternity to repay.

“The deeds of the children are a testament to the upbringing they received from their parents”

- Christopher Paolini

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Introduction

Statement of the Problem

Eating disorders in Canada most commonly affect women between the ages of 15 to 24 years, and are characterized by clinical disturbances in eating behaviour and distorted perceptions of body image (National Eating Disorder Information Centre, 2011; Makino, Tsuboi & Dennerstein, 2004; Diagnostic and Statistical Manual IV, 2011). The two most common types of eating disorders that affect women are Anorexia Nervosa and Bulimia Nervosa. Anorexia Nervosa is defined by feelings of being overweight with a persistent pursuit of a thin body. Individuals who suffer from this disorder have a very serious fear of gaining weight and do not recognize the harmful effects of having a low body mass (Makino, Tsuboi & Dennerstein, 2004; Treasure, Claudino, & Zucker, 2010). Anorexia Nervosa has also shown to have the highest mortality rate out of any psychiatric illness, with 10 % of individuals dying within ten years from the onset of the disorder (National Eating Disorder Information Centre, 2011). Similarly, Bulimia Nervosa is defined as having an obsession with body shape and size, but includes recurrent binge eating accompanied by purging and fasting (Makino, 2004). On average, Bulimia Nervosa has a lifetime duration of approximately 8.3 years (National Eating Disorder Information Centre, 2011). Affecting every five girls to one boy in childhood, and every 10 females to one male in adolescence and adulthood, eating disorders are becoming more of a concern not only in Canada, but all around the world (National Eating Disorder Information Centre, 2011). The prevalence of eating disorders has shown to be highest in Western societies; however the rate is increasing in non-Western cultures as well (Makino, Tsuboi & Dennerstein, 2004).

Recent research has shown that disordered eating has increased in many South Asian cultures, especially among women with a South Asian background who are living in the West, for example in the United Kingdom and the United States (Iyer & Haslam, 2003; Furnham & Adam-Saib, 2001; Pallan, Hiam, Duda & Adab, 2011; Franko & George, 2009; Zaki, 2011a). For example, Mumford, Whitehouse and Platts (1991) compared Caucasian girls with South Asians and found that out of a sample of 559 schoolgirls, 3.4% of the South Asian girls were diagnosed with an eating disorder as compared to 0.6% of their Caucasian counterparts. Similarly, Furnham and Adam-Saib (2001) found that South Asian girls scored significantly higher on the Eating Attitudes Test (EAT-26) as compared to same-aged Caucasian girls. Some researchers have studied this increase in prevalence, and concluded that South Asian cultures, along with other Eastern populations such as Middle Eastern and African women, are becoming more influenced by “westernization”, forcing them to put a greater emphasis on their physical appearance, body satisfaction, and body size (Martinez-Gonzalez, Gual, Lahortiga, Alonso, Irala-Estevez & Cervera, 2003; Anderson-Fye, 2004; Zaki, 2011b).

However, feminist and transcultural researchers suggest that negative body images and eating disorder behaviour stem from deeper social, cultural, and familial issues such as gender inequalities, negative relationships, and sexual abuse (Treasure, Claudino, & Zucker, 2010; McKnight Investigators, 2003; Tomiyama & Mann, 2008). These perspectives argue that women leaving their home cultures and migrating to the West may experience cultural instability which creates self-identity problems. Attempting to uphold their own cultural values and responsibilities, yet at the same time moulding to the new society that they are in, may lead to mental tension (Katzman & Lee, 1997; McCourt & Waller, 1996; Furnham & Adam-Saib, 2001). Studies have shown that South Asian women living in the West still continue to be

subject to strict cultural pressures, rigid family values, and strong community influences, which strongly shape their feelings and behaviours (Furnham & Adam-Saib, 2001). For the South Asian community living in Canada, it may be this cultural imbalance, or cultural tension due to balancing two sets of values, norms, and expectations, that put women at risk of developing body distortions and negative images of oneself, ultimately leading to an eating disorder. No research has specifically examined the issue of culture conflict, or the pressure of balancing two conflicting cultural worlds, as being a risk factor for developing an eating disorder within the South Asian population in Canada.

The current study questions whether traditional South Asian cultural practices, norms and values influence body image and body dissatisfaction in second generation Canadian South Asian women, and whether these factors are involved in the development of an eating disorder in this ethno-racial group. More specifically, the focus of this study is second generation South Asian women in Canada who are experiencing cultural dissonance with regard to traditional group norms of family, household values, and arranged marriage practices. This study explores and analyzes whether societal pressures of balancing these two cultures of East and West create mental health tensions that may perhaps manifest as body and self-concept distortions within this racial group, and questions whether these stresses lead to a diagnosis of an eating disorder.

The main objectives of the current study are to:

1. Explore whether second generation Canadian South Asian women experience cultural dissonance with regard to traditional group norms of family, household values, and arranged marriage practices, while living in a Western culture.
2. Determine whether the societal pressures of balancing these two cultures create mental health tensions that manifest as body and self-concept distortions.

3. Determine whether these stresses, originating from culture conflict issues, lead to a clinical diagnosis of an eating disorder within South Asian women.

Significance of the Study

Those belonging to the South Asian community are identified as being born in Afghanistan, Bangladesh, India, Pakistan or Sri Lanka, or whose parents are born in these countries (United Nations, 2011). Eating disorders in these cultures have not received much attention from researchers or clinicians because of the negative stigma associated with such psychiatric disorders; especially due to the South Asian view of mental illness as an incurable state (Lai & Surood, 2008). Recent research is now only beginning to explore this issue, showing mainly that there is an increase in the prevalence of eating disorders in this population (Makino, Tsuboi & Dennerstein, 2004; McCourt & Waller, 1996). Few studies have examined the prevalence of eating disorders in South Asian women living in Canada. However some studies conducted in the United Kingdom and the United States have suggested an association may exist between cultural conflict and the likelihood of developing an eating disorder, but more research is needed to fully understand whether this is a strong risk factor for the illness (Iyer & Haslam, 2003; Mumford, Whitehouse and Platts, 1991; Furnham & Adam-Saib, 2001). This study will specifically examine South Asian women in Canada who have had, or who are currently suffering from the disorder. The findings from this study will be beneficial to the South Asian community as the outcomes will add to the research in this area, which may then assist clinicians to develop new prevention and treatment options for those suffering from the illness. Cultural specific preventive measures and treatments have proven to benefit those who experience psychological illnesses, and if cultural conflict is found to be a risk factor for the development of an eating disorder, it should be taken into consideration when planning preventive measures,

coping programs, and counselling sessions for young South Asian women and their families (Treasure, Claudino, & Zucker, 2010; Smart, Mejia, Tsong, Hayashino & Braaten, 2011). Also, this research uses a qualitative methodological approach, which will be more informative by gathering voices, feelings, emotions, experiences and stories from women in the community who are suffering (Katzman & Lee, 1997; Miller & Pumariega, 2001). Therefore, those who are survivors of eating disorders and living with the illness are able to engage in open dialogue and conversation about the issue, why they feel it has happened, and what they feel may improve the condition. It is *their* definition of the situation that is voiced and documented in this research.

Literature Review (Deconstruction)

Overview

The psychological stress of balancing two cultures has not yet been studied in detail as a risk factor for developing an eating disorder within the South Asian population in Canada. However, some research has begun to study South Asian practices, values and norms, and has linked these customs to various social dilemmas such as gender inequalities, strict family control, and arranged marriage practices. A few studies have suggested that attempting to balance traditional values and expectations while at the same time living and growing up in a Western society may create greater tension for young women ultimately leading to inner distress. This tension may then manifest itself as a psychological illness, and may possibly be involved in the development of an eating disorder (McKnight Investigators, 2003; Tomiyama & Mann, 2008).

Gender Inequalities

For South Asian women, self-identity is based on social relationships such as being a wife, mother, daughter and sister. Therefore the woman puts herself second to others, mostly neglecting herself and wellbeing. In the family structure, women are usually placed below men - who receive much social attention. Women are in a constant struggle to gain the approval of others in order to satisfy their inner esteem, whereas men gain this esteem from their individual achievements (Jayakar, 1994; Sen & Setha, 1995). From a feminist perspective, perhaps it is this power imbalance, this yearning for self-determination rather than a fear of gaining weight, which instigates an eating disorder (Katzman & Lee, 1997).

Further adding to this dilemma for second generation women raised in Canada, is that they are exposed to, and internalize a more Western, individualistic ideology. These women may wish to have their own desires and aspirations included as a significant part of their lives.

However, their families may still practice a very traditional, collectivistic approach. This conflict in ideals may create tension between daughters and parents, or between wives and husbands, within the South Asian community - causing conflict and stress. A study conducted by Tomiyama and Mann (2008) explored how culturally dependent and culturally independent college students scored on eating disorder pathology questionnaires. They found that those participants who had a strong independent orientation, yet had extreme proximity and intensity within family relationships, had higher eating disorder pathology scores. Therefore, those women who may be caught between two extreme sets of values, with individualist and collectivist orientations, may experience greater stress and pressure. This finding may be applicable to South Asian women living in the West. For these women, food intake may be one domain in which they feel a sense of control and satisfaction in their lives.

Intergenerational Conflicts: Family Obligations and Parental Control

To raise issues regarding body image and eating disorders for young girls in the South Asian community is extremely taboo. Even to speak to parents about such issues is threatening because of the worry that they will be ashamed of their daughter (Notto, 2010). Status and family image are very crucial in this community, and members of the family with psychological problems threaten this image. Therefore, many girls with the illness may not even accept it as a problem because of the cultural stigma surrounding it. It has been noted that eating disorders in these minority groups may be further hidden, “as parents are less likely to seek help from medical, psychological or counselling authorities” (Furnham & Patel, 1994, p. 224).

Also, South Asian women have been raised to put their family first usually in a very authoritarian context, which adds much pressure to those who have migrated to the West and may have other wants and needs, but feel restricted to do so (Miller & Pumariega, 2001). A study

conducted by Furnham and Patel (1994) compared Asian school girls and their Caucasian counterparts on eating attitudes and behaviours. These researchers found that the more these girls resented not being allowed to go out and have freedom, the more negative eating behaviour they displayed. It was concluded that the more self-conscious and the less integrated the girl is in her host culture, the greater abnormal eating attitudes and behaviours present.

This cultural tension between Western morals conflicting with traditional South Asian family obligations may result in young girls rebelling in order to take control of their lives. Because it is seen as blasphemous to question one's parents or to challenge family traditions due to filial piety, young girls may internalize these pressures and take it out on their bodies as a coping mechanism (Furnham & Adam-Saib, 2001; Smart, Mejia, Tsong, Hayashino & Braaten, 2011). A recent study carried out by Smart and colleagues (2011) interviewed twelve therapists who have eating disorder treatment experience working with Asian American women. Ten of the twelve therapists noted that eating disorders for their clients were a way of coping with the stresses of biculturalism and individuation. The disorder was a way of disconnecting with their emotions and allowed them to conform to family obligations and responsibilities, while putting their personal wants and needs on hold.

A study conducted by Furnham and Adam-Saib (2001) specifically examined overprotection from South Asian parents, and its association with eating disorders in young girls in the United Kingdom. Similarly, these researchers found that the more traditional the girl is, and the more control her parents exert over her, the more likely she is to refuse food as a way of regaining control. This study analyzed these effects in British South Asian school girls and concluded that unique pressures such as extreme parental control and strict family obligations can be strong enough to psychologically affect these girls resulting in an eating disorder.

Sussman and Truong (2011) summarized similar findings of family conflict and parental overprotection being linked with abnormal eating behaviours.

The Concept of Marriage and Arranged Marriage Practice

Arranged marriage is a very common way for young South Asians to meet one another for the purpose of marriage, even in the Western world (Jayakar, 1994; Zaidi & Shuraydi, 2002). This cultural ritual requires that the groom and his family come over to “see” the bride at her home. In this process, non-physical and physical features of the prospective bride are noted. For example, non-physical features include family background and mannerisms. Common physical features the groom’s family considers are the woman’s height, skin color, eye color, and weight. Most importantly, her physical appearance is analysed to see if she will be a good match for the groom and overall a good fit with their family. This process is very stressful for young girls as they are objectified through these observations (Jayakar, 1994).

Especially for those living in the West, there is added pressure from parents to control daughters from Western influences. Parents exert great pressure to make sure that their daughters do not marry outside of the South Asian community, do not move out and live alone before marriage, and do not engage in sexual contact prior to marriage (Furnham & Adam-Saib, 2001). There is a great fear surrounding women’s sexuality, and if a woman has been sexually active prior to marriage, her desirability is greatly reduced to her prospective in laws (Desai & Andrist, 2010). Faced with these conflicting values and personal insecurities, many girls rebel against their elders because of these confinements. One method of doing this is food refusal, as a way of coping and regaining control of their lives (Smart, Mejia, Tsong, Hayashino & Braaten, 2011). Furnham and Patel (1994) found that those girls who resented an arranged marriage and who wanted to choose a spouse on their own terms, felt more restricted and pressured. These girls

scored higher on the Eat-26 questionnaire, showing more abnormal patterns of eating - putting them at a higher risk of developing an eating disorder.

The concept of marriage in the South Asian community is one that is tied closely to family, tradition, and community. Many women sacrifice their happiness for family and social honour by agreeing to an arranged marriage – a contractual agreement between two families, rather than two individuals (Zaidi & Shuraydi, 2002). Because parents are authoritarian figures in many young women's lives, they feel pressure to participate in the arranged marriage system, despite feelings of confusion, doubt and uncertainty, which may cause mental stress.

Once married, the South Asian woman often must adhere to rigid gender scripts, and must follow family regulations within the marriage (Desai & Andrist, 2010). The bride should be feminine in physical and temperamental characteristics, as well as modest. It is not uncommon to see a wife's behaviour comprised of what her husband wants and requires of her. In very traditional South Asian families, husbands have a right to dictate the permissibility of their wives to leave the house, work, or attend school (Desai & Andrist, 2010). After marriage, the new daughter-in-law is expected to conform to her husband's family lifestyle, and many married women are to live with their groom's family. For women who are raised in the Western world, these marriage constraints, expectations, and restrictions cause anxiety and worry, and may lead to mental health tensions and negative views of self.

Cultural Foods, Values, Norms and Social Stigma

A few studies have acknowledged that young South Asian females are concerned about healthy eating regarding their cultural cuisine. Many girls find that their cultural foods are high in calories and not very healthy, however to escape this food would be a form of disrespect in their communities (Notto, 2010; Miller & Pumariega, 2001; Franko & George, 2009; Furnham &

Adam-Saib, 2001). The importance of food and the social relationships associated with eating makes it very hard for women to watch what they eat. Eating cultural foods at family gatherings and social functions is expected, and to turn down this offering of food is extremely difficult because of social pressures (Sussman & Truong, 2011). Also, women are almost always the sole cooks in their homes, and taking an interest in food and eating is necessary. Another concern in very traditional South Asian families is that most nutritious foods favour the male children within the household (Jayakar, 1994). It is not surprising to see males being served first and given the best pieces of meat and vegetables, while females follow second. These subtle gender differences in the delivery of food may unconsciously trigger disordered eating for young girls in this culture living in the West – a society where there is great strive for equality between the sexes.

Values and norms for South Asian women preach modesty and obedience, which can have negative effects when it comes to personal health (Jayakar, 1994; Notto, 2010, Furnham & Adam-Saib, 2001). This modesty discourages women to speak openly about health issues such as eating disorders or other psychological problems, and women are reluctant to accept and seek help for these issues (especially when having to consult with male doctors). Unconsciously, this neglect and lack of self-importance can result in the perpetuation of psychological illnesses. According to Kumar and Nevid (2010) public displays of emotional instability are viewed in a negative light, showing weakness of the individual, family, and community. A study conducted by Conrad and Pacquiao (2005) interviewed mental health professionals, and questioned if one's social and cultural background influenced help seeking behaviours in South Asian individuals. They found that the cultural stigma surrounding mental illness within the community causes difficulty for families to accept the family member who is suffering and their condition. Despite

this isolation, feelings of embarrassment and being ashamed engulf families, causing hesitancy in receiving appropriate treatment. These researchers also found that because of this negative environment, families tend to fail in compliance with prolonged treatment for those suffering, and only seek episodic help for the problem.

Religion

Research has shown that the more religious one's family is, and the more emphasis there is placed on rigid moral codes, women from these households are more likely to have an eating disorder (Makino, Tsuboi & Dennerstein, 2004; McCourt & Waller, 1996; Furnham & Adam-Saib, 2001). Specifically, Islamic countries such as Pakistan, Oman, and Turkey have seen increased rates of eating disorders, which are the highest among non-Western countries (Makino, Tsuboi & Dennerstein, 2004). It has also been suggested that there could be a combination of cultural and religious factors interacting together creating pressure for girls within these contexts.

McCourt and Waller (1996) have identified that there may be a religious connection in the development of an eating disorder. In environments of strict control, for example in some Hindu, Sikh, and Muslim households – where children are socialized according to their parent's religious affiliation – young women may escape pressure through controlling food intake. In the religion of Islam for example, women are highly segregated from men, and are regarded as “symbolic guardians of the family honour” (McCourt & Waller, 1996, p.77). Religious beliefs mixed with cultural interpretations may cause further tension. Cultural backgrounds that restrict women from owning property and reducing women's rights can cause further restrictions. The problem of cultural dissonance is also relevant here; with parents who have migrated to the West continuing to exert greater religious morals on females, in order to protect religious values and teachings from Western “harmful” influences. This could be another cause of added pressure for

young girls attempting to fit in with Western ideals. As found by Timimi (1995), there is a yearning for independence and balance between family, expectations, and religious duties, that leads to feelings of guilt and depression, which may then manifest as an eating disorder.

Differences between East and West

Although gender inequalities, parental control, and restricted lifestyles for women are present in both South Asian populations living in South Asia, as well as those living in the West, eating disorders are more prominently identified in this group living in Western societies (Furnham & Adam-Saib, 2001; Mumford, Whitehouse, & Platts, 1991; Mujtaba & Furnham, 2001). One explanation for this greater prevalence may be the more authoritative family dynamic that is present in South Asian families living in Western countries (Deepak, 2005). South Asian parents migrating to the West usually face complex challenges being “confronted with a completely different set of cultural and social norms than those with which they were raised” (Deepak, 2005, p. 595). Being exposed to different family structures, child-rearing practices, and ideologies, can cause concern and fear among South Asian parents that they may lose their traditions and values. As a result, they enforce a stricter, more authoritarian upbringing on their children, in an attempt to promote “ideal” South Asian values and deter their children from “unacceptable” Western practices.

This shift towards a more stringent atmosphere and family dynamic is known as cultural freezing – “the development and imposition of rigid values and normative behavioural expectations from one’s country of origin...” (Runner, Yochihama & Novik, 2009, p. 49). Therefore, there is a strong fear that South Asian cultural values and norms are threatened in a Western society. In response to these threats, it is common to see immigrant families attempt to recreate their ideal family structure, in an effort to preserve and uphold traditions. This rigid

environment is enforced in many households, causing children to grow up in a very strict setting - causing identity problems, conflict, and intergenerational misunderstanding (Giguere, Lalonde & Lou, 2010). These stronger pressures and responsibilities may take a toll more on young girls, who most often fulfill expectations of family and honour (Deepak, 2005). This greater parental control and intrusiveness can cause heightened cultural dissonance for girls raised in the West, further leading to mental pressure and anxiety. It may therefore be more common to see eating disorders develop in this group living in the West, rather than those women living in South Asia – who may not experience such strong degrees of pressure and control. As Sussman and Truong (2011) explain, the processes of immigration and acculturation may be potential risk factors for the development of eating disorders.

Gaps in Knowledge

Researchers have shown that the prevalence of eating disorders has increased in South Asian women who have migrated to Western cultures (Furnham & Adam-Saib, 2001; Tomiyama & Mann, 2008). Much of this research has only *suggested* an association between South Asian cultural practices and the likelihood of developing an eating disorder, but not much research has specifically studied the issue of cultural tension as a strong risk factor in this population. Also, eating disorders affecting this community have most commonly been studied through quantitative methodological approaches. However, to understand how culture may be a contributing factor in the development of eating disorders, qualitative investigations should also take place. Issues such as arranged marriage and specific family pressures cannot easily be dissected and captured into measurable fixed variables on a questionnaire. It is more informative to gather stories and experiences from women who can openly speak about these issues

(Katzman & Lee, 1997; Miller & Pumariega, 2001; Lester, 2004). This research attempts to fill this void through qualitative exploration.

Theoretical and Methodological Considerations

Socio-Cultural Theoretical Frameworks

The Model of Westernization – The Cultural-Bound Syndrome Hypothesis

The term “Cultural-Bound Syndrome”, initially coined by Raymond Prince (1985), is defined “as a collection of signs and symptoms of disease...which is restricted to a limited number of cultures primarily by reason of certain of their psychosocial features” (DiNicola, 1990b, p. 246). Anorexia Nervosa was initially recognized in Western cultures, and still continues to be most prevalent here. Research has shown that eating disorders most commonly affect women belonging to the upper class in industrialized nations, where being slim symbolizes “social acceptance, self-discipline, self-control, sexual liberation, assertiveness, competitiveness, and class” (Shuriquie, 1999).

There have been many attempts to understand why there has been an increase of eating disorders in non-Western populations living in the West and several studies have concluded that many factors collectively play a role in the higher prevalence of eating disorders in these cultures. The ‘model of westernization’ explains that the main factors contributing to this increase, which support and extend the cultural-bound syndrome hypothesis, are the role of westernization, globalization, and media in promoting or fostering eating disorders in non-Western societies (Makino, Tsuboi & Dennerstein, 2004; Pallan, Hiam, Duda & Ada, 2011; Zaki, 2011a). According to Tsia (2000), westernization and modernization are characterized as “a historical shift driven by technological development in social and family structure where personal status is determined less by kinship and more by contractual and individualized roles” (Makino, Tsuboi & Dennerstein, 2004).

Therefore, emphasis is put on the individual self, including one's self-worth and self-satisfaction in the Western world. Everyday advertising, merchandising, and media target these personal values, specifically focusing on women's sexuality and bodies as a way to be self-satisfied. On billboards, in commercials, and on television shows, women are portrayed as sexual objects, being extremely thin, and at the same time being content with their bodies. This "sexualisation of girls" has many negative effects on their cognitive functioning by conditioning them to be uncomfortable with their own bodies. These ideals often lead women and young girls to have emotional, physical, and psychological problems, resulting in feelings of shame, anxiety, body dissatisfaction, and disordered eating (Zaki, 2011a). Because many non-Western cultures and individuals are becoming more "Westernized" through advanced technologies and media influences, many researchers have claimed that it is this shift itself, this 'cultural change', which has increased eating disorders beyond the Western world (Lester, 2004; DiNicola, 1990b; Giovanni, 2001).

Cross-cultural comparison studies have hypothesized that cultures exposed to advertisements and images emphasizing diets, fashion, and fitness – known as western values - should report greater fear of gaining weight, as opposed to cultures not exposed to such media. Findings from this research imply that those individuals who have an "exaggerated Western perspective" may show stronger symptoms of disordered eating (Sjostedt, Schumaker & Nathawat, 1998, p. 355; Wildes, Emery & Simons, 2001). Beauty ideals, weight concerns, and dieting, still remain a focus of much of the eating disorder research in recent times (Keel & Kump, 2003; Martinez-Gonzalez, Gual, Lahortiga, Alonso, Irala-Estevez & Cervera, 2003; Littlewood, 2004).

However, Pike and Borovoy (2004) explain that this model of westernization simplifies eating disorder etiology to a pursuit to be thin, “[implying] that what is occurring is an unquestionable ‘absorption’ of Western values and images, as relayed through Western commodities (such as fashion) and mass media images” (p. 495). Beauty, loss in weight, and having a thin body shape may be motivating factors, but these researchers emphasize that this should not be understood as the sole causes of disordered eating.

Micro-level Analysis and the Feminist Theory – The Feminist Hypothesis

Despite the research that has supported the idea that westernization and globalization are legitimate reasons for the increase in eating disorders across the globe, feminist researchers state that these are not valid explanations (Lester, 2004; Katzman & Lee, 1997; Lee, 2004). They claim that this reasoning focuses on the macro-level processes that occur in society, neglecting micro-level investigation. According to these researchers, in order to truly understand the etiology of eating disorders, one must engage in a more complex critical approach, taking into consideration the specific cultural context. It is problematic to view Western culture simply in terms of macro-level definitions such as globalization and technological advancements. Western culture, along with all cultures around the world, cannot be separated from social relationships, values, practices and norms. These must be taken into consideration when attempting to understand the role culture plays in the development of an eating disorder.

One approach which encourages a more narrative, personalized understanding of eating disorders is the feminist perspective. In this view, women’s disordered eating habits and negative body image do not entirely stem from media portrayals of thin female bodies, but rather from women’s roles in society (Katzman & Lee, 1997). The unique pressures and expectations placed on women in non-Western cultures may be a critical reason for food refusal. For example, a

study conducted by Kayano et.al (2008) found that abnormal eating attitudes are prominent in South Asian populations; however there is a reduced drive for thinness. Being thin and losing weight was not as prominent in this group as compared to Caucasian counterparts, but abnormality in eating behaviour was equally present. Many feminist researchers therefore provide the explanation that eating disorders in women can be traced back to the context of social relationships. Being second class citizens to men in most of these cultures, women have internalized their societal roles as mothers, daughters, housewives, and caregivers (Jayakar, 1994). As Katzman & Lee (1997) explain, eating disorders may be linked with power imbalances between males and females, and it is this gender inequality that triggers and fosters this psychological illness for some women. For those who have migrated away from their home cultures and have come to the West, these power dynamics and cultural shifts create more of a problem. Attempting to “straddle two worlds” and to “satisfy all previous expectations”, causes a problem as women try to subscribe to new images and roles (Katzman & Lee, 1997, p. 387; McCourt & Waller, 1996; Furnham & Adam-Saib, 2001). Host cultures, therefore, may be seen to devalue the roles of daughter, wife, and mother, which are central for female identity in Eastern societies. Feminist researchers question whether this issue of powerlessness trumps the common explanation of ‘fat phobia’ in women across cultures. It has been suggested that instead of thinking of eating disorders as a problem of weight, dieting, and body dissatisfaction, it should rather be understood as an issue of cultural disconnection, transition, and oppression for those women who have migrated to the West (Katzman & Lee, 1997).

In order to understand these complex feelings and emotions, feminist researchers also encourage a qualitative method which captures women’s struggles through narration (Lester, 2004). Allowing a woman to speak openly about the challenges she faces, gives her a chance to

vocalize these problems, which otherwise would unconsciously be taken out on her body. The body serves as self-definition for those with eating disorders, giving them identity and control (Katzman & Lee, 1997; Miller & Pumariega, 2001). Although quantitative methods are useful in identifying key factors relevant to the etiology of the disorder, having a patient tell her story not only recognizes important issues, but also has a therapeutic role by releasing built up pressure. Not much qualitative analysis has been used to examine Eastern cultures and populations. In fact, in some cultures these are unspoken and extremely taboo types of health issues, which explains the little attention eating disorders and other psychiatric illnesses receive in these parts of the world (Jayakar, 1994; Furnham & Adam-Saib, 2001).

Cultural-Change Syndrome – The Transcultural Hypothesis

Vincenzo DiNicola (1990a) criticizes the feminist perspective, questioning why high class, liberated women of the West experience this illness most, if it only roots back to gender inequalities and female struggles. Instead of this explanation, he describes eating disorders, specifically Anorexia Nervosa, in a different cultural context. DiNicola (1990b) examines this illness as a cultural-change syndrome, which occurs in individuals either living in developing countries, or in individuals migrating from those countries to more developed nations. He explains that this illness may emerge in conditions of economic, social and cultural change – which most commonly occurs during times of “cultural evolution and human migration” (DiNicola, 1990b, p. 264).

This transcultural hypothesis postulates that those individuals coming from a strong non-Western cultural background, yet growing up in a Western society, will experience conflict and tension not only personally but culturally as well. This conflict creates more difficulty for young adolescents who are adjusting to the society that they are currently in, upholding traditions from

the culture they belong to, while at the same time dealing with personal developmental challenges within themselves. Researchers who support and value this perspective, emphasize that this stressful time – this process of acculturation - does in fact affect one’s body, and may manifest itself through an eating disorder (DiNicola, 1990a; Sussman & Truong, 2011).

The tension created by conflicting demands from both cultures, may clash with one’s personal desire and need for self-fulfillment and social harmony – leading to a negative self-change (Ruggiero, 2001). Lacking a sense of belonging, and feeling a disconnect with personal relationships, further adds to the struggle. These researchers emphasize that it may be this internal and external cultural dissonance that affect women more than men, and place them at risk of developing an eating disorder (DiNicola, 1990a; Ruggiero, 2001; Katzman & Lee, 1997; Sussman & Truong, 2011). Women, traditionally seen to uphold and protect traditions and values, are faced with greater responsibility (Inman, 2006). Sharing some similarities with the feminist hypothesis, this perspective argues that in order to deconstruct the true meaning of refusing food, a more in depth social and cultural approach must be executed, taking into account the effects of balancing two distinct cultural worlds. The current study adopts these two key frameworks to understand the unique pressures placed on young South Asian women living in Canada, in order to identify the cultural risk factors involved in the development of this illness.

Methodological Framework

Interpretive interactionism, a qualitative research method established by Norman Denzin (1989), is used to study individual beings in a holistic context - taking into consideration one’s historical, social, cultural, and biological influences. With the emphasis of research on experiences and epiphanies of individuals, Denzin argues that humans not only passively respond to the social and cultural world around them, but are in fact actively contributing to this

existence on a daily basis (Mohr, 1997). The focus is continuously on the point of view of the individuals being studied, so that the experience itself is captured from the first person perspective. Through this, the main aim is to gather descriptions from participants about the phenomenon of study, which will then develop interpretations and themes from the interviews conducted. The goal of this methodological approach is to capture important experiences in individuals' lives, identify the social patterns that may have led to these important moments, and lastly to relate these experiences to larger social and cultural processes (Sundin & Fahy, 2008).

There are six phases in the interpretive process which are used in the current study; they include: framing the research question, deconstruction, capturing the phenomenon, bracketing the phenomenon, construction, and contextualization (Denzin, 1989).

Framing the Question

First, it is suggested that the research question be framed in the form of a “how” inquiry rather than a “why” question. This allows the researcher to critically understand the phenomenon and relate it to the social, cultural, and historical context of the individual. By drawing attention to these external factors in the question itself, further allows for an in depth analysis of how these factors contribute to the issue (Denzin, 1989; Sundin & Fahy, 2008).

Deconstruction

Secondly, the deconstruction phase is a comprehensive review of the literature in the area of interest. By highlighting observations, analysis, and important findings from previous studies, the researcher builds a framework for the current investigation. It is important at this stage to identify gaps in knowledge and any shortcomings that may have occurred in previous research, in order to present a full review.

Capturing

Capturing the phenomenon is primarily carried out through the interview phase of the research process. At this stage, personal stories and emotions are gathered, or “captured”, from multiple individuals with lived experiences. It is important to note that the interviews conducted are unstructured in design, with questions mostly open-ended as a way to elicit open responses from the participant. This allows the individual to speak in detail about the topics discussed, in a non-constraint context. This triggers the description of experiences felt by those who are interviewed (Mohr, 1997).

Bracketing

The bracketing phase is undertaken for each interview individually, where the phenomenon being studied is separated and taken apart from the context (Mohr, 1997). This analysis stage involves a detailed understanding and examination of the stories and accounts presented by participants. The purpose of bracketing is to separate the emotions, stories, and experiences of interviewees from the deconstruction phase of the study – from previous findings. This allows the interviews to stand alone and be understood in their own terms. Themes will emerge from these participant stories and phrases, and the researcher’s focus will be on how to understand, interpret, and examine their meaning. The aim is to connect these emergent themes to the phenomenon being studied (Denzin, 1989).

Construction

Interpreting and organizing the interviews into a coherent whole, which allows for reordering and reassembling of parts of the phenomenon, is the construction stage of the research process. After the experiences have been separated and understood in their own terms, they are brought back together to speak in totality about the research focus (Denzin, 1989).

Contextualization

Lastly, the contextualization phase is used to present what has been learned about the phenomenon and how it fits into the larger social and cultural environment, with implications of the research identified. At this point, what has been learned from the study is understood taking into consideration the limitations and benefits. The personal stories of each participant are to be connected to the phenomenon, and described in terms of how they alter and change this area of research (Mohr, 1997).

Denzin's (1989) six phases of interpretative interactionism will be the methodological framework used for the current research study. By initially outlining the research rationale, the study focus is clear, and draws on the social and cultural factors that are involved in participant experiences of an eating disorder. The next five stages are used in the following sections to describe and analyze the collected qualitative data.

Methodology

Quantitative vs. Qualitative

Eating disorder literature has generally favoured more of a quantitative approach in terms of data collection and analysis. Extant scholarship has indicated that eating behaviours and attitudes are generally measured using the EAT-26 questionnaire. Body satisfaction is commonly assessed using the Body Satisfaction Scale, and various figure rating scales have been used to research desired body sizes and shapes. (Iyer & Halsam, 2003; Furnham & Adam-Saib, 2001; Mumford & Choudry, 2000; Pallan, Hiam, Duda & Ada, 2011; Bush, Williams, Lean & Anderson, 2001; Wardle, Haase & Steptoe, 2006). Although qualitative methodology is becoming a more common approach used to study health issues, it is rarely employed to study eating disorders in non-Western cultures (Katzman & Lee, 1997). To understand this disorder from a cultural perspective however, it is essential to obtain experiences from survivors themselves – a more qualitative approach. According to Katzman and Lee (1997), the in-depth struggles and challenges faced by individuals who suffer such illnesses cannot easily be captured in the form of a closed-answer questionnaire. In accordance with Denzin (1989a), giving young women a platform to voice their feelings and emotions is very beneficial for the researcher as it gives more detailed information about why these behaviours are occurring. Asking a question and having the individual talk about their feelings, emotions, and experiences gives the researcher a solid, in depth understanding of the cultural issues surrounding an eating disorder. This type of qualitative research is not only useful for research purposes, but also is extremely therapeutic for the individual who is suffering as well (Katzman & Lee, 1997).

For these reasons, the current study takes a qualitative approach, specifically face-to-face interviewing, to understanding and explaining the cultural factors that are involved in the

development of an eating disorder. This interview-based study was conducted in the Durham Region and Toronto area. This interview methodology is necessary because of the sensitivity of the issue and cultural group represented in the study. The research focuses on the individuals who have struggled, or who are currently struggling with an eating disorder. The interest is on the experiences, feelings, and emotions felt by the individual, and what can be learned from these experiences for each case. The interviews have been studied and analyzed collectively in order to provide insight into the South Asian cultural influences on eating disorders.

Inclusion/Exclusion Criteria

The target group or study population is second generation South Asian women from India and Pakistan who reside in Canada and have been diagnosed with an eating disorder. Criteria for inclusion in the study were women 18 years and older, who belong to the second generation of South Asians living in Canada. A sample of women 18 years and above was used because of the difficulty in attaining parental consent for a younger sample – specifically due to the stigma associated with such illness in the South Asian community. Adopting the definition given by Portes and Rumbaut (2005) the term second generation refers to a native Canadian born individual whose parents have moved or migrated from a foreign country prior to the birth of the child, or a foreign born individual who has moved to Canada before adolescence. The women participating in the study currently have, or previously have had, a diagnosis of an eating disorder from a health care professional. Due to the sensitivity of the illness and stigma associated with it, there was no exclusion criterion for any specific eating disorder. All types were included - Anorexia Nervosa, Bulimia Nervosa, Binge Eating and Eating Disorders Not Otherwise Specified (Treasure, Claudino, & Zucker, 2010).

Excluded from the study were South Asian men who have been diagnosed with an eating disorder, women from the community who are below the age of 18, and non-South Asian women with or without an eating disorder. These exclusions ensure that the target sample recruited fits the inclusion criteria and belongs to the study population of interest. Following these criteria confirm the responses attained from the sample are relevant to the key research objectives and rationale.

Sampling Technique

Due to the sensitive nature of this research, as well as the population being studied, attaining a large sample from the larger target group was the main challenge. Because mental illness still remains a very taboo and stigmatized issue within the Canadian South Asian community, recruiting participants from this group was extremely difficult and challenging (Jayakar, 1994; Lai & Surood, 2008; Kumar & Nevid, 2010). Individuals who have the disorder may have been hesitant to come forth and discuss the illness, their experiences with it, and the factors they feel played a role in the development of the disorder. Eight South Asian women were recruited using non-probabilistic, snowball sampling. A number of important contacts who have direct experience with the disorder were contacted through eating disorder clinics, counselling centres and hospitals in the Toronto area prior to the interview phase of the study. These individuals counsel those who have been clinically diagnosed with the illness, coordinate services, programs, and support groups for individuals challenged by the illness, and are highly involved in the eating disorder research community. Providing advertisements and recruitment pamphlets for the current study to these individuals helped attain the current sample. Also online magazines that cater specifically to the South Asian community in Toronto were contacted, and agreed to publically post advertisements for the current study. With the help of these key

contacts, and their recruitment efforts, the sample of eight South Asian women was attained. Please refer to Table 1 for a list of key recruitment contacts.

Table 1 - Key Recruitment Contacts

Organization/Agency/ Media Outlet	Contact Individual	Position	Email
Sheena's Place	Julie Notto	Program Manager	jnotto@sheenasplace.org
Eating Disorders Clinic Inc.	Patti Perry	Nurse Psychotherapist	patti.perry@eatingdisorders.ca
South Asian Parent Magazine	Uttama	Editor	editor@southasianparent.com
Desi News Magazine	Shagorika Easwar	Editor	desinews@rogers.com

Sample

A total of eight young women were interviewed for the current study, with an average age of 25 years (ranging from 21 to 29 years of age). All participants are currently living in Canada. Four participants were born in Canada, and four participants migrated to Canada prior to the age of adolescence. All participants are categorized as second-generation, in accordance with the definition given by Portes and Rumbaut (2005). Seven of the interviewees identified themselves as being of Indian decent, with both parents born in India. One participant classified herself as Pakistani, with both her parents born in Pakistan. Four of the interviewees affiliated themselves with the religion of Islam, three identified themselves as Hindu, and one as Sikh. Seven out of the eight women had attended a post-secondary institution. Five of the women interviewed were diagnosed with having very strong anorexic tendencies, one had strong bulimic behaviour, and two were individuals who engaged in binge eating. Please refer to Table 2 for sampling details and Table 3 for specific participant demographic information.

Table 2 – Sample Profile

Who is the study population?	Second generation South Asian women, 18 years and older, who have been diagnosed with an eating disorder
Who is the sample?	Those who come forth from the larger study population who are willing to participate in a face-to-face interview
Total number of participants	8 participants
What is the sampling method?	Non probability
Sampling technique?	Snowball sampling

Table 3 - Participant Specific Demographics

Average age of participant	<ul style="list-style-type: none"> • 25 years of age
Birthplace	<ul style="list-style-type: none"> • Four participants born in Canada • Three participants born in India • One participant born in Pakistan
Cultural background identified	<ul style="list-style-type: none"> • Seven participants of Indian decent • One participant of Pakistani decent
Religious affiliation	<ul style="list-style-type: none"> • Four participants – Muslim • Three participants – Hindu • One participant – Sikh
Education	<ul style="list-style-type: none"> • Seven participants – post secondary education
Diagnosis	<ul style="list-style-type: none"> • Five participants – Anorexia Nervosa • Two participants – Binge Eating • One participant – Bulimia Nervosa

Unstructured Interviews

Each unstructured interview was conducted in a confidential room, with only the participant and the researcher. The participant was first made comfortable in the room, and the consent form was read through and explained. Once the form was understood and signed by the

participant, the interview questions began. The format of the interview was an informal conversational design, in which open-ended questions were asked to generate and elicit feelings, thoughts, opinions, and experiences in relation to the eating disorder and the cultural background of the participant. Questions focused on the individual's family relationships, cultural upbringing in terms of practices, values and norms, issues of cultural tension between Canadian society and South Asian traditional ideals, and the specifics of the eating disorder for that particular individual. All information gathered from the interviews was kept private, anonymous and confidential. To ensure this, no names were used in this research. All women were coded as Female 1, Female 2, etc. Participants were assured that they could stop and leave the interview at any time, and could skip any questions that they did not feel comfortable answering. The interviews were audio recorded for transcription and analysis purposes. The interviews were conducted, recorded, and transcribed by the primary researcher. All recordings were stored in a confidential file cabinet, and all interviews, recordings, and forms were coded using code numbers. Direct identifiers were also removed from all information. It is understood that eating disorders in the South Asian community are a very sensitive health concern, and all steps to protect and safeguard participant recordings and information were taken.

Analysis

The last four phases of interpretive interactionism were used to analyze the findings. Once all interviews were complete, the process of capturing was conducted for each individual participant. Their personal stories and experiences were collected, organized, and presented by topics discussed. Participant dialogues were also included to better understand the interviews, which ensured solid descriptions of each conversation.

After this phase, each participant's interview was bracketed highlighting important topics discussed, and isolated from other interviews. This allowed for each participant's story to be understood independently and for key aspects of each conversation to be identified.

Next, the construction stage was used to find similarities and differences across interviews, and to further understand and interpret the themes that emerged from the collective study. Lastly, the contextualization stage identified how the current research fits into the larger context. Specifically, the research revealed the impact one's culture has on mental health, and how each individual's life story is shaped and reshaped by their internalized values, beliefs, and expectations.

The research analysis software QSR NVivo (version 9) was used to organize and analyze each interview script, as well as all interviews in a collective manner. This program allowed for emergent themes to be identified from each interview, and highlighted similar responses across participants. It played a significant role in aiding the researcher to interpret and understand the results in an efficient and accurate manner for the current study (QSR International, 2012).

Personal Bias

In accordance with Denzin's (1989) interpretive interactionism framework, it is necessary for researchers to identify their own personal biases that may be present in their research, because this will impact the way they interpret the experiences of those they have interviewed. It is difficult, and rather impossible, to separate the researcher's own experiences from the investigation. Denzin recognizes this issue, and signifies the value of having researchers bring their own ideas, experiences, and preconceptions to the table. He notes that by identifying and clearly stating these biases, the researcher can stand outside their personal understanding, and interpret the findings from a non-clouded perspective.

The researcher, being a second generation Canadian South Asian young woman, shares many similarities with those interviewed for the study. Coming from a similar immigrant family background, and experiencing the same cultural imbalance in relation to South Asian and Canadian values, norms, and beliefs, the researcher understands and can relate to the issues raised during the interviews. A very strong effort was made to step out of these experiences, and interpret the results from an external perspective. Although difficult, the researcher made every effort not to bring personal biases into the analysis and interpretative stages of the study.

Interviews (Capturing and Bracketing)

Eight South Asian women were interviewed in the Durham Region and Greater Toronto area. Each participant's experiences and story is presented in the next section, which summarizes the main topics discussed and important dialogue spoken. The researcher has made full effort to document the interviews in their own terms, without introducing her own understandings and biases.

Following each captured interview, is a bracket summary for each participant. Here the main topics are highlighted and presented independent of the greater phenomenon. All participants' names have been removed and replaced with code numbers for the anonymity of the interviewees. A table summarizing key themes emerging from the interviews concludes this chapter.

Female #1 (P1)

Capture

Demographics: Participant is a 24 year old, single female. Both her mother and father are of Indian background, and she classifies herself as Indian as well. She was born in India, but immigrated to Canada with her family at a young age. The participant's highest level of education completed is a Bachelor of Arts degree. She affiliates herself with the religion of Sikhism. Participant was told that she was bulimic with anorexic tendencies.

Age of Onset: The participant's earliest recollection of going on a severe diet was at the age of 13. She recalls having thoughts of not being good enough, and notes that these started earlier than that age. Late elementary school is when she began to control food intake.

Realization: She did not realize or accept she had a problem right away. She says that considering it a problem had always made her feel intolerant and she felt as though she was insulting herself. She says, "I think you always feel different, but you don't necessarily want to call it a problem because that's just...it's insulting to yourself right...because you feel your intolerant." Before she actually realized what was happening, she felt that whatever was going on in her mind and with her body was "just a part of [who she was]".

Denial: Participant admits that she was in denial and would convince herself that she was fine. Even now, she admits that she is still in denial sometimes. Because once she convinces herself that she is okay, and after she feels better about it, the cycle of negative thoughts and behaviours start again. She states, "I mean even now, some days, like you are always in denial. Because it's just easier to say that you don't have a problem, than to admit that something was wrong."

No Shared Experience: Participant recalls that she did not know of anyone else who was experiencing something similar to what she was going through at that time. She emphasised that

this is what caused her to feel so alone and isolated - not having anyone else to talk to or confide in. She recalls, "...that's what makes you feel so alone. Because it's like if nobody else has that problem, than why do you?"

Diagnosis: The participant sought professional help and was told that she was Bulimic with Anorexic tendencies. She explains how she would restrict food nonstop, and then binge for periods of time, and purging would follow after.

Concept of Arranged Marriage (views): Participant feels a pressure for marriage (pressure she puts on herself, not necessarily from parents). She agrees with the concept of an arranged marriage, and admits that marriage is something that she has always strived towards. She puts blame on herself when she sees peers getting married and differentiates herself from them based on physical features. She acknowledges that there are certain physical expectations in the culture that are required to get married. She does not feel that she has attained these features, but others around her have.

But then in the back of your mind, because you see your peers, and you see them before they get married and then they get married, so that's always something you feel you have to kinda strive towards. That's your ultimate perfection, like you always look and say they're not girl like me, and it's always the girls like them, and it's never me.

Physical Expectations: Participant believes that there are physical criteria required for marriage, and she does not feel that she has attained it. She is in a constant struggle to look a certain way, and in her mind the physical look is ultimate perfection, which she knows is unbelievable and unattainable.

I don't think I've attained it, and I don't think I ever will attain it. Because sometimes, what other people may have an idea, mine far exceeds it. My mental image is ultimate perfection, which I don't think anyone can ever believe, achieve.

Family – Siblings: The participant has an older sister who is married, and a younger brother.

Competition between siblings: Participant admits that there is competition and insecurity she has with her older sister created by herself again, not enforced by her parents. She notes that she always has to be the best she can be in every way possible. She admits to feeling competition in many aspects of her life, to the extent where she will even compete with complete strangers. She states, "...I could meet a complete stranger, and I will automatically start comparing myself to them. But it's not something someone says to me, it's just my head."

Her sister was married at a younger age and the participant notes how it was easy for her sister to find a husband. She admits that there was competition surrounding marriage when her sister did get married, and this did bother her.

Parents – Freedom/Rebellion: Participant explains that she had a restricted lifestyle while growing up, and was not allowed to do much in those years. She never externally rebelled by doing things without her parent's knowledge. She realizes now that her internal rebellion was not eating - she characterizes this as a way to take out her frustrations and hurt herself, rather than her parents. She could never fathom hurting them. She also felt that she had to meet expectations, like looking and acting a certain way, and bingeing and purging was contrary to that. That is why she internally took out the frustrations, rather than letting someone else know.

I'm not a very rebellious person. I never want to upset anybody or hurt them so I never physically let them. But I guess my internal rebellion, which I see it now, was not eating. And if I did it, it was going and throwing up, because it just ... that was my way of rebelling back. Like they can't make me do it. But physically, I don't think my parents would ever say I rebelled. I couldn't fathom ever hurting them so, I just did it secretly and hurt myself instead.

Parents – Shared Values: While growing up, participant notes that she was more liberal than her parents because she was exposed to a Western society. But after a certain age, she internalized all the South Asian values, beliefs and restrictions that her parents had taught her and enforced. Now she sees herself as more traditional, and more similar to her parents. Now she feels that she has internalized all that she was brought up with, and ironically puts restrictions on herself, as opposed to her parents enforcing them.

We had a pretty restricted sort of lifestyle. And after a while it just, I think it started off with them [parents] telling me that's what I should do, after a while it became who I am now. So till this day I can't easily allow myself to just relax. I feel like I always should be doing something...because of the very tense atmosphere. But even now, even though those restrictions aren't always there, like I create them for myself.

Parents – Expectations: Participant explains how she grew up in a very tense atmosphere with many restrictions. Now she creates expectations for herself (in terms of marriage and physical appearance). These are not necessarily imposed by parents, but she has created these high expectations for her own life.

Parents – Openness: She explains that she had a fairly open relationship with her parents. Despite this, she could never tell them about the disorder because she was afraid she would hurt them. She cared too much about keeping her parents happy, and because of that that she kept her problem to herself, which perpetuated it. She had no one to share or to talk to.

Food Intake: Participant explains how she would restrict meals and then have bingeing periods which would lead to intense guilt. By purging, she explains how she would feel relief and in control, which is “the best relief in the world”. Now she has normal/healthier meals, and refers to a dietician for help.

Media Influence: Beauty was the main factor which always stood out for her while watching Bollywood movies and actresses. In her mind, to be beautiful was to be thin. She feels in order to have somebody love you; you have to look a certain way. Because she feels she does not look a certain way, she fears she will always be alone, and that she will never find anyone who cares for her. She explains, “but at the end of the day you know that in order for you to be with somebody and to have somebody love you, you have to look a certain way.”

Cultural Dissonance: Growing up in a Western culture but belonging to a South Asian household was challenging for her because she would be questioned all the time at school about her traditions and values and why they were so different. She felt extremely isolated growing up in a predominately Caucasian area, and struggled to fit in. Being South Asian was just another factor that made her different and alone. She felt that she never really belonged, and that is all that she wanted at that point.

Like you know when you go home you do certain things with your family and you're okay with it and you have fun, but then you come to school the next day and then you question yourself again like why do I have to do it? And that's just one more thing that makes you different. And you don't want to be different from everybody else, you just want to fit in.

Stigmatization in South Asian Community: Participant never sought help because nobody believed she had a problem. She did not “fit the image” of what someone with an eating disorder should look like. Because no one else took it seriously, neither did she, and that is how the problem got worse. She never believed she had a real problem and hesitated to seek help because of that reason. She began to doubt that she even had a problem to begin with, and that is why she felt uncomfortable speaking about it.

And when you don't physically meet that description it just, it just makes you hesitant, cuz every time you approach someone for help, their first question is 'oh but you don't look a certain way though, why aren't you stick thin?' and it makes you doubt yourself that what you have is even real.

Advice and Changes: Participant encourages young women to find self-worth. She believes that if people do not feel self-worth, they will never seek help. She encourages girls to gain confidence and talk to someone about the issue. At home, she feels comments need to stop about weight, and that parents need to positively reinforce their children by passing good/healthy comments. Small words can “[make] such a huge difference”.

Bracketing

Participant was a 24 year old female who began having negative thoughts about herself as a young adolescent at age thirteen. Initially she did not realize she had an eating disorder, but admits that she had always felt different about herself. It was not until a few years ago that she started to realize there was a problem she had with food. She says that at that point it kept getting worse because she easily could get away with not eating, or purging what she did eat. Participant was in denial and kept the problem to herself, had no one to share with, and did not know of anyone else who experienced what she was going through.

Participant identifies as being very traditional and wanting to follow the guidelines of her culture. She wants an arranged marriage, and puts immense pressure on herself to look a certain way in order to get married. Her physical goal is to be ultimately perfect, and she strives towards that even until now.

Participant has always had a competitive relationship with her sister, and generally explains that she has a competitive nature. She is competitive with her sister because of her sister's marriage at a young age, and she has always strived for that herself. She admits that she

always has to be the best at whatever she does, and that is why she is constantly trying to achieve perfection.

With her parents, she explains how she has a fairly open relationship, however has never told them about her suffering through the problem. Participant grew up in a very restricted atmosphere, in which she was not allowed to do many things easily. She internalized these restrictions, and despite being brought up in a Western society, she now has very traditional thinking. Instead of her parents having to restrict her now, she places those restrictions on herself.

She admits that South Asian media (i.e. Bollywood movies) shaped her concept of what beauty and love is. She noticed that women would always be thin, and thin would mean that they were beautiful. This would further add to her wanting to achieve that perfection, in order to have a love story of her own.

Participant highlights it was difficult to grow up in a Western society while at the same time holding onto her traditional values and beliefs. She felt isolated and did not have anyone else to relate to. Growing up feeling like she did not belong in any group made her feel alone, because nobody would understand her cultural values and beliefs.

She explains that no one took her problem seriously, and that is why she kept it to herself. She felt like nobody would understand what she was going through because of the stigma in the South Asian community and the lack of understanding. She wishes she had someone to talk to in order to overcome what she went through. Because of this she encourages other girls to gain confidence and to talk about the issue. She also feels that the home dynamic needs to change in the South Asian community, with more of a positive environment for young girls to grow in, with less restrictions and more positive relationships.

Female #2 (P2)

Capture

Demographics: The participant is a 29 year old, married female. Both her mother and father are of Indian background, and she classifies herself as Indian as well. She was born in Canada and has been raised here. The participant's highest level of education completed is a Bachelor of Arts degree and a Bachelors of Education degree. She affiliates herself with the religion of Islam. Participant was told she was anorexic and would restrict food completely.

Age of Onset: Early high school years is when the participant began to notice her weight and wanted to do something about it. She notes this is roughly around age 14. She did not begin to act upon her weight until a few years later. She recalls this to be between the ages of 15 to 16.

Realization: The participant did not realize that she had a problem with eating right away. She recalls that she thought her problem was that she was too big, and her goal was to lose that weight. The problem was never how she was going to lose weight, but that she needed to do it. She states, "...my problem [was] that I'm fat and I need to do something about it. The eating disorder wasn't the problem, my weight was the problem."

Denial: She would come up with excuses for not eating, for example she would convince herself that she was busy with school, homework, household chores and therefore did not have time to eat. When she noticed that she was losing weight because of this, she was pleased and continued to do so. She explains, "I didn't think that it was a problem, it was just that I wasn't eating because I had excuses for not eating."

No Shared Experience: Participant did not know of anyone who was going through the problem, especially did not know of anyone in her family experiencing something similar. She

emphasized the point that no one talks about the issue in the community, and that it is hard to share such a problem. She says, “it’s not something people really talk about.”

Diagnosis: The participant was told she had Anorexia, by which she would restrict food completely.

Concept of Arranged Marriage (views): The participant emphasized that in the South Asian community it is very taboo to marry someone of your own choice, and that is why an arranged marriage is the ideal method of finding someone. She stated that parents would be extremely uncomfortable knowing that their daughters were going out, talking to boys, or having a relationship of any kind with a boy. Her own marriage was of her own choice, but because of fear from her parents, she never told them this. Because her family and her husband’s family were family friends for many years, her parents approached her about possibly arranging her marriage with their family friend’s son. Coincidentally, this was who she had been seeing for many years. She of course agreed to this, but did not reveal to her parents the truth about her relationship. Her parents, until this day, believe that her marriage was arranged, even after five years. During these five years, she was forced to lie about everything in the relationship which caused added stress and pressure. She felt she had to keep everything a secret, because if she did not, she would not be able to be in the relationship.

But till this day, everybody still thinks we had an arranged marriage done, just because its taboo to get married out of your own choice, or umm God forbid you have a love marriage, and so parents would just be going crazy if they found out that their daughters were going out with a boy, even talking to a boy, having a relationship of any kind.

Physical Expectations: The participant speaks about the physical criteria required to be a “good bride”. She explains that a woman needs to be tall - but not too tall, needs to be slim, needs to have fair skin, and needs to have long, luscious hair. She felt that she had to meet all these

requirements while growing up, in order to be married. If she did not meet them, she would be alone and single. The only aspect she had control over was her weight, and so she began to control that in order to strive to be this perfect image.

I'm not that fair in skin color, but there was nothing really I could do about it, so the last thing left was being slim and slender. I had control over that, so that's what I had to do next, to lose the weight to fit the image of what a good bride should be.

Family – Siblings: The participant has an older sister.

Competition between siblings: The participant felt that there was a great difference in attention from parents while growing up because her sister had epilepsy. Her parents had to take care of her sister, and therefore the participant did not receive much attention from them. They would assume that she would and could take care of herself.

There was also competition as the siblings grew older in terms of looks and beauty. The participant highlights that her sister was fairer than her, skinnier than her and more social. The participant felt the need to always be better than her sister in order to seek attention from others and her parents. She also mentions that this competition was something from within her, and that she had to strive to be better in every way possible. She explains, “so there was competition in that sense – that, not really that I had to be her, but I had to be better than her, or be at her level to get that attention from other people or my parents.”

Parents – Freedom/Rebellion: The participant had a very sheltered and restricted lifestyle. She was not allowed to go out late - after dark, and had to be home by a certain time every day. She felt she lost many friends because they would not understand why she was not allowed to do simple things like going to the movies or sleeping over at their houses. It was difficult growing up for her because of these reasons and restrictions.

Clearly over here, kids go out, they do what they want, they go to movies, things happen late night, so that already took away my opportunity for me to have more friends that I could have had, because it's really hard for other people to understand that you're not allowed to like do simple things, like go to a movie in the night, you're not allowed to stay out after the sun goes down, you're not allowed to sleep over at people's houses. So it was difficult.

She would secretly rebel behind her parents back because she was too scared to voice her opinions in front of them. To their faces, she would do everything they would tell her to do. But she felt like she had a double life – one for herself to make her happy, and one for her parents to make them happy. She did not want to have a relationship with her parents that was filled with secrets and lies, but was forced to do so. She explains, "...it was just basically a bunch of lies, always hiding things from them, which was not the type of relationship I wanted, but it was almost that I was forced to do so because there was no other way."

Parents – Shared Values: When she was younger, she states that she and her parents had the same values and beliefs, but when she was in high school, she started to make her own decisions and form her own opinions. Here is where she learned that she and her parents may differ in terms of opinions and beliefs. This is the same age her eating disorder began to develop (early high school years).

Parents – Expectations: Because her sister was not very good in school, the participant felt the pressure to do well academically, career wise, and to exceed all expectations. She strived to be the perfect Indian daughter and child for her parents, and be perfect all the time in every way, even marriage.

I felt that I had to be like the perfect Indian daughter, the perfect Indian child. Need to do well in school, I need to look good, I need to get married to a guy who my parents wanted me to get married to, the good old arranged way, and just be perfect on any terms in that matter.

Parents – Openness: The participant explains that she did not have an open relationship with her parents at all. She felt as if she always had to bottle up her emotions inside and had no one to share with. She feels this is why her problem got worse, because there was no one who really noticed, and no one who cared. She feels that if she and her parents had a more open relationship, her situation would be different, maybe better.

Like that was another thing, maybe it would have helped if I could, umm, talk to them about things, I would feel I would have help of some kind, or I could approach them to talk about things. Because we weren't really close, I always had to bottle up my emotions inside, I could never really tell what was wrong with me not eating, it didn't seem like anything was wrong because I had nobody to share it with, so I just assumed that ok I'm not eating, its fine, I'm losing weight, I don't need to own up to anyone and I don't need to, umm, justify myself in front of anyone because I didn't have anyone to justify myself to.

Food Intake: Her meals now are more healthy and complete. When she was experiencing her disorder, about 10 years ago, she hardly ate anything. She would have no breakfast, a soda drink for lunch, and a salad for dinner. What she considers as a snack today, would be everything she ate in an entire day back then.

Media Influence: The participant identifies that seeing actresses looking a certain way physically impacted the way she felt and feels about herself and eating to a certain extent. Even now, watching movies and actresses makes her think about what she is eating and how she should restrict certain foods. Watching these images creates a sense of insecurity for her, even now.

Cultural Dissonance: While growing up, participant highlights that there were not many South Asian people around for her to spend time with or connect with. She highlights that it was difficult growing up in that environment, but she feels that this may not be what exactly caused her to feel the way she did. She feels that not fitting in and belonging compounded her issue, but

the real problem for her stemmed from pressures and expectations of the Indian community and the pressure of looking good and getting married, which were higher factors.

Stigmatization in South Asian Community: The participant states that when she was initially going through the problem, and even years later, she was not comfortable talking to anyone about it or letting anyone know what she went through. She did not want to discuss with anyone because they would not understand, and would look at her as if she were abnormal. She emphasizes that in the community, they would simplify the problem to “just not eating”, whereas it was not that simple at all. There are many underlying factors that played a role, and she says that the community will never understand that.

Back then I wouldn't talk to anyone about it because they would just look at me and be like are you crazy? Why aren't you eating? It was that simple for them, but they don't realize that there's so many factors, so many underlying things behind it, that have caused you to get to that point of not eating. And if you think about it, you seriously have to have some factors and pressures on you to go as far as to not eat.

Advice and Changes: She feels that the community needs to change its expectations for girls to look a certain way because it creates a vicious cycle in the girl's mind trying to meet these expectations. Secondly, in her opinion, parents need to become more approachable, open and understanding. She encourages girls to speak out, and seek help with whoever they feel comfortable with, and not to just stay alone and suffer. Also, she feels that people need to change their concept of what beautiful is, and that it is acceptable to be different. Parents and family members need to be more of role models, rather than creating insecurities.

I think it's definitely more community, I feel like, like how I mentioned earlier, there's this vicious cycle of someone trying to look good and once they do, people commenting people, people liking, so they just believe they have to do it more. Umm, I think that parents need to change. Like for me, my parents weren't approachable at all.

Bracketing

Participant was a 29 year old female who began to have problems with her weight in early high school years. Initially she did not realize that she had a problem with eating or with food; she recalls that her main problem was that she was overweight and her main goal became to lose that weight. At first she would come up with excuses for herself to avoid food, until she actually drastically started to lose the weight. Once she saw that it was working, she continued with her eating behaviours. She explains that she did not know of anyone else who was having the same weight problem as her at the time, and she could not speak to anyone about how she was feeling. Therefore, she kept it to herself.

She explains how arranged marriage was something that was enforced in her household, and that her parents would be upset if they found out that her own marriage was a marriage of her own choice. She always felt the pressure to marry someone of her parent's choice rather than her own. Participant speaks about growing up in a home environment feeling the pressure to look a certain way for marriage. She acknowledges that she started to control her weight in order to meet the physical criteria in order to get married. Weight was the only aspect she could really change, which gave her more of an incentive to restrict food.

The relationship with her parents was not open and she could not tell them anything. She felt that they did not understand what she was going through and that they did not have the time for her. She would bottle up the emotions and feelings inside. They also had very high expectations of her to do well in school, to be getting a good job, and to be a good Indian daughter. She recalls having to meet these expectations growing up. Participant had a very restricted life as a teenager not being allowed to go out late and having to do things secretly behind her parents. Her relationship with her now husband was entirely hidden, which she admits

added stress for her. With her sister, she was always competitive and had to be the best in terms of education, career choice and beauty. She admits to feeling insecure because her sister was always the fairer, more beautiful child. There was a lot of tension in her family dynamic.

Participant notes that Indian media did impact the way she felt about herself, and she would be motivated to look a certain way by watching actresses. Even now, she admits that this affects the way she sees herself.

She explains that it was challenging for her to grow up in a non-South Asian community, with not many of her peers understanding her culture or traditions. She recalls that this made her stand out and feel like she did not fit in, which further added to her isolation. Participant also identifies that within the South Asian community, there still is a strong stigma surrounding mental illness which makes it extremely uncomfortable for girls to speak about the issue. In order for there to be change in this thinking, people need not put such strong pressure on girls to look a certain way and to meet such strong expectations. Also, she notes that the family dynamic needs to change where children become more comfortable discussing such issues with their parents to relieve some of the stress they may be experiencing within the home setting.

Female #3 (P3)

Capture

Demographics: The participant is a 29 year old, single female. Both her mother and father are of Indian background, and she classifies herself as Indian as well. She was born in Canada and has been raised here. She affiliates herself with the religion of Hinduism. Participant was told that she had depression which led her to engage in binge eating.

Age of Onset: The participant explains how she has always had a problem, but said it was early high school years (around the age of 16) that she really started to notice how much it was actually affecting her.

Realization: She did not realize that she had a problem right away. Others started noticing around her, and her sister started noticing and pointing it out to her.

Denial: The participant admits that she was in denial at first, and angry that someone was accusing her of having a problem. But as she started noticing the changes in her more and more, the denial slowly cleared up.

No Shared Experience: She explains that she had a friend who was going through something similar in high school, but had a different type of problem (was anorexic). Therefore, they could not relate as much with each other.

Diagnosis: The participant was told that she had depression and because of the depression she had begun to binge eat.

Concept of Arranged Marriage (views): The participant's parents are in favor of an arranged marriage, but are open to letting her find someone on her own. But she is repeatedly told by her family that no boy, or his family, is going to accept her because of her weight. As she grew up, she was told that beauty is being skinny, and because she was always a chubby child/adolescent,

she started to feel uncomfortable with herself, and turned more towards food for comfort. She explains, “It’s if you find somebody, then that’s great. If you don’t, we’ll help you find somebody, but usually it comes down to the one line: ‘lose weight, and only then will you find somebody’.”

Physical Expectations: She agrees that there is a physical image required for marriage; it is enforced that the woman needs to be from a size zero to maximum size eight figure, and somebody tall - is considered to be the perfect image of a bride. She never felt that she met those expectations; she admits that she is not very tall and was a chubby child.

I’m not six foot, I’m 5’1, I’m a chubby girl, and being chubby has always been, you know, has not been the perfect image for any guy. I’ve been told that any guy who is going to be introduced to me is probably gonna look at that as a big factor, but alone not just a guy, but his family too, that they’re not going to accept having a fat daughter in law, is the exact precise words that are usually used.

Family – Siblings: The participant has two sisters. She is the eldest of the three sisters.

Competition between siblings: She feels that the three sisters are not treated equally by her parents. The participant explains that because she is eldest, she was not easily allowed to do things, whereas her sisters were given more freedom to a certain degree. Nevertheless, she feels like there has been a lot of support between the sisters, and that they can confide in each other when necessary.

Parents – Freedom/Rebellion: Participant discusses how her whole life has been led in a very restricted manner. She recalls that she was not allowed to do things freely, like spend time with friends and have sleep overs. She tried to rebel against her parents and felt the urge to do things without them knowing, but admits to have never succeeded. She felt that while she was growing up, she was sheltered to a certain extent.

Parents – Shared Values: The participant feels that she and her parents often disagree in terms of opinions and values. She feels that she has her own perspectives and her parents have their own, and that creates tension at times. Because there was a lot of tension at home, it would upset her a lot. She feels that is where her bad habits in eating began as a way to cope with her stress. Instead of being able to talk to someone about her relationship with her parents, she would internalize the pressure and have nowhere else to escape. Now, she feels she is more open with her parents at this age, and that has helped her feel better and be able to express herself more freely.

I used to keep it to myself, and it would upset me a lot, and that's where a lot of my bad habits of eating came in. Because instead of, you know, talking to somebody about it, I went towards food and ate a lot of food to make me feel better.

Parents – Expectations: Participant always felt she had to be a role model for her sisters. Because she is the eldest, she felt the responsibility to uphold a certain image and she feels a duty to lead a good path for her sisters to follow. She explains how this created a lot of pressure for her, “being the eldest, they want you to be a certain image and a certain personality...that will reflect [your parents] but also, you know, give a path to my sister to follow on.” She also had immense pressure to lose weight by her parents, in order for her to get married.

I started off as being a chubby child, as well a chubby adolescent, and as time progressed, my parents were adamant – lose weight, exercise, if you don't look a certain weight, you're never going to get married. You know, beauty is being skinny... I think, because of that...I turned to food for my comfort.

Parents – Openness: The participant admits that she has no open relationship with parents at all. She does however feel that the relationship is getting better now that she is older (age 29).

Food Intake: Now participant is on the way to recovery, states that she is eating much healthier now and in smaller quantities, as compared to before when she would eat large quantities at once and would miss other meals. She is now trying her best to make healthy choices and to not miss any meals.

Media Influence: Participant feels that Bollywood media does affect the way girls think and feel about themselves, especially lately since there is more emphasis on appearance and to be thin. She says that if you are not skinny, you are not considered beautiful, and girls feel pressure to get to that level. If they do not get to that perfection, they rebel and it can negatively affect the way they see themselves and this may lead to negative eating habits. Her pressure growing up was not entirely shaped by media, but was due more to family tension. She does however acknowledge how media can affect some girls.

Cultural Dissonance: While in high school, she said she was very restricted because of her culture and was not allowed to do anything (i.e. go out to parties with friends, socialize to the extent that everyone else around her did). Because of these restrictions, participant emphasized that she lost a lot of friends that way, and felt isolated and alone. She felt left out throughout high school, and said that created a lot of social pressure (another reason for her not to get along well with her parents).

... I was losing a lot of friendships too that way, a lot of my friends stopped... bothering to send me out, give me an invitation, so that was frustrating because everybody else would be talking about the party and I had no idea, you know, what they were discussing and I felt left out and I felt like I wasn't part of it.

Stigmatization in South Asian Community: Participant explains that there is a lot of judging in the South Asian culture, and because of this she was embarrassed and ashamed to talk about the problem with anyone or even acknowledge it. She always heard comments from people about

her weight, which caused further frustration and anger. She could not talk to anyone about it, and that is when her sister started to notice and brought it up. Otherwise she kept her feelings and emotions to herself and did not externalize what was really happening.

I kept it to myself, I was always, you know, ashamed in some sense but also embarrassed because most people when they see a big person they speculate one thing that 'oh this person is lazy or this person is, you know, just making up things, this isn't true, there just lazy and that's why they're fat, you this girl is probably just lying because, you know, she wants to find an easy way out.' But that's not the truth, at the end of the day.

Advice and Changes: The participant acknowledges that there are a lot of people out there who judge you for who you are (even family members), and that does bring you down and that does affect your self-esteem and self-image. Participant encourages finding someone who you can talk to, and vocalize the problem. She feels that there are a number of things that need to be changed in the South Asian culture that will benefit young women growing up in that environment. People need to understand inner beauty and emphasize it more than outer beauty. This will create that self confidence that many girls are lacking in the community. Parents play a big role according to the participant. They need to learn to encourage their daughters, rather than pass hurtful comments that discourage them. Parents need to support their children. If their daughters know that they have their parents support and help, a lot of pressure will be reduced and instances of such problems will decrease as well.

Parents need to, you know, give their daughters a little bit more encouragement, rather than discouragement you know, you're not beautiful because your fat or, you know, no guy is ever gonna marry you because you're too fat. They need to say, you know what, you're beautiful as you are, but hey if you need some help, we're here to help you. And that's what they need to do, not discourage them but encourage them.

Bracketing

The participant was a 29 year old female, who always had a problem with weight, but notes that it did not start actually affecting her until early high school around the age of sixteen. Because of stress within her family, she had started to binge eat but did not realize right away what was happening. Her sister began to notice the shift in eating habits, which is when the participant was initially in denial and angry that she was accused of having a problem. Also, because she had no one else who was experiencing the same type of problem around her, she did not believe that something was wrong at first.

The participant admits to feeling immense pressure at home about weight, especially in terms of being married. She was constantly told by her parents that nobody would find her attractive unless she lost weight. Having been a chubby child and teenager, she was extremely affected by these words at home. She also lists the expectations of a typical Indian bride and notes how she does not fit the criteria of being tall and slim. This caused her to become depressed and dissatisfied with herself.

Her relationship with her two sisters is fairly supportive; however she does feel that she was treated differently than them. She feels that her parents were tougher on her with more restrictions placed on what she could and could not do because she was the eldest. She admits to trying to rebel against her parents a few times, by attempting to do things behind their back, but never had the courage to fully carry through. Her parents have always had high expectations of her as being the eldest, and she has always felt a strong responsibility for her sisters to be a good role model. Never being able to openly talk to her parents about issues in her life caused a lot of stress and pressure for her. Often disagreeing in opinions and perspectives caused her to feel

further tension in their relationship. She feels much of her bad eating habits came out of this weak relationship, as she would resort to food as a way to cope with this stress.

Participant notes that media influences in the South Asian community have gotten worse in recent times, with actresses becoming thinner. She feels that this has a negative effect on young girls growing up and thinking they need to look like this. She notes that seeing images of women in the media did not affect how she felt about herself. Her negative eating habits stemmed from family pressure at home.

She also acknowledges a cultural imbalance to be present while growing up as a teenager in Canada. Because of her restricted Indian lifestyle, she lost many friends by not being allowed to stay out late or going to parties. This led her to feel more isolated and alone during these years. She also speaks about the stigma associated with such a problem within the community. She was embarrassed to speak about what was happening to her because of how much people would judge her, and that is why she kept it mostly to herself. To better the situation for young girls suffering now, she believes judging of people needs to stop in the community, and parents need to become more open and understanding towards their children. They also need to stop passing comments that damage the self-esteem of their daughters, and speak positively in order to encourage them.

Female #4 (P4)

Capture

Demographics: The participant is a 23 year old, single female. Both her mother and father are of Indian background, and she classifies herself as Indian as well. She was born in Canada and has been raised here. Her highest level of education completed is her university degree. She affiliates herself with the religion of Hinduism. She had very strong anorexic tendencies, and completely restricted food for periods of time.

Age of Onset: The participant feels that the problem for her began in early high school years (grade 10).

Realization: She did not realize she had a problem right away. Others around her started to notice – her aunt and family members started to point it out to her.

Denial: The participant did not want to accept what was happening at first, and she was in denial also when she did realize.

No Shared Experience: The participant did not know anyone else in her family who went through something similar, but says she knew a few friends who may have gone through it.

Diagnosis: During the time of her illness, she had completely stopped eating (i.e. breakfast, lunch). The only time she ate was at night time, and that would be something very small. She also started excising more in high school (i.e. for performances). She was told she had very strong Anorexic tendencies.

Concept of Arranged Marriage (views): Since she was younger, her mother did speak about marriage and implied the arranged marriage method. It is something her parents are expecting, and she is okay with it as long as it is agreeable to some of her conditions.

Physical Expectations: It was implied in her household that you need to be thin and to look a certain way in order to get a good husband. She explains, "...when we were younger, my mom has always been, they're been okay with it, but they do imply that you need to be skinnier to get a good husband and all."

Family – Siblings: Participant has a younger brother and a younger sister.

Competition between siblings: Because she is the eldest sibling, she felt she had a lot more responsibility out of the three. She feels that being the eldest had added a lot more restriction to her life, when compared to her siblings. Her brother is allowed to get away with many things - he lives a less restricted lifestyle. Her sister always gets what she wants as well, which is why she feels more confined. She recalls, "My brother got away with a lot of things. Sister gets to do what she wants. And I tend to be the one that's restricted..."

Parents – Freedom/Rebellion: Participant grew up restricted and sheltered, and not easily allowed to do things. She was not allowed to stay out late and sleep over at friends' houses. When she was younger, participant never rebelled, and she felt the need to constantly please her parents all the time. Now that she is older and more independent, she has her own wants and needs.

When I started getting a little more independent, that's when I start to... you know, take a little bit of a different stance. When I was younger, it was all, I guess I wanted to please my parents all the time.

Parents – Shared Values: The participant feels that she and her parents are different in terms of values and opinions. She considers herself more liberal and her parents to be more traditional. Her liberal views, she thinks, have come from her education and broader thinking.

Parents – Expectations: She feels that her parents have a lot of expectations of her, since she is the eldest. She feels she is expected to set an example for her siblings and be the best. The participant acknowledges that this responsibility came with stress and pressure as well, “Definitely, as being the oldest, they kinda expect me to set the example and be at the top.”

Parents – Openness: The participant does not feel very comfortable with her father, and admits to not having an open relationship with him. She says she has a partial open relationship with her mother.

Food Intake: When participant recalls her high school years when she was developing the problem, she admits to not eating or drinking at all – only really remembers drinking water. She did not speak about her food intake now and how it may differ from when she was experiencing the problem.

Media Influence: She acknowledges that the images of women seen in media while growing up does affect the way they feel about themselves. She however did not mention that it played a role in her thinking about herself and her body.

The image that it gives, yeah, when your younger you be like ‘oh I wish I was like that’ or ‘I wish that’s what happens to me’. And then you relate it back to your body, and if it doesn’t look like that, then you’re not going to have the attention you like, or be liked...

Cultural Dissonance: The participant admits that she felt cultural dissonance while growing up - between her traditional South Asian upbringing and her Western values. Because her parents were very strict with her in terms of what to do and who she talked to, she feels she became very introverted. She is now becoming more comfortable and opening up a bit more as a person, now that she is recovering.

I am kind of an introvert, and I think partially because of that is because I was not allowed to do a lot of things. Growing up my parents were very strict on, in terms of who I talk to and what I did, so now I'm starting to open up a little bit more and I think I'm a little bit of a later bloomer when it comes to that.

Stigmatization in South Asian Community: The participant admits that she felt uncomfortable talking about the problem and seeking help. She never spoke to anyone about it. She acknowledges that there is a taboo and stigma surrounding this in the South Asian community.

Advice and Changes: She feels that parents need to be more open in communication with their children in the South Asian community. She encourages those who are going through the problem to talk to someone about it, and not to keep it bottled up inside. She mentions how education is important, especially in the high school setting, where many people may be going through the problem. She explains that it is easier to deal with when there are people who understand what you are going through.

Yeah, I think the biggest thing is like having that communication with your parents. If you don't, a lot of them go through it by themselves and especially if you're going through it in the school environment like I was.

Bracketing

Participant was a 23 year old female who began to restrict food in early high school, starting around grade 10. At first she did not realize that anything was wrong with her eating until others around her began noticing her lack of food intake. When she did start realizing, she admits that she was in denial – refusing to believe that anything was wrong. Having no one else to share this with, and knowing of no one who may have been experiencing what she was going through, she kept her feelings and thoughts to herself.

She mentions that while she was growing up, her parents would imply that they would want her to have an arranged marriage, and she agreed with it at that time. It was also implied within her household that a woman would need to be thin in order to have a good husband.

The participant has two younger siblings, and speaks about the pressure of being the eldest child. She always felt responsible for setting a good example for her siblings. She also mentions that she was a lot more restricted than her two younger siblings, who were given more freedom than her to do as they wished. Her parents raised her in a very sheltered manner, controlling where she could go and what she could do. She also mentions how she always accepted what her parents told her and would not go against them, even if she wanted to. Her parents are more traditional than her, and she considers herself to be more liberal, now even more so because she is older. Participant specifically mentions that she was not open at all with her father and was not very comfortable around him, and that she was partially open with her mother.

She mentions how she did feel a cultural tension growing up in both a traditional South Asian family and in a Canadian society. Because she was not allowed to do many things and experience the freedoms of the society she lived in, she says she became very introverted as a person. She also admits that she was not comfortable talking to anyone about what she was experiencing because of the taboo in the South Asian community. This is why she was so hesitant seeking help. Her main focus for change within the community is that parents need to be more open with their children in order to make them feel comfortable and to build a trusting relationship. This will give children a basis to come and confide in their parents during times of need like this, and this will help young girls feel better about themselves.

Female #5 (P5)

Capture

Demographics: The participant is a 21 year old, single female. Both her mother and father are of Indian background, and she classifies herself as Indian as well. She was born in Canada and has been raised here. She is currently in her second year of an undergraduate program. The participant affiliates herself with the religion of Hinduism. She had been diagnosed as completely restricting food, and had very strong anorexic tendencies.

Age of Onset: It was at the age of 15 when she recalls the problem beginning – early high school.

Realization: The participant initially started realizing the issue on her own when she had a lack of interest and appetite for food. Also, her clothes were not fitting properly anymore as she began losing weight, and she knew something was not right. Her friends around her started noticing as well.

Denial: At first she was in denial of the problem. Others around her started linking her negative eating habits to the relationship she was in and how she was being treated by her boyfriend. She was not ready to believe that that was why she had lost her appetite to eat.

No Shared Experience: The participant did not know of anyone else who was suffering with the problem as she was. No one in her friends circle or family had gone through something similar, as far as she is aware. Even now after five years, she still knows of no one else experiencing what she had.

Diagnosis: The participant had completely restricted food, and was told she had tendencies of Anorexia.

Concept of Arranged Marriage (views): Personally, she is against the concept of arranged marriage and against judging an individual by the way they look and weigh. She acknowledges that there is a lot of emphasis on the way a girl looks in the South Asian community, especially compared to the boy, and she thinks this is completely unfair. Her parents have never pressured her for an arranged marriage, or to meet any physical expectations.

Physical Expectations: She highlights how girls have to be extremely thin in order to be approached for marriage. She explains how girls have to be a size zero, or else no one will be attracted to them.

Family – Siblings: The participant has two siblings – a sister and a brother, and she is the eldest child. Because she is the eldest, she has a lot of pressure to not make any mistakes, and to set a good example for her siblings. She feels that she is responsible for their choices, and that is why she has to make the right choices (in life, school, relationships), in order for them to follow accordingly.

... Me setting an example, like I always have to be perfect, you know, whether it's a decision I'm making in life, or school, anything, like relationship, I have to watch out because they'll do the same thing. And it's true, they do do the same thing. I would be hurt if they made the wrong choice, so in order for them not to do that; I need to make sure that I'm making the right choice. And that puts a lot of pressure because that just means that I can't make mistakes.

Competition between siblings: Since she is the eldest, and because of the age gap between siblings, there was never any competition among them. She is the role model and best friend for them, and they look up to her.

Parents – Freedom/Rebellion: The participant admits that growing up was tough because she was not easily allowed to do things, go out, even going over to a friend's house. If her parents did not know where she was going, or if she was going out late, she would not be allowed. She

always had to be home by a certain time and was restricted. She mentioned that it was a “respect” issue, and she was not allowed to do things because of what others might say, and she had to guard that. Now that she is a little older, she is allowed to do more things and she knows now that she can make wiser decisions. However, she does wish that when she was growing up, she would have been allowed to go places and do things that everyone else did.

Like my dad, like he was a little modern, but still because we’re Indian, and you have to watch out about, you know, your respect, and what everyone’s gonna think, so no going out...like now I’m 21, I’ve started to go out, but before in high school it was like ‘no, you’ve got to be home on time’, and if you want to go to your friend’s house, it’s like ‘no, we don’t know their parents, I don’t know where are you going, not everyone is your good friend’... So no, it was, growing up was tough.

She did not tell her parents at first about the relationship she was in. She hid it behind their back and felt stress and pressure having to do that. And when they found out about it, they were not happy which caused further problems for her.

Everyone had that boyfriend back then, and I wanted to have someone too. But, it didn’t...obviously my parents didn’t accept it, you know. The South Asian background is different. We aren’t allowed to have boyfriends, that’s not a right given to us...

Parents – Shared Values: The participant feels that her parents do not understand her sometimes and that there is a gap that does exist in the relationship. For example, when they do not let her do certain things, or go out late, she feels that they do not understand. She acknowledges it is because they came to Canada as immigrants and they were adjusting to this new culture and maybe that is where the shift came in. She also mentions the age gap between her parents and her, and maybe that is also where there is lack of understanding – due to age. Participant mentions that this lack in communication does cause stress for her.

Like when [my parents] came, like when I was born, they were here for like three years, they kinda got together, and started learning the society norms and stuff, so it's like we were growing up together literally, so it's like I can't say we conflict, but yeah kinda when you're not understanding what I'm saying.

Parents – Expectations: She feels her parents do have high expectations of her, mainly because she has created those thoughts for them. She has always had an ambition to do well in school and go to law school, so now they expect her to fulfill that. She does not want to disappoint them. She mentions how her parents do not necessarily have high expectations of her, but they do want her to succeed and be better than other children. There is a subtle competition that they create between their children and other children in the family, and their child has to be the best. It is not explicitly stated, but it is implicitly felt by her. She thinks it is the community pressure and what society thinks that drives the competition.

... I think I set that high expectation for them, because I've told them so much about law school, and I my grades and everything, and so they're like we really want you to do it now. So like, now I'm really going to have to do it, because I don't want to disappoint them...[and] like any other dad, or any other mom, they want their kid to be better than any other kid.

Parents – Openness: The participant feels she is fairly open with both her parents. She works with her father and is around him a lot, and her mother is more of a friend. She is comfortable to talk to them openly. She however has never explicitly spoken about her eating habits to them.

Food Intake: She remembers that she would barely eat during the days, especially at school. She would eat something small in the day only in front of her parents to make them happy, but other than that, she would not eat. At school when others started to notice, they would pass negative comments at her for not eating, which made the situation worse for her. She also remembers that

due to her not eating, her wardrobe had changed completely because she had lost so much weight. Now that she has recovered, she is more comfortable with herself and eats normally.

Media Influence: The participant acknowledges that media does play a role in the way a girl sees herself, and it creates an urge to look a certain way. But she does not feel that that was something that directly affected her thinking and behaviour. She never compared herself to models and actresses in order to feel better about herself. Her issue stemmed mostly from the negative relationship she was in and the depression surrounding that.

Cultural Dissonance: She does feel that there is a conflict between her parents and herself (two different generations) – they are more traditional and she is more liberal. Especially when she had her boyfriend, she really felt imbalance because in the South Asian culture it is not permissible to have a boyfriend/girlfriend. She felt the urge to have a boyfriend because of society and how everybody in Western culture has one, but it was going against her own Indian culture and that caused stressed for her. Even though her parents were fairly liberal and acculturated to a Canadian society (i.e. celebrating Christmas and Thanksgiving), they were still traditional in this mindset, which created tension for her.

Stigmatization in South Asian Community: She did not feel comfortable talking about the problem, and kept it to herself. She would make excuses for why she was not eating or for why she was losing weight. She did not even want to speak to her parents about what was happening. Participant admits that she was in denial and did not want to seek help.

And I never wanted to seek help. I would never tell my parents about it, you know, and sometimes you know, I would just say I'm not hungry, or that I was losing weight cuz I would walk to school, you know make up those excuses...

Advice and Changes: The participant encourages those suffering currently to seek help and talk to someone about what is happening, before the problem gets worse. She regrets that she did not seek the appropriate help in a timely manner. She understands that not having an open relationship with your parents creates stress and makes matters worse. She feels that parents need to acculturate to the Canadian society and be more understanding to their children's needs. She encourages girls to tell their parents things and not hide things, because that adds pressure and stress because you think you are doing something wrong behind your parent's back.

She also feels that the South Asian community needs to change and stop judging people. People should not care about what society thinks, because that interferes with the way they carry out their lives. She also encourages raising awareness about these types of issues in order to cause change.

Bracketing

Participant was a 21 year old female, who started restricting food at the beginning of high school at around age 15. She started to realize herself that she lacked an appetite to eat, and that she was creating excuses avoiding food. Her friends began to notice as well, and told her it was most likely the relationship she was in that was having a negative toll on her. She at first was in denial and refused to believe that her relationship could have been the reason. It was not until she had recovered that she acknowledged that it was her boyfriend that triggered her problem. Participant notes that while she was going through this period, she knew of no one else who was experiencing something similar, and therefore chose to keep it to herself – fearful of the stigma surrounding this in the South Asian community she was uncomfortable talking about the problem and did not want to seek help initially.

Participant speaks about arranged marriage in the South Asian community, and highlights that she does not agree with the expectations and pressures that it places on young girls. She does acknowledge that there are physical requirements to be chosen as a bride for an arranged marriage, the most important to be thin. She does not agree that this is right, and she notes that her parents have never pressured her to look a certain way. She also comments on the difference between men and women in terms of looks, and there being more emphasis placed on a young woman's physical features. She strongly disagrees with this, and acknowledges that this bias does exist in many South Asian families.

She speaks about her family life and the responsibilities of being the eldest child of two siblings. She feels that she always has to lead a good example and do the right things in order for her brother and sister to follow the same path.

With her parents, she says she has a fairly open relationship and feels comfortable sharing with them. However she does mention that she and her parents do not always have similar values, and sometimes disagree because of the gap in generations. Her parents are more traditional and sometimes have a difficult time adjusting to the Canadian culture, while she is more liberal being raised in Canada. This causes stress for her at times, trying to get them to understand issues in her life, for example the relationship she was in. It was tough for her to be in that relationship because she was raised in a restrictive sense, not easily being allowed to go out and do things freely. This restrictive upbringing did cause stress for her, especially having to hide her relationship from them because they would not be accepting of it.

She also mentions that her parents now have started to have high expectations of her because she has given them high hopes. She has always wanted to do well career wise, and now they are expecting her to do so. She now feels as though she has to achieve this in order to keep

them happy. She also notes that her parents create a subtle competition between she and her cousins, wanting her to do the best she can to be better than them. She believes this is a community pressure that exists in the South Asian circle, and does add a subtle pressure to do extremely well in school and career wise as well.

Participant speaks about her two cultures conflicting (South Asian and Canadian), especially when she was in the relationship. She notes how she felt pressure to have a boyfriend in the first place because everybody in the Canadian culture has one. However she knew she was doing something wrong in her South Asian culture, because having a boyfriend is not encouraged in this tradition. This has made her relationship more challenging and stressful. Despite her parents being fairly liberal minded, they were still quite traditional in this sense.

The advice she would give girls who may be experiencing what she experienced would be first to talk to someone about the issue, and to not keep it bottled up inside. She encourages parents to have more of an open relationship with their daughters and be more understanding. She feels parents need to acculturate to the Canadian society to help with the transition for their youth who may be having a difficult time balancing both their cultures. She also believes the South Asian community needs to be more educated on mental illness therefore they can understand and support those suffering, rather than judging them.

Female #6 (P6)

Capture

Demographics: The participant is a 29 year old, single female. Both her mother and father are of Indian background, and she classifies herself as Indian as well. She was born in India and immigrated to Canada at a young age. The participant's highest level of education completed is a Bachelors of Law degree. She affiliates herself with the religion of Islam. The participant was told that she showed strong anorexic tendencies, with restricting food for periods of time when she would be extremely stressed.

Age of Onset: The participant noticed a change in her appetite towards food at around the age of 25, due to stress and depression from a relationship. It did not begin in high school or university for her, but rather in her post graduate studies – at an older age.

Realization: At first she did not realize what was happening, but then started to notice a trend in her eating behaviour. Every time she was stressed she would completely stop eating, and when this became more and more common, she began to realize that something was not right. When others around her mentioned to her that she was losing weight, she never really paid much attention to it. When she realized that she was losing the weight, she actually started liking it and continued the eating habits in order to look thinner, which was better in her mind.

Denial: At first she did not think there was a problem, until it became very apparent. But instead of denying it, she began to continue what she was doing because she physically saw results on her body that made her look “better”.

No Shared Experience: The participant recalls one of her sisters went through something similar, but at a much younger age. Therefore, they could not relate with one another.

Diagnosis: She was told that she showed strong anorexic tendencies, and that every time she had a stressful period (i.e. the relationship she was in), she would completely stop eating.

Concept of Arranged Marriage (views): She feels that now that she is older, arranged marriage is the only option left for her, and this is what will make her parents happy as well. She feels that she does not have many options left in terms of who to marry because of her age, and so she feels obliged to listen to her parents and get an arranged marriage.

[My parents] might feel that there aren't too many options left for me. So, whichever option comes my way, I should grab it, because umm that's the best I can do, because I am nearly 30. And umm...apart from the fact that I made myself I very educated person, I think they feel that I don't have as many prospects anymore so, I have to maintain this lifestyle and this image.

Physical Expectations: The participant highlights the pressures of looking a certain way in the community. She explains that a woman needs to be tall, thin, and fair in order to find a good husband. She notes that weight is the only thing that is controllable, and so many girls feel they should control it in order to look the desired way. She says that education is not that big of a factor looked at for marriage, physical looks take more precedent.

The biggest issues girls have, and I had, because personally...I'm a short girl. So, according to our culture this is not the best looking feature a girl can have. And this is why my entire life, I've had family members tell me to wear heels to look taller... And this is something that they can't even control. So when it comes to weight, weight is something that is extremely controllable...

The participant felt pressure in the relationship that she was in to look a certain way. Comments were passed about her weight, and when she began to lose weight, her boyfriend never saw that

as an issue - in fact, he liked it. He encouraged her to continue in her negative eating habits, which took a toll on her physically.

And in all honesty, when I was losing weight, he liked it as well. He never ever told me that 'oh, you're losing weight, there's a problem, you should fix it.' He would encourage me...he would encourage me with my eating habits and umm he didn't do anything to help me at that time.

Family – Siblings: The participant has an older sister and a younger sister.

Competition between siblings: The participant says she has the “typical middle child” syndrome. She feels that her older sister is treated special for being the first born, and her youngest sister is treated differently as well because she is the youngest. She feels neglected and not given as much importance as the other two.

With her older sister, she does feel competition in many aspects. Her older sister was married at a younger age - the “ideal” way. She also describes her sister to be tall and beautiful, and compares that to herself because she is shorter. She mentions how when her younger sister was also going through a bad period in her life struggling with food, her parents tended to support the younger sister much more than the participant. The participant had to seek help herself, and did not have the choice of relying on her parents.

Parents – Freedom/Rebellion: She explains how growing up was very difficult and restricted. She was not allowed to do many things because she felt a responsibility from her parents. She feels that her sisters had more freedom than she did, and they were allowed to stay out late and attend sleep overs, while her parents were hard on her. Even in terms of marriage, her parents were more lenient with whom her sister married, and they are tougher and more judgemental about her choice for marriage. She explains, “...but for some reason which I don't understand,

[my parents] were very hard on me and they felt that I had to preserve their honour and identity and preserve their culture.”

She did rebel against her parents growing up, but she would openly tell them what she was going to do despite the fact that they might not have been happy with it. She would always let them know and not hide things behind their backs, like her other sisters. She says that she did not rebel in doing things like going out late, but she rebelled instead by controlling herself. She admits that she feels the need to control many aspects of her life in order to feel power and to feel that she is the decision making voice in her own life. And this is why she began to control a lot of her habits:

... I would tell them that I was doing something, and even if they were upset with it, I would still do it even though they were upset. At least they would know what I was doing and they wouldn't fear ... so I didn't hide as much behind my parents back as much as my older and younger sister have been doing... And I think I rebelled by controlling a lot of my habits, umm because I felt I needed control in my life, and I felt that if I controlled many aspects of my life, whatever they may be, I could have, I would feel that I did have a more of decision making voice in my life.

Parents – Shared Values: She feels that she has always differed in values from her parents, but as she got older, this has become more apparent. Now if she differs in opinion from her parents, she stands up and lets them know how she is feeling. She says she has come to a point in her life that she needs to make decisions for herself and she openly lets her parents know now.

... I think there's a constant battle with me, I think there's a constant battle between us regarding culture and religion. And they normally take the culture side, and I normally take the religion side. And that's where most of our problems arise. So, it's not as open as I had hoped it to be, but I do...there are times when I do find that we're a bit apart.

Parents – Expectations: She feels that her parents do have high expectations of her, not so much in her career, but in her finding a husband. They are expecting her to get married to someone wealthy and educated, and she feels a lot of pressure having to deal with that. Finding someone on her own, behind her parents’ back, had always been an issue. The relationship she was in with her boyfriend created a drift in her relationship with her parents, because she had to hide everything. That added pressure in her life, and she feels that all that stress led her to current state she had come to.

They do have high expectations of me, not in my career as much...but when it comes to finding a man, or finding a husband, they want someone who is of course, you know, rich and educated and a good husband, but if I say that I might even go find someone on my own, this is a big issue in my family.

Parents – Openness: She highlights that her father has never really been open with her or any of her sisters. She says that he is “the typical father of three girls”. Her mother used to be fairly open with her while growing up, but now that her mother is getting older, she feels that there is a constant battle between them. Their values and beliefs have now started to differ, which causes quite some tension between her parents and herself.

Food Intake: When comparing her food intake to what it is during stressful periods in her life, she highlights that she would not eat anything at all during the negative period. She would only drink water and maybe drink a tea here and there, but no food as such. She said she lost the urge to eat and the appetite. She could go days without eating anything at all, and this would not even bother her. Now, she eats healthier, but does admit that even now she still has thoughts and has the urge to restrict her food intake. Sometimes now she has to force herself to swallow the food because when she is emotionally stressed, food is still an issue. But her food intake has definitely

increased now that she is doing much better and received some form of counselling for her habits.

Media Influence: The participant acknowledges that the expectations and values portrayed in Bollywood movies do have an effect on the audience watching. The way a woman is supposed to look and act is clearly displayed in these movies, and how obedient she is to her parents and family is also shown. The participant feels that young children are exposed to this and internalize these expectations as they grow up, and that is why many girls may have problems with the way they look. Men in these movies have no physical criteria to meet - they can look however they want, and are still happy and successful in the movies. She notes that this did not have anything to do with the way she saw herself; her problem stemmed mostly from family and relationship pressures, trying to keep everyone happy.

Cultural Dissonance: She admits that it is very difficult to deal with the transition coming from another culture, and establishing oneself in Canada. It is difficult for children and parents trying to balance the two cultures, while at the same time keeping one's religion in mind. She emphasizes the pressure and responsibility to uphold cultural values and ideals, and how much harder it is for girls rather than boys. She describes this feeling as being caught in "limbo" trying to understand both the cultures and trying to adjust to both accordingly. Now that she is older, she still finds it hard trying to find that balance between the two cultures.

I feel like this is something they honestly go through and it's very confusing for young children to understand that they have to maintain the culture they come from and continue to grow in the culture they are currently in, and along with that keep the whole religion aspect in mind. Umm, I don't think there's an...it is not an easy transition and I don't think parents make the transition easy, because...and especially for girls, because guys aren't that much, but I feel when they come to this country, when they come from India or when families come from other countries like the Middle East, they may not be as cultural as they were back then...but they find that their culture and religion is their

trademark. They become the poster people for their culture, and for some reason it's the girl's responsibility to uphold that, those ideals, and those cultures, for their parents...

She also makes a note that Canadians here in Canada do not make the transition necessarily any easier. They do not understand the South Asian culture very well, which makes the individual stand out and feel left out as well. Especially growing up in high school was very difficult because she was extremely restricted, and not even allowed to go to her prom. She was not given the "pleasure to have fun". Although she had not developed her disorder then, she feels that the pressure and stress had begun at this stage but she would suppress it. When she got older and started receiving the pressure not only from her parents but her boyfriend as well, was when it really took a toll on her.

...The local Canadian people who are Canadian...they don't understand where they're coming from, and they think that's silly, and oh you're culture doesn't make any sense, and the thing is that we do know where they're coming from, and where we're coming from but we're caught in this...caught in limbo, where we're trying to figure out our lives in both cultures, and you try to keep both cultures happy.

Stigmatization in South Asian Community: She acknowledges that there is a strong stigma in the community and she never felt comfortable talking to anyone about the problem. She kept it from her parents and from her siblings. She says that Canadians here are more aware of mental illness and there is a lot of help available here. Despite the fact that she did not talk to anyone in her family about it, she still sought treatment with the help of her non-South Asian friends who she says really helped change her thinking to more positive thoughts.

Advice and Changes: She feels that the concept of marriage should change in the South Asian community and the pressures it puts on young women. She feels that girls should be raised to be educated and confident just as men are, and that they should be equal to men. By creating this

equivalence, women will feel more comfortable with themselves and be able to stand up for themselves. She feels that when a young woman is married, she goes from being controlled by her parents to being controlled by her husband and that causes stress and problems. To avoid that, she feels women should be strong, independent and be able to stand on their own feet.

She also feels that parents need to be aware that if they are coming from another country, their children are going to have a hard time transitioning into this culture. They should be more lenient and adapt better to this culture, for their children's sake. She also feels that parents should build an open, trustworthy relationship with their children, so they can talk about anything and solve problems together, rather than children having to deal with it on their own. She explains, "I think parents need to realize that when they make the decision to immigrate to Canada, they need to realize that this is going to be a harder transition for their children than for themselves."

She also feels that women in the community need to stop passing comments about weight and the appearance of young girls. Because for many of these women, these comments are said in passing, and they usually forget about it. But for some young girls, the comments about the way she looks, "can stay in [her] mind forever", and have long lasting effects.

Bracketing

Participant was a 29 year old female who began to restrict food at the age of 25, due to stress and depression from a relationship. Initially she did not notice her loss in appetite, until she began to notice a reduction in her weight. When she started to notice this weight loss, she began to like how she was looking, and continued to restrict her food. Receiving positive comments from her boyfriend at the time because of her weight, she was encouraged to continue her eating habits. After her initial denial and realization, she consciously began to control her weight.

She notes that there has always been talk about arranged marriage in her household, and now that she is older (age 30) she feels immense pressure to have an arranged marriage because she is too old to find someone on her own. Her parents have very high expectations of her in terms of who to marry and by what age. She had grown up always being told to look a certain way in order to find a suitable husband. She has always felt insecure about her appearance, especially during her relationship.

Having two sisters and being the middle child also brought stress and tension for the participant. She always felt like the sibling that was restricted the most and not special in the household. With her older and younger sister receiving much of the attention, freedom, and care, she always felt excluded and isolated. Also in appearance she felt inferior being the shortest sibling and less beautiful in her mind. There was always competition in the sense of looks for her, and for marriage. With her eldest sister being married at a young age, always cause stressed and extra pressure on her to do the same.

She always felt extremely restricted by her parents, not given much freedom to do what she wished to do. Having to respect her parents and listening to what they say, she never rebelled against them. She would always tell them what she wanted to do, and would argue with them in order to have her way. It was extremely stressful for her to conflict with her parents, and she felt like she lost control of her life through this. Although now that she is older, she feels she has become more open with them, and is willing to discuss any misunderstandings they have. When she was growing up however, she notes how she was not open at all with her father and partially open with her mother.

Participant explains how she had a very difficult time being raised in a Western society, while at the same time upholding her traditional South Asian values, traditions, and religion.

Trying to find a balance between obeying her parents but at the same time fulfilling her own wishes was very challenging for her. Not being allowed to go out with friends left her very alone because her non South Asian friends did not understand the culture which she came from making it difficult for her. Dealing with this pressure, not having an open relationship with her parents, and having added stress from her relationship, affected how she began to view herself.

Because of the strong stigma in the community, the participant explains how difficult it was for her to gain the courage to talk openly about her issues and to seek help. In order for this stigma to reduce, she feels that the pressure around marriage needs to stop for young women. There needs to be less pressure on girls to look a certain way and to meet expectations from parents and boyfriends within the community. She also feels that parents need to become more understanding to their children's needs especially growing up in Canada, who may want to experience things that are out of the culture. Parents need to adapt to this, and be supportive of their children rather than passing hurtful comments which create a negative environment.

Female #7 (P7)

Capture

Demographics: The participant is a 28 year old, married female. Both her mother and father are of Indian background, and she classifies herself as Indian as well. She was born in India and immigrated to Canada at a young age. Her highest level of education is post-secondary schooling. She affiliates herself with the religion of Islam. Participant was told she was a binge eater, and started purging as well a few years later.

Age of Onset: The first she remembers having her disorder begin was in junior high school (grade 7 and 8), and it persisted throughout high school.

Realization: She did not think she had a problem until others around her started to notice and her friends started to point it out. One of her teachers one day talked to her about it, and that is when she started to realize that something was not right.

Denial: When others started to ask her about it, she was initially in denial. It was not until she had that talk with her teacher that she realized something was wrong.

No Shared Experience: The participant does not know of anyone in her family or in her friends' circle that went through what she was going through.

Diagnosis: Others around her started noticing that she would not be eating her lunches, and if she did eat, she would feel sick after. She was told she was a binge eater, and she started purging when she was a little older. She recalls, "The purging didn't begin until later on, I was definitely binge eating in junior high. And then, when I guess I became a little more knowledgeable that I could purge, that's when I started doing that."

Concept of Arranged Marriage (views): She acknowledges that there is pressure at a young age to look a certain way because people always pass comments about your weight and the way

you look. She explains how these comments make girls feel very self-conscious, and it forces them to start thinking about how they look physically.

I think that the physical...the pressure of being a certain way physically adds a lot of pressure because, you know, your mom is always on your case to lose weight or not to eat too much, and then you go to different parties and stuff like that and social gatherings, and people make comments, and you can't help but feel really self-conscious.

She is married now, and says her marriage was both an arranged marriage, but it was her personal choice as well. She said she never felt pressure from her husband, but while growing up, she did feel pressure to look a certain way from family and how women looked on television. She felt pressured to look physically attractive.

Physical Expectations: She admits that there are physical expectations that women should meet in the culture in order to be considered physically attractive - they need to be thin, fair and have nice hair. She highlights that there are temperamental attributes that are sought out for as well – that the girl needs to be obedient, quiet, and not be disrespectful to her elders. These qualities make you a good bride/wife.

Family – Siblings: The participant has an older brother.

Competition between siblings: She feels that her parents made an effort to treat both children fairly in terms of material things – if they would buy her brother something, they would do the same for her. But she feels that there was inequality in terms of freedom between the siblings. Participant speaks about how her brother was allowed to stay out late at night as opposed to her because he was a boy. She admits that there were those types of things that differed between the two.

But you know, I do feel there was a little bit of inequality in terms of going out. I was never allowed to go out passed a certain time, whereas with my brother they were a lot more lenient, because he's a boy and I guess he can fend for himself.

She admits that there was competition with her brother, but this was competition that she created herself. She always felt that her brother was smarter than her, and she would put pressure on herself to make it to his level to be equal to him. This was not competition enforced by her brother or her parents, but rather from her own thinking. She explains, "...Because my brother was so smart, I did feel that there...I would feel that I needed to be more competitive, or that I needed to work a lot harder to be at the same level as him."

Parents – Freedom/Rebellion: She admits to have rebelled against her parents to an extent while growing up. She never did anything too serious, but would do some things behind her parent's back. She notes that she was sheltered while growing up, not being allowed to go out late or meet friends after a certain time – as a "typical brown girl" she says.

Parents – Shared Values: She feels her parents have very liberal outlooks on life, and that they are not too traditional. She says they have balanced their traditional South Asian values well with the Canadian traditions, and she feels that she has done the same.

She notes that her parents never put pressure on her to look a certain way, the traditional South Asian way. It was more extended family and others who put those thoughts in her mind – to look a certain way.

Parents – Expectations: Her parents never created any expectations of her, but she created her own – for example being competitive with her brother (something that she did in order to feel better about herself).

Parents – Openness: The participant feels as though she had an open relationship with her parents in general, and that she could tell them anything that was happening. However, she never

told them about this problem, when she was going through it, or even after. Her mother would question why she would not eat lunch, and she would hide it from her.

Food Intake: At the time she was going through the problem, she remembers eating a lot at once – a lot of junk like cookies and cakes, and then she would feel very bad about herself for eating all of that. Following this she would completely stop eating because of how she felt. She then began to purge after eating so much and that purging made her feel better and that she was able to eat again. Now she notes that she is much healthier, avoiding junk, and being more health conscious.

It was weird because I would eat a lot and then I would feel really bad about myself, and then I would just stop eating all together. Umm, and then eventually there came a point where I just said ok, let me eat a lot and then, just so I don't have to starve myself for a whole day, if I throw it up then I can just eat again, and so that's the routine I sort of got into. So I would binge eat and after a while I would feel so bad about myself that I would just throw it all up and then I would be okay to eat again.

Media Influence: The participant admits that there are certain physical criteria that actresses in Bollywood movies have – they have to be thin, have to have beautiful hair and need to be fair. They always have the perfect bodies. She definitely feels that watching these movies and seeing women on television shaped her thinking of what beauty is. She says that it did play a major role in her view of herself, plus with the cultural pressures of looking a certain way, made her feel the pressure to be thin.

You can't help but look at these women and say, I need to look that way. It's just, it's always around you, and see all these people gocking them, you know they put pictures up on facebook and all these models all over the place. You can't help but want to be like them or look like them. It's sort of, that's what the norm is, so that's what you're going to aim to be.

Cultural Dissonance: She definitely felt a huge cultural dissonance when she came to Canada, having to change the things she used to do back home because they were different than the way things were done in Canada. She speaks about her parents and herself starting to differ in views and opinions when she came into high school - because her parents were not familiar with high school in Canada, and the kinds of things young adolescents go through at that time. She felt that was the time in her life where she could not relate to her parents, and they had a hard time understanding each other. There were certain values that her parents held on to and were not willing to give up, and that is when she began to rebel a bit and do things behind their back. Although they were fairly liberal, there were those traditions that they still enforced. She felt that at this age, she was sort of “two faced”, trying to keep her parents happy, but at the same time she wanted to assimilate with her friends.

As I grew older and went into high school, that was an area that my parents were just not familiar with. They went to school in India, they didn't know anything about it. And so that's when them and I started to differ in different things, because they couldn't really relate to what I was talking about, and I couldn't relate to them. So in the beginning when we arrived, we were all going through the same thing. But then as I grew older and got into high school, that's when our differences began to arise.

Stigmatization in South Asian Community: She agrees that there is a stigma surrounding mental illness in Indian households, and that her parents would probably not even understand what she was going through because they did not understand what it meant to binge or purge. That is why until now she still has not openly spoken about the illness with her parents. She did feel comfortable when she sought professional help because she was being looked at with a non-judgemental eye, and not having to deal with the cultural stereotypes as well. She felt she could

Speak openly when seeking help, something that she did not feel with her parents regarding this issue.

That sort of thing is just not spoken about in Indian households, in fact I don't even think my parents know what it is or what it means to be anorexic or to binge and purge, and so until now, I haven't openly spoken to them about the issue. I did seek professional help and I thought it was very cathartic to speak to a professional, someone who wouldn't judge me and didn't have that whole cultural, you know, those cultural stereotypes, and to just be open with them.

Advice and Changes: The participant highlights that there are a number of things that need to change in the community and in the South Asian culture that will make a woman feel better about herself. Firstly, she believes the concept of arranged marriage needs to change, with the pressure to look a certain way and be married by a certain age. She also feels that the culture puts too much emphasis on superficial aspects of beauty, and that they need to step away from that and look at the real things that matter in life.

She also encourages girls who may be experiencing something similar to what she did to seek help right away because an eating disorder not only affects you physically, but also emotionally, and it can be very damaging to one's health. She encourages girls to talk to someone they feel comfortable with – even a school official.

She also believes that parents and elders in the community need to be educated on mental issues that affect adolescents, which will make it easier for those suffering to be open and talk about the problem. It will be beneficial for them to come out about their problem and to seek the appropriate help needed, rather than keeping it locked inside. By educating these people, she says that they will be more aware about the comments they pass about weight, and will understand the negative effects of their comments.

Bracketing

Participant was a 28 year old female who recalls being a binge eater in junior and senior high school. She also began to purge in the later years of high school. At first she did not realize her negative eating habits, until others around her began to notice that she would eat a lot at once, and then nothing for periods of time. Initially she was in denial, until one of her teachers sat down and talked with her about it. She did not feel comfortable talking to anyone, and she did not know of anyone else at the time that was going through what she was going through.

Participant admits that while growing up she felt a strong pressure to look physically attractive by family members who would pass comments about her weight. She also would see women on television and felt the need to look the way they did. Also as she grew, she became more aware of the physical expectations required to be considered physical beautiful in the South Asian culture. She is married now and does not feel pressure from her husband to look a certain way, but definitely felt the pressure by family members prior to marriage.

In her family life, participant admits to being competitive with her older brother, who she says was much smarter than her. This competition was one that she created herself in order to be equal to her sibling. Her brother also had more freedom than her, as he was allowed to stay out late and go out much more than she could. Her parents gave her brother more freedom than her because he was a boy and she a girl.

Her relationship with her parents was fairly open, understanding, and positive. They all share similar values and now have now found a balance between their traditional South Asian culture, and the Canadian society. However she never felt comfortable telling them about her eating problems, even until now after years past. She would do a good job hiding her lunches from her mother, and her parents would never know about her purging because she would do it

secretly. She felt that they would not understand what exactly she was going through. In terms of expectations, she states that her parents did not have many expectations of her; rather she created and put expectations on herself.

Participant notes that media did influence the way she saw herself at different stages of her life. Seeing women with perfect hair and bodies on television and in Bollywood shaped her view of what beauty is, and she would make comparisons to herself. This added pressure, along with family comments being passed about her weight, affected the way she saw her body.

She speaks about high school being the time in her life that she felt most distant from her parents in terms of culture. Being exposed to a Western society and having to uphold traditional South Asian values like not being able to go out at night and spending time with friends was difficult because her parents were not used to this culture. They were still fairly traditional in this sense, and restricted her from going out. This is when she began to rebel against her parents, in an attempt to satisfy her own wants and needs. This did come with guilt for her.

Participant acknowledges that there is a stigma around mental illness in the South Asian population and a lack of understanding about these types of issues. This is why she never talked to anyone about it in her family, and decided to seek help externally from a non-judgemental view. She feels many things need to change in the South Asian culture to better support young girls experiencing such problems. She feels the culture needs to stop putting such pressure on girls to look a certain way, and put less emphasis on marriage, so women can identify with other aspects of their lives to feel good about themselves. She feels education is a very important and will help the community better understand problems such as these – which should make parents more supportive of their daughters who may be suffering. She lastly encourages young girls to

seek help right away and talk to someone they feel comfortable with about the issue, so they can find help as soon as possible.

Female #8 (P8)

Capture

Demographics: The participant is a 23 year old, single female. Both her mother and father are of Pakistani background, and she classifies herself as Pakistani as well. She was born in Pakistan and immigrated to Canada at a young age. The participant's highest level of education completed is a Bachelor of Science degree. She affiliates herself with the religion of Islam. She was told that she would have episodes where she would display anorexic behaviour.

Age of Onset: Participant recollects problem to have started in early high school, around the age of 14 or 15.

Realization: She did not realize that she had a problem right away. Her sister and mother noticed that she would not eat meals like breakfast or dinner, and they would urge her to eat more. It was caught by others around her, and not caught by herself.

Denial: She says she definitely was in denial because when she became preoccupied about food and calories, she did not think it was a big deal. She did not realize that something was wrong until a few years later.

No Shared Experience: When she was going through the problem in high school, she did not know of anyone else who was going through something similar. She now knows of a friend who had a similar experience, but that was after she had gone through the problem herself.

Diagnosis: She was told that she would have episodes where she would display anorexic behaviour, with periods of not eating at all.

Concept of Arranged Marriage (views): She feels that the expectations in the culture regarding marriage and looking a certain way definitely effects the way a girl will see herself and feel about herself. She identifies that there is this ongoing emphasis placed on marriage from a very

young age, which makes you feel as though you have to meet the criteria required to be married, or else you will not be able to do so. She admits that this affects your self-confidence and self-worth if you do not fit the requirements of a perfect bride.

I mean from the time you're a little kid you're told don't go out in the sun because you'll tan and you won't be marriageable per say, and don't gain too much weight, or don't you know...exactly. So everything how you look like, how you act, is analyzed by that standard of being able to get married or not... it affects your whole self-worth. Because you feel like if you're not marriageable than what are you?

She is not married now, and her parents are not forcing an arranged marriage on her. However, she highlights that even if she was to find a man to marry, her parents expect him to be a certain type of person. She mentions that her parents would be very judgemental of the person that she does find. He would have to meet the criteria.

...Because they are Pakistani, they do expect a certain type of person...they expect the person to have a certain type of job, certain type of religion....everything like that. So even though it's not arranged, and they're not picking the person, but they would be pretty judgemental of the person that I picked.

Physical Expectations: The participant highlights that girls getting married need to be fair and thin. She recalls feeling this pressure in her life. While she was growing up, she heard many comments about her eating. Because she was always on the thinner side, people would always watch how much food she was eating and constantly encouraging her to eat more. This was very stressful for her while growing up, and she acknowledges that it did affect her thinking.

Family – Siblings: The participant has a younger brother and a younger sister. Because she is the eldest child, she always felt a lot of pressure and responsibility to show her younger siblings how to act and be. She always felt that her actions would have an effect on her siblings, and so

she would have to think before doing anything - how it would affect her brother and sister, and whether she was setting a good example for them.

Because you're the oldest, you're the one your parents expect to show the younger siblings how to act, and of course if you're trying to rebel and everything like that, you have to also keep in mind how it's going to affect my younger brother and sister. Yeah... so there's a lot of pressure.

Competition between siblings: She feels that she and her siblings are treated fairly by her parents, and says that there was not any competition between the siblings. Because she and her siblings are far apart in age, there was no competing with each other because they each are at a different stage in their lives.

Parents – Freedom/Rebellion: She explains how there were restrictions placed on her while growing up which prevented her from going out late. When she came to Canada, she says her parents got a little more liberal, but she would always have to think twice before doing something because she was the eldest child. If she did something, and her sister went and did the same thing, then she would be blamed for it.

She does admit to rebelling against her parents and speaks about the stress and guilt associated with that. Doing things behind her parents back caused her stress because she felt bad for what she was doing, but then she would realized that she was just standing up for what she really wanted to do.

But that's stressful as well to do because you're rebelling, but then you feel so guilty, but then you're kinda just taking a stand for what you want to do, but then keeping it hidden, and just everything like that is...its stressful.

Parents – Shared Values: The participant explains that her parents are very liberal, but that in terms of opinions, they differed a lot while she was growing up. Now that she is older, she feels it is better because they can talk things through if they differ rather than argue.

My parents are generally very secular/liberal people, but growing up I did have a big gap, in my opinion, on things than their opinion. But, now I think that I'm older, and they've lived here a while, so it's kinda come to a good balance between the two of us.

Parents – Expectations: She says that her parents do have high expectations of her, not only in terms of marriage as previously discussed, but also in many aspects of her life and how she acts and is as a person. For example, she explains how picking a school to go to was stressful for her, because it had to be the best university because that guarantees the best job. The pressure of doing well in school was very evident in her university years.

And in the Pakistani community that is a huge thing. You know, you go to school to get a job...like that's the reason you go. So that's pretty stressful, I mean, you know you have to do really well because your parents would kill you.

Parents – Openness: She says that she and her parents have a fairly open relationship, and she feels comfortable talking to them about many things. She does note however that there are things that you just do not tell your parents, and she has kept those things from them. But generally says that they have an open relationship.

Food Intake: She usually eats a normal breakfast, lunch and dinner now, and balances out snacks throughout the day. But when she recollects about a stressful or depressed time in her life, she explains how she has an adverse reaction to food. During a stressful or emotional period, she cannot think about food and it makes her feel sick, so she does not bother with it. Even now if she is going through a depressed state, she still avoids food and cannot eat.

Media Influence: The participant agrees that media influences in the South Asian culture do play a role in how a girl feels about herself and how she sees herself. She notes that watching women in media who are extremely thin and who have nice bodies, hair, and the perfect love story, may put down girls and lower their self-esteem – if they do not look that way. When she was younger, she recalls that her family would poke fun at the women in movies who were more on the heavier side, and that would instill in her that she should look like the thin ones. She says that watching these movies and shows would motivate her to lose weight as she was growing up.

...That can be something that causes a lot of stress and a lot of low self-esteem because every girl wants to be like that. Because when you watch a Bollywood movie you want to have the sort of love story and how are you going to get it if you don't look like that girl?

Cultural Dissonance: The participant speaks about growing up in a Pakistani Muslim family and the restrictions placed on her in terms of going out late, what to wear, and having to cover her hair. She recalls how difficult it was for her going to school and noticing how other girls did not have those restrictions placed on them. She notes how she felt stressed and left out. She also felt like the only way to fit in was to fit in her own community, but in order to do that, she would have to follow those guidelines. She felt “singled out” and did not really know where to belong. She admits that in high school, not being able to do things with friends caused her to feel stressed and depressed, which would then refrain her from eating healthy.

Because I definitely grew up in a Pakistani family which was Muslim, so there were certain restrictions like you couldn't be out late, or you couldn't wear certain clothes, you had to wear a hijab and everything like that so then definitely like I would go to school and see all those girls who didn't have restrictions but didn't have to do anything that I had to do. That causes stress and that causes you to feel like...kinda makes you think like the only way you could fit is, is to fit in with your community...and then that's stressful because you have to follow those certain guidelines – look a certain way to fit into that community.

Stigmatization in South Asian Community: She admits that this type of illness is very taboo in the South Asian community, and that if you do tell anyone about it, they tend to laugh it off and pretend like it is not an issue. This is why she could not reach out to anyone close and she kept it in for some time. She notes how she had to deal with it on her own, “Especially in the Pakistani world, it’s anything like that... so they tend to just laugh it off...like it’s something...you’ll just grow out of it.”

Advice and Changes: The participant first speaks about how she feels that there is a lot of things in the South Asian community that are looked at in a shallow way – in a very judgmental way: “I think in our community there is a huge emphasis on being shallow, everything about you is judged on a shallow level, like how you look, how you can cook, how you act...everything like that.” She feels people need to become more open-minded and accepting of such issues in the community.

She also feels that parents need to be more understanding and open with their children, so they are not subjected to that stress at home, and girls are more comfortable speaking to parents about their problems. This again would relieve that internal built up stress.

Bracketing

Participant was a 23 year old female who began displaying episodes of anorexic behaviour in early high school, around the age of 14. She would have periods where she would feel extremely stressed and depressed, and during these times she was not able to eat. When she began restricting food she was told by others around her that something was not right. Initially she was in denial and did not think much of it, until she began to lose weight and started to notice her avoidance of food. She also did not know of anyone else who was experiencing the same type of issue, and therefore did not take her problem seriously at first.

She speaks about the physical pressure put on girls in the community to be fair and thin, in order to be married and to be the perfect bride. While she was growing up, she heard many comments about her weight and skin tone from family members. She says this did affect the way she began to view herself and her body. Not only is there stress for a girl to look beautiful, but there is also stress in finding a husband, she points out. If a girl is not willing to have an arranged marriage, her choice in a groom is extremely scrutinized and parents tend to judge the boy much more if the girl finds him on her own. This adds pressure to the girl who must find a groom based on criteria as well. She mentions that this affects a girl's self-confidence and makes it difficult for her to find a suitable partner.

She is the eldest child and has two younger siblings. She notes that she never had any competition between the siblings, and she was always looked up to. She had to always be the role model, and always had a responsibility to do the right thing for her siblings to follow. She almost felt responsible for not only her actions, but their actions as well. With her parents she felt restricted and that she was not allowed to do many things that she would have liked to, like go out with friends. Because she was not allowed, she began to rebel against her parents in order to have a more liberal lifestyle. This rebelling however came with stress, which made her feel guilty. Her parents and herself had very different opinions and values while growing up – she wanted to be more liberal, while they wanted to stay traditional in some aspects. They also had and still continue to have high expectations of her in terms of education and career. Because she is the eldest, she has the expectation to take care of her siblings as well.

Participant notes that growing up watching Bollywood movies and media has impacted the way she feels about herself. Seeing very thin women with beautiful features has a way to lower one's self-esteem and confidence. She knew when she was younger, that she would have

to be thin and beautiful when she was older in order to look good. She would be motivated to lose weight and strive for this perfect image.

She speaks about feeling very isolated when in high school, when her friends would go out and have fun and she was not allowed to. Her restricted lifestyle caused her stress and she felt as though she did not belong to the Canadian society because she did not have these same values. In order to be part of her own South Asian community, she felt as though she needed to meet requirements and criteria for being a good Pakistani daughter. She says that she had nowhere to belong and felt very alone, which caused her stress, and this would restrict her from eating.

When she realized that she would not eat for long periods of time, she wanted someone to talk to but did not feel comfortable talking to her parents or family about this. She identifies the strong stigma surrounding mental illness in the South Asian community, and therefore sought help elsewhere, where she felt the issue would be taken more seriously. She feels that people need to stop judging one another in the South Asian community and be open to hear and support problems such as these among young girls. She feels that girls should be made aware of their inner beauty rather than their external features. She also encourages parents to be more understanding with their children so their daughters feel more comfortable raising issues such as these within the household, without having to seek outside help.

Table 4 - Reoccurring Themes and Concepts Seen Throughout the Analysis

Theme 1: REALIZATION	<ul style="list-style-type: none"> • No realization by self initially (noticed by others) • Realization by self
Theme 2: DENIAL	<ul style="list-style-type: none"> • No acceptance of problem initially • Mixed emotions (i.e. denial, anger) • Made up excuses to cover up • Satisfaction after initial denial
Theme 3: SHARED EXPERIENCE(S)?	<ul style="list-style-type: none"> • No shared experience • Feelings of isolation, loneliness, and confusion
Theme 4: CONCEPT OF ARRANGED MARRIAGES	<ul style="list-style-type: none"> • Image of perfect bride/wife • Physical appearance dictates if you are chosen as a wife • Lack of self-confidence/self-esteem • Expectations and judgement from own family
Theme 5: EXPECTATIONS FOR MARRIAGE	<ul style="list-style-type: none"> • Beauty is being thin • High expectations of one's self – strive for ultimate perfection • Physical expectations: tall, slim, fair skinned, long/thick hair • Temperamental expectations: obedient, quiet, respectful • Affects self-confidence/self-worth
Theme 6: FAMILY- Sibling Competition	<ul style="list-style-type: none"> • Oldest child: responsibility of family/siblings, more restricted • Youngest child: competition with older sibling (s) in terms of beauty, marriage, attention from parents, and education • Competition is self-created
Theme 7: PARENTS – Freedom/Rebellion	<ul style="list-style-type: none"> • Restrictive/sheltered upbringing • Not enough courage to voice opinions • Responsibility to please parents • Rebellion as a way to gain control • Guilt following rebellion • Internal versus external rebellion
Theme 8: PARENTS – Shared Values	<ul style="list-style-type: none"> • Values and opinions similar to parents at a younger age • Opinions differ with age • Traditional versus liberal values

Theme 9: PARENTS – Expectations	<ul style="list-style-type: none"> • Expectations created by self and parents • Competition with others
Theme 10: PARENTS – Openness	<ul style="list-style-type: none"> • Disorder was hidden from parents • Bottled up emotions inside/no one to share with
Theme 12: CULTURAL DISSONANCE	<ul style="list-style-type: none"> • Feel different and struggle to fit in • Isolated • Caught in limbo between cultures • Restrictions single you out
Theme 13: STIGMATIZATION IN SOUTH ASIAN COMMUNITY	<ul style="list-style-type: none"> • Ashamed and embarrassed • Hidden, not spoken about • Creates doubt and confusion in own mind • Lack of education in the community • Cultural stereotypes and judgements • Problem laughed off and not taken seriously
Theme 14: ADVICE	<ul style="list-style-type: none"> • Speak out and talk to someone • Find self-worth • Find someone to trust
Theme 15: CHANGES	<ul style="list-style-type: none"> • What beauty is: inner versus outer beauty • Encouragement from parents/positive reinforcement • Communication with parents • Concept of marriage needs to change and pressure to look a certain way • Education for community/elders/parents on mental health issues

Discussion (Construction)

In this chapter, important themes which emerged in the analysis are discussed. Lack of realization and denial due to stigma, as well as having no shared experience with the illness, are themes initially outlined in this discussion. Unique cultural pressures are then discussed through themes of arranged marriage practices versus western values of love, dating, and relationships, as well as stresses originating from intra-familial conflicts with siblings and parents. Tensions resulting from cultural conflict are also highlighted. Important advice given by participants concludes this chapter, with a specific focus on changes these women feel are needed in the community to better help those currently suffering.

Difficulties in Realization of Illness; Denial; and Stigma

According to Karasz, Dempsey, and Fallek (2007), symptoms of illnesses “...tend to become salient at particular moments and locations because of their dynamic relationship to local social conflicts and problems” (p. 477). Therefore, there is a link between an individual’s cultural background and the likelihood that they will realize and express symptoms of an illness at a particular time. In their study comparing European Americans with South Asians, these researchers found that the South Asian group were more likely to recognize physical episodes of illness (i.e. weakness and body pain), and were less attentive and less likely to report psychological symptoms. For this group, the physical symptoms of an illness were more salient and they were more likely to recall these, as compared to psychological or emotional distress.

Similarly, seven out of the eight participants for the current study did not realize that they had a psychological problem right away. They began to notice the physical aspects initially, either the lack of food intake or too much food intake, but did not link the psychological stress with the physical symptoms. For the majority of these women, their behaviour was noted by

others around them, either a friend or family member. The one participant who did realize herself, comments that it was not until her problem was much worse that she indeed acknowledged that something was wrong.

I think it came to me... I realized this really late, or actually in the middle of my problem, that I was losing weight because I was stressed, but at that time, I didn't do anything to change my habit, or change the condition I was in because things just...apart from things fitting me well, I actually started to believe that I was looking better. (P6)

The emphasis, even after realizing that there may be a psychological basis to the problem, still continued to be on the physical-bodily result. Another participant states, "I didn't think my problem was actually having an eating disorder, I thought my problem was 'I'm too fat'" (P2).

Again, the psychological symptoms were suppressed, and importance was given to the somatic aspect of the illness, which was interpreted by the majority of women as positive – weight loss.

Not only did participants have difficulty in realizing that there was something wrong, all eight admit to being in denial once they had an initial understanding of what was happening to their bodies. One reason for this may link back to South Asian cultural values and norms, which put emphasis on family harmony, social acceptance and group interactions. Mental illness threatens the family structure, as individuals suffering are usually excluded, rejected, and distanced due to their illness (Loya, Reddy & Hinshaw, 2010). Any one person in the family unit experiencing a mental illness may cause societal disapproval for the entire family. Therefore, refusing to accept the problem as a real health concern is a way of preserving this family honour. Participant 1 explicitly notes, "...there's a certain image and mindset that is made up about people who have eating disorders". Likewise participant 2 feels that "for a girl and her self-image...when we lose our self-esteem and self-image is when we feel like we can't fall back on

anybody else cuz we feel like everybody around us is judging us”. Participant 8 similarly explains “if you say that you have it or if you think that you do...it’s considered hypochondriac tendencies, it’s not something that is believable for brown people...”

Therefore, fear of stigma and judgement forces these women to feel confused and uncertain about their own distress. Because there is a clear dishonour and concealment surrounding eating disorders within the family and community, many of these women denied that what they were experiencing was a serious psychological concern. Perhaps taken as a normal process of adolescence and aging, mental illness often goes unrecognized in the South Asian community, and results in a lack of realization and denial of the problem (Lai & Surood, 2008).

“Parents have no idea what I went through, and they still don’t know what I went through, they just thought I was thin...because I don’t think that they would understand” (P6).

“I thought it was very cathartic to speak to a professional, someone who wouldn’t judge me and didn’t have that whole cultural, you know, those cultural stereotypes, and to just be open with them” (P7).

“I definitely felt that it was hard for me to get help because I am South Asian and I couldn’t reach out...” (P8).

The health implications of not recognizing the severity of the illness are extremely dangerous. If mental health symptoms are ignored, or if it is difficult to reach out for help, this becomes a barrier to seeking appropriate professional treatment, and the problem may be perpetuated (Kumar & Nevid, 2010). As stated by P1, “... I think that’s why it took me that long to get help, because I told myself that I don’t look that way, so I don’t have a problem”.

By supressing and hiding their symptoms, some women did not feel the need to seek help at all. They instead ignored the issue and delayed professional treatment, until it became

absolutely necessary. Covering up the symptoms with excuses made the problem easier to be ignored.

I didn't really think there was an issue, I was just thinking that, okay, I'm busy with school, I'm doing school work, I'm not eating as much, but there's reasons why I'm not eating as much, it's because I'm busy. I have to do homework; I have to do chores at home. So... that's like...that's I think where it all started. I didn't think that it was a problem... (P2)

“Sometimes you know, I would just say I'm not hungry, or that I was losing weight cuz I would walk to school, you know make up those excuses” (P5).

The societal stigma that exists in the South Asian community results in a lack of realization of psychological distress. This further encourages the creation of excuses as a form of denial to cover up the problem, and results in these women not seeking immediate help. Not only does this prolong the illness, but it fosters severe feelings of dissatisfaction, low self-esteem, and creates a negative self-image for these women.

No Shared Experience and Nowhere to Seek Help

Six out of the eight participants recall not knowing anyone else who was experiencing something similar to what they were going through at that time. Many of these women identified feeling isolated and lonely because they had nobody to share with, including being unable to share with family members due to stigma and lack of education on mental health issues.

“And that's what makes you feel so alone. Because it's like if nobody else has that problem, than why do you?” (P1)

“I don't think [my parents] know for a fact that I would binge and purge. That's something I can actually guarantee and say that they don't at all” (P1).

“I always had to bottle up my emotions inside, I could never really tell what was wrong with me not eating, it didn't seem like anything was wrong because I had nobody to share it with...” (P2).

...that sort of thing is just not spoken about in Indian households, in fact I don't even think my parents know what it is or what it means to be anorexic or to binge and purge, and so until now, I haven't openly spoken to them about the issue. (P7)

As Trepal, Boie, and Kress (2012) note, eating disorder behaviour is most commonly exhibited and managed privately which inhibits the individual to share feelings and struggles. These researchers explain that eating is a behaviour associated with social acceptance and is most often carried out publically, more so in some religions and cultures than others. Having a constant preoccupation with food and associated behaviours, deepens isolation away from family and friends, and further enhances a sense of disconnection for women (Sussman & Truong, 2011). For these women, the isolation created by an eating disorder may be a "substitute form of connection" (Trepal, Boie & Kress, 2012, p. 349). Their isolation may get so severe that they find more comfort within their disorder, than from those around them.

When South Asian women bring this type of mental illness into awareness, the shame, anxiety, and stigma which follow further complicate the situation, leaving these women even more isolated and retreating back to no one but themselves. The cyclical nature of this disconnection perpetuates the illness, leaving the individual helpless with nowhere to seek the appropriate aid. In feminist literature, disconnection is seen as one of the main causes of the illness, and is seen as a feeling which maintains the problem over time (Katzman & Lee, 1997).

Concept of Arranged Marriage and Physical Expectations for Marriage

Seven out of the eight participants highlight growing up with a very strong South Asian cultural upbringing, with an emphasis on marriage by a certain age. These girls were told from a young age that they would be introduced to a potential groom, and in order to be married, they would have to look a certain way. In many South Asian cultures, which have a prominent collectivistic orientation, mate selection is carried out by the family, rather than the two

individuals (Myers, Madathil, & Tingle, 2005). Some of the women were given the option to find their own mate, however their criteria was very stringent to select from. This is evident in many of the accounts from these women, who note that marriage is taken as a familial obligation, surrounded by physical criteria and expectations.

There's definitely a pressure, and I mean I don't necessarily feel it from my parents, but the concept of arranged marriage is there, and I agree with it. But then in the back of your mind, because you see your peers, and you see them before they get married and then they get married, so that's always something you feel you have to kinda strive towards. (P1)

I've been told that...any guy who is going to be introduced to me is probably gonna look at [weight] as a big factor, but alone not just a guy, but his family too, that they're not going to accept having a fat daughter in law, is the exact precise words that are usually used. (P3)

I believe...because I am older now, [my parents] might feel that there aren't too many options left for me. So, whichever option comes my way, I should grab it, because...that's the best I can do, because I am nearly 30... I think they feel that I don't have as many prospects anymore...(P6)

...Because [my parents] are Pakistani, they do expect a certain type of person...they expect the person to have a certain type of job, certain type of religion...everything like that. So even though it's not arranged, and they're not picking the person, but they would be pretty judgemental of the person that I picked. (P8)

The majority of participants note that there was great stress and pressure from parents and family as they grew into young adults, which put emphasis on physical perfection for marriage purposes. Many of these girls were told that if they did not look a certain way, they would not be selected for marriage. Having grown up with these expectations and physical goals, many of the interviewees explain being consumed by feelings of low self-confidence, diminished self-esteem, and a lessened self-worth when not conforming to cultural norms of physical perfection.

That's your ultimate perfection, like you always look and say they're not girl like me, and it's always the girls like them [who get married], and it's never me so...its always that factor in your mind...and I don't think I've attained [physical perfection], and I don't

think I'll ever will attain it. Because sometimes, what other people may have an idea, mine far exceeds it. (P1)

I remember it's like 'oh you need to be tall, but not too tall, cuz you're husband needs to be taller than you, you need to be slim...you need to be fair skinned, you need to have long, dark, thick, luscious hair' that's what it was...the last thing left was being slim and slender. I had control over that, so that's what I had to do next, to lose the weight to fit the image of what a good bride should be. (P2)

"As time progressed, my parents were adamant – lose weight, exercise, if you don't look a certain weight, you're never going to get married. You know, beauty is being skinny" (P3).

"[My parent's] do imply that you need to be skinnier to get a good husband and all" (P4).

I think they feel that apart from being fair, you have to be...thin and very beautiful, in order to get a good match...education is not a big deal, but looks is a huge aspect...It should not have got to me, but it did get to me, and I saw that that's what [my boyfriend at that time] wanted as well. And in all honesty, when I was losing weight, he liked it as well...he would encourage me with my eating habits and umm he didn't do anything to help me at that time. (P6)

I think that the physical...the pressure of being a certain way physically adds a lot of pressure because, you know, your mom is always on your case to lose weight or not to eat too much, and then you go to different parties and stuff like that and social gatherings, and people make comments, and you can't help but feel really self-conscious. Umm, I don't know it's the guys in our culture necessarily feel that way, but the women definitely do. (P7)

Because if you're constantly told by your mother, or sister, or even aunts and uncles, that you know, don't be that way because you won't be able to get married, then obviously if you're hearing that from when you're a kid than that's the biggest concern in your head, that I want to be able to get married... [It affects] your whole self-confidence and it affects your whole self-worth. Because you feel like if you're not marriageable, than what are you? (P8)

Negative comments from family and friends have fostered a negative self-image for many of these young women. This has in turn led to low self-esteem in their minds. Research conducted by Kansil, Lars, and Lars (2003) has linked eating problems with one's self concept. They found that low levels of self-esteem and unstable self-perceptions were related to eating pathology. They concluded that having low self-esteem, in terms of body dissatisfaction and

overall sense of self-worth, shows to be a central risk factor for the development of such eating problems. Because many of the women from the current study became extremely conscious of themselves and their bodies at a young age through comments passed by family members, they had a fragile sense of self, which is linked to negative eating behaviour. Striving to meet physical expectations within the South Asian community has further led to self-complexes.

Western Values of Love, Dating, and Relationships

Not only were there physical expectations repeatedly reinforced during adolescence for these women, but there were also restrictions placed on dating and spending time with the opposite gender. Many women reflect on these boundaries in their interviews.

But till this day, everybody still thinks [me and my husband] had an arranged marriage done, just because its taboo to get married out of your own choice, or ... God forbid you have a love marriage, and so parents would just be going crazy if they found out that their daughters were going out with a boy, even talking to a boy, having a relationship of any kind. (P2)

Everyone had that boyfriend back then, and I wanted to have someone too. But, it didn't...obviously my parents didn't accept it, you know. The South Asian background is different. We aren't allowed to have boyfriends - that's not a right given to us... (P5)

"I did go through a lot of these issues in high school because, for example, I was 18 and I wasn't allowed to go to prom...which I never understood and I still don't understand..." (P6).

Having been raised in Canada and seeing the social norms of dating, relationships, and events such as prom night surrounding them, these women felt very restricted because of their South Asian traditions. Because dating and having a boyfriend is seen as taboo in the South Asian culture, parents teach their children from a young age to refrain from these Western norms, and live a sheltered lifestyle away from boys and relationships (Inman, Ladany, Constantine, & Morano, 2001). These restrictions forced them to either avoid these types of relationships altogether, or to continue them but without their parents' knowledge. Hiding this from their

parents added stress, pressure, and guilt, and ultimately tainted the relationship between parent and child, causing further isolation.

As feminist theorists explain, this type of social disconnection creates confusion and promotes powerlessness for many women (Katzman & Lee, 1997). An eating disorder may ensue as a result of the disconnection and transitional changes felt by women being confronted by two different worlds. Adapting to a Western culture of relationships and dating, yet preserving values of purity and reservation from the South Asian tradition may result in “psychological displacement”. Eating behaviour may in turn change as a way to cope with this imbalance. This theory also supports the transcultural view that these types of conflicting cultural values and norms have pathogenic effects. Women are found to be more susceptible to such social changes, and this confrontation increases the risk of an eating disorder (Nasser, 1988).

Family: Intra-familial Relationships (Sibling)

All participants in the current study had at least one sibling. An interesting trend was found depending on the birth order of the child. If the participant was the eldest child, they had no competition with their younger siblings, but instead felt a very strong responsibility over them. This filial piety, or deepened sense of connection and care for others, is a very strong South Asian value that is present in many first born children (Masood, Okazaki, & Takeuchi, 2009). These participants felt that they had more restrictions placed on them, especially from parents, in order to be good role models for their siblings. These women complained about having to think twice before doing anything, in fear that their younger sister or brother would follow in their footsteps.

...there are times that I feel like one [sibling] is treated a little bit better than I am, well not better, but is given a little bit more freedom than I was given...And...nope there's never been any competition between us... (P3)

“I had a lot more responsibility...My brother got away with a lot of things. Sister gets to do what she wants. And I tend to be the one that’s restricted a bit more” (P4).

I have to set a good example for them...they follow me. Because me setting an example, like I always have to be perfect, you know, whether it’s a decision I’m making in life, or school, anything, like relationship, I have to watch out because they’ll do the same thing. And it’s true, they do the same thing. I would be hurt if they made the wrong choice, so in order for them not to do that; I need to make sure that I’m making the right choice. And that puts a lot of pressure because that just means that I can’t make mistakes. (P5)

Because you’re the oldest, you’re the one your parents expect to show the younger siblings how to act, and of course if you’re trying to rebel and everything like that, you have to also keep in mind how it’s going to affect my younger brother and sister. Yeah... so there’s a lot of pressure. (P8)

Participants acknowledged that being the eldest child comes with much familial responsibility, stress, and anxiety, which puts them at further risk of having high expectations of themselves. They feel that they must do extremely well in all aspects of their lives in order to set a good example for their siblings. This can be seen as a substitute form of self-perfectionism.

Perfectionism is “characterized by high personal standards and low tolerance for making mistakes, a highly critical nature...concern over mistakes and an emphasis on order” (Peck, Lightsey, & Owen, 2008, p.185). This construct has been associated with eating disordered behaviour, where those who display negative eating behaviour are more likely to exhibit perfectionistic tendencies than those without disordered patterns (Ashby, Kottman & Schoen, 1998). Perhaps the pressure these young women had put on themselves as being the elder child, nurtured through family and culture, created a perfectionistic outlook in relation to sibling responsibility. This may have increased their likelihood of developing an eating disorder.

The second trend noted in the area of sibling relationships is competition between younger and older children. All participants who were the younger child, admitted to being extremely competitive with their older sibling – whether an older brother or an older sister. The participant being the younger child felt extreme competition with an older sister based on

physical appearance, marriage status, and parental attention. If the older sibling was a brother, the participant was competitive in terms of education, career, and overall freedom.

Initially [there was competition], with my sister, sometimes...but then again it was never a competition that my parents enforced. Like I was never made to feel like you're not good enough. It's just something I would always tell myself. But, I still do that. Like I could meet a complete stranger, and I will automatically start comparing myself to them. But it's not something someone says to me, it's just my head... (P1)

...I didn't have a lot of attention given to me by my parents. So because of that...there was competition in trying to seek that attention. Competition in the way we looked, because my sister...she was the prettier one, she was the slim one, she was the fair one... she was the nice, social one that everyone wanted to be friends with. So there was competition in that sense – that, not really that I had to be her, but I had to be better than her, or be at her level to get that attention from other people or my parents... (P2)

I do feel [competition]. Because my older sister...she is a typical beauty and she's actually married. And she got married when she was 22. And in our culture, that is like the ideal age to get married. And she's...you know...she's a good 5 foot 7 inches, umm she's beautiful, she's tall, beautiful hair, umm so she did it exactly how it should be done. (P6)

I was never allowed to go out passed a certain time, whereas with my brother [my parents] were a lot more lenient, because he's a boy and I guess he can fend for himself...there was competition that I created myself. My brother is older and he's a lot smarter than me, and so he never competed with me on purpose because he knew he was a lot better. But because my brother was so smart...I would feel that I needed to be more competitive, or that I needed to work a lot harder to be at the same level as him. So I sort of created this competition on my own, in my own head... (P7)

This competitive nature displayed by participants has also been linked to disordered eating behaviour by various researchers. A heightened level of competition and social comparison with others has shown to be linked to body dissatisfaction, perfectionism, and disordered eating (Peden, Stiles, Vandehey & Diekhoff, 2008; Stormer & Thompson, 1995). Social comparisons made specific to weight and physical appearance, as clearly seen in the accounts of these women, shows to be a strong risk factor for negative eating behaviours. Having this competitive aspect in familial relationships can be significant in fostering negative views of

self, which leads to even more competition in order to be the better sibling. This competitive cycle may further foster the illness.

Both perfectionism caused by heightened responsibility as the older sibling in South Asian households, and competitiveness based on physical appearance by the younger sibling, have been recognized as characteristics associated with eating disorder behaviour in this study. All eight women displayed either one of these two traits, which were clearly identified throughout the interviews.

Family: Intra-familial Relationships (Parent-Child)

Freedom/Rebellion

The most conflict and tension was noted during conversations related to parental restrictions on each participant. It was clear from all interviews that participants had an extremely sheltered and restricted upbringing. It has been identified that eating pathology can be the result of control issues such as these (McCourt & Waller, 1996). As the individual tries to assimilate and internalize the norms of a Western society, they may be restricted to do so by parents, in order to uphold their home cultural views and values – a form of cultural freezing. This constrained environment can cause young women to feel a lack of freedom and control in their lives, either leaving them to submissively refrain from healthy assimilation, or forcing them to rebel against the wishes of their parents.

The more traditional the family is, the greater the control issues and inevitably the greater the cultural imbalance experienced (Furnham & Adam-Saib, 2001). South Asian female values of obedience, purity, and piety are often enforced in households, leading to overprotection from parents with daughters more so than with sons (Jayakar, 1994; Furnham & Adam-Saib, 2001). This overprotection can be suffocating for young women, and leads to frustration, internal

conflict, and mental tension. For some women, this can be seen through their rebellion as adolescents.

We had a pretty restricted sort of lifestyle...I guess my internal rebellion, which I see it now, was not eating. And if I did it, it was going and throwing up, because it just ... that was my way of rebelling back. Like they can't make me do it. But physically, I don't think my parents would ever say I rebelled. I couldn't fathom ever hurting them so, I just did it secretly and hurt myself instead. (P1)

[I was] completely sheltered. Not allowed to do anything...I wouldn't rebel against them to their face, I would always pretend to do things they wanted me to do. I would secretly, yes, do things behind their back, I didn't have enough courage to voice my opinion in front of them, to argue with them, or tell them what I thought they were doing was wrong...I always had, umm, a difficult time doing because it was like I was living a double life: one for them to keep them happy, and one for myself to keep myself happy. So it was just basically a bunch of lies...which wasn't the type of relationship I wanted, but it was almost that I was forced do so because there was no other way. (P2)

And I think I rebelled by controlling a lot of my habits...because I felt I needed control in my life, and I felt that if I controlled many aspects of my life, whatever they may be, I could have, I would feel that I did have a more of decision making voice in my life. (P6)

But that's stressful as well to do because you're rebelling, but then you feel so guilty, but then you're kinda just taking a stand for what you want to do, but then keeping it hidden, and just everything like that is...its stressful. (P8)

This restricted family dynamic causes problems in the parent-child relationship. Parents who display greater enmeshment, intrusiveness, control, and over concern in their child's life, show to have eating disorders more common within their family unit (Polivy & Herman, 2002). Problems of identity and control then arise at the individual level, as the young woman attempts to resolve this tension emotionally and behaviourally through an eating disorder. Within the South Asian context, where young women are clearly sheltered and refined, a personal rebellion is ensued as a way of regaining control and authority in their lives. Perhaps through this, these women feel freer and identify this as a way to assimilate in a Western society.

Shared Values

The majority of participants identified having similar opinions to their parents at a younger age, but as they grew older, they admit to forming their own perspectives that may have conflicted with their parents. Growing up in a Canadian environment did shape the way they wanted to live their lives - in a more open, less sheltered way. As they grew older and began recovering from their illness, they admit to becoming more open, confident, and standing up to their parents when necessary.

I think when I was younger... I would definitely think I have the same values and beliefs... I think your opinions and everything start to form when you start to have...the ability to think on your own, you're able to make your own decisions. I think around high school time is when you start to think that you know what, I can have an opinion that's different from my parents. I can believe in something that may be different than them. (P2)

Our opinions clash, I have my perspective, they have their perspective...I used to keep it to myself, and it would upset me a lot, and that's where a lot of my bad habits of eating came in. Because instead of, you know, talking to somebody about it, I went towards food and ate a lot of food to make me feel better. But now I umm, I say what I feel to them... [it] makes me feel better that I at least expressed what I wanted to say. (P3)

"I think we're different. It's different for sure. They're a little more traditional, and I'm a lot more liberal" (P4).

I believe now I differ, now at this age, I believe I've always differed but now I'm actually standing up to a lot more. And it's really hard to stand up to my parents, especially my father, but I think now I'm standing up to it and telling them I don't think as they do. (P6)

My parents are generally very secular/liberal people, but growing up I did have a big gap, in my opinion, on things than their opinion. But, now I think that I'm older, and they've lived here a while, so it's kinda come to a good balance between the two of us. We're able to talk things out rather than argue about them ...so it's a lot better. (P8)

One participant, however, dealt with parental values in a different way. Instead of identifying and accepting that her value system might be different than that of her parents; she instead became more reserved and traditional as a result. The restrictions, values, and beliefs

which were initially enforced by her parents, were internalized and she became even more sheltered.

Initially when it started out, because I was in a very Western society, it was me who was more liberal, I mean it wasn't that liberal...but compared to them. But now I feel like I'm more traditional. Like when they tell me to go out and do something, or meet up with somebody, especially when it comes to a guy, I like can't allow myself to do that. Because that's restrictions I place on myself. (P1)

Whether having similar values and opinions to their parents, or conflicting with their parental belief system, all participants did display tension in regards to this generational gap. Not being able to formulate their own perspectives and values until an older age, did cause identity issues for these women trying to find a balance between two cultural worlds – their parents' traditional thinking versus their own Western ideologies. This disconnection has been linked to eating pathology, as second-generation women experience a feeling of being in limbo between conflicting responsibilities and belief systems (Katzman & Lee, 1997).

Openness

Six out of the eight participants discuss having a fairly open communication with their parents, despite feeling overprotected and controlled in the household. Surprisingly, they felt comfortable with their parents enough to share *general* feelings and emotions. However, in terms of their eating disorder, none of the participants could face their parents and tell them what was happening. Many of them until this day have not openly spoken about what they went through. Therefore, regardless of being open to a certain extent, they were still unable to truly express their psychological state and wellbeing.

This may be because South Asian women mostly view themselves in relation to others in their lives (Jayakar, 1994). In their mind, by discussing mental distress, these women feel like they are causing pain and stress to their parents and families. Although being open in other

aspects of their lives, second generation South Asian women find it challenging to express concerns that they may be having, out of fear that these problems will negatively affect those surrounding them. Therefore, they prefer to keep these strong emotions bottled up inside, furthermore restricting the open relationship. Research has found that sex role expectations in South Asian women are indeed linked to feelings of anxiety, guilt and tension (Inman, Ladany, Constantine, & Morano, 2001). Being a woman comes with great responsibility within the culture, and caring for others more than self is a value instilled at a very young age. Although there was an open relationship present among the majority of participants, there were still secrets kept as a way to avoid family pain and dishonour. Feeling guilty that they were experiencing such an illness, forced them to keep their pain hidden.

I don't think they know for a fact that I would binge and purge. That's something I can actually guarantee and say that they don't at all. But yeah, were pretty open. I can talk to them about pretty much anything, and if I talked to them about this, they would be hurt. (P1)

I always had to bottle up my emotions inside, I could never really tell what was wrong with me not eating, it didn't seem like anything was wrong because I had nobody to share it with... if I could be open to them and talk to them, maybe things would have been different. (P2)

[My mother] didn't really notice that I was you know binge eating or anything like that. Again I hid that or I would buy my own stuff outside of school and I would just do it on my own. So they were not really in the loop. (P7)

I'm pretty lucky in that yes me and my parents are able to converse about a lot of things pretty openly. I mean there are some things that you just don't tell your parents... [and] I definitely felt that it was hard for me to get help because I am south Asian and I couldn't reach out to my mom or anything like that. (P8)

In the feminist viewpoint, it is this struggle to please others, and this social and familial tension that fosters an eating disorder and potentially perpetuates it (Dinicola, 1990a). As women

try to preserve their traditional values of respect and caregiving, they often lose their own self, causing them to hide any pain that they may be experiencing.

Expectations

All eight participants explain that their parents had very high expectations of them. In terms of academics, career choice, marriage, and sibling relationships, all participants felt that they were expected to be the best and succeed. Growing up with such high hopes added pressure for these girls to always be on top.

My sister wasn't always a person who was good with school, doing well academically, so I was already the daughter who had to do well at school, who had to get a good job, who just had to exceed all expectations. So because of that I felt that I had to be like the perfect Indian daughter, the perfect Indian child. (P2)

...like any other dad, or any other mom, they want their kid to be better than any other kid. Especially because they've got so many relatives, and they've got kids that are the same age, and they'd be like "oh look at them and look at you". Like they would never say it, but it would obviously cross their mind you know. (P5)

"I mean, of course. High expectations not only of marriage, but like what I do in my life and umm, and how I act and everything like that" (P8).

These familial obligations and expectations within the South Asian tradition are evident in many of the participants' accounts, and are in accordance with previous research (Inman, 2006). The values enforced in the culture on women to be on top and excel, can lead to a strong perfectionistic orientation. Constantly striving for perfection and trying not to make mistakes, has been linked to eating disorder pathology. Perfectionism has been identified as a significant characteristic present in many eating disorder cases (Bulik et al., 2003). Having these high goals for one's children can be deterring and lead to perfectionistic traits within the individual. This compounded with other familial factors can increase the likelihood of self-dissatisfaction and complexes.

Cultural Dissonance

Cultural value conflict has been defined as:

...an experience of negative affect (e.g., guilt, anxiety) and cognitive contradictions that results from contending simultaneously with the values and behavioral expectations that are internalized from the culture of origin [South Asian culture] and the values and behavioral expectations that are imposed on the person from the new culture. (Inman, Ladany, Constantine & Morano, 2001, p. 306-7)

In congruence with this definition is the transcultural hypothesis of eating disorders as a cultural change syndrome, which emphasizes that this illness may present itself at times of cultural change in immigrant families (Dinicola, 1990b). This socio-cultural influx is mediated by a number of factors, such as family relationships, parental control, overprotection, and self-identity crises. When individuals attempt to balance personal identity - which is most often shaped by assimilating into Western society, with family identity – which is most often shaped by traditional South Asian values and beliefs, mental tension often results.

All eight participants admit to feeling cultural dissonance living with both South Asian values and Western ideals. One of the main emotions that all participants identified was feeling isolated and singled-out in social contexts, for example at school or with friends. Not being able to relate with their peers in terms of childhood upbringing, practices, traditions, and morals, caused these women to feel alone and not being able to fit in. Many women mentioned being trapped in two worlds, not being able to fully identify and mesh into either culture.

Like you know when you go home you do certain things with your family and you're okay with it and you have fun, but then you come to school the next day and then you question yourself again like why do I have to do it? And that's just one more thing that makes you different. And you don't want to be different from everybody else, you just want to fit in. (P1)

I lost a lot of friends like that in high school too. A lot of my friends would distance themselves from me because, you know...half the time they were out at a party and I

would always be invited but I would always say no...and I felt left out and I felt like I wasn't part of it. (P3)

...I am kind of an introvert, and I think partially because of that is because I was not allowed to do a lot of things. Growing up my parents were very strict on me, in terms of who I talk to and what I did... so now I'm starting to open up a little bit more and I think I'm a little bit of a later bloomer when it comes to that. (P4)

“We're caught in this...caught in limbo, where we're trying to figure out our lives in both cultures, and you try to keep both cultures happy” (P6).

You can't help but sort of I guess be two faced, and you try to keep your parents happy...and you want to do things the traditional way that they want, but then at the same time, you want to go to school, and you want to assimilate with your friends... there was a little bit of a clash with my parents during those high school years, where I wanted to do things that they weren't used to...but there were just certain things that they weren't willing to give up, they really wanted to hold on to them. (P7)

I would go to school and see all those girls who didn't have restrictions but didn't have to do anything that I had to do. That causes stress and that causes you to feel like...kinda makes you think like the only way you could fit is, is to fit in with your community...and then that's stressful because you have to follow those certain guidelines – look a certain way to fit into that community. (P8)

Losing friends, feeling distant, and being isolated were common themes that were noted in the discussions of cultural dissonance. Increased social isolation has been linked to eating pathology in previous research and can further escalate an eating disorder (Trepal, Boie, & Kress, 2012). There is clear disconnection that is felt by those suffering which follows isolation, and makes the individual feel even more alone. Katzman and Lee (1997) explain in their “two-world hypothesis” that being caught in this limbo is highly risky for immigrant women, and the disconnection felt trying to balance both cultural worlds but at the same time upholding individual wants and needs, can lead to mental health tension. It is clear that isolation, disconnection, and identity problems were a result of culture conflict issues for the participants in this study.

Advice & Changes Needed

At the end of each interview, participants were asked to discuss their experience in relation to what needs to change in the South Asian community to help those who may currently be suffering from an eating disorder. Participants were also asked to provide advice to those who are currently suffering. The most significant and mutual advice given from the majority of interviewees was to seek immediate help. They all encouraged women to talk about the illness and find someone to trust in. That was one of the main regrets that these women had – not being able to gain enough courage to talk about their illness, and seek the appropriate help in a timely manner. The overall message was encouraging women to *break the silence* of eating disorders in the community.

...definitely talk to people who you are comfortable with, if you're not comfortable talking to your parents, I'm sure you have support of friends, there's groups now, so many clubs...guidance councillors to seek help from. (P2)

There's always somebody out there who can help you and won't judge you... you should turn to them, without that biased opinion... whether it's a counsellor or whether it's a teacher or whether it's a, you know, guardian, a friend, a friend's parent... (P3)

I didn't want to do it, and even though I had that open relationship with my mother, I didn't want to talk about it...about why am I losing weight like this...or anything like that. So the advice would be to go get help. (P5)

One participant encourages young women to first find self-worth internally, and that will motivate them to seek help externally.

And people can say things and force you, but it doesn't matter until you feel worthy or have self-worth, it's not going to change anything. Because when people told me to get help, but at the back of your mind it's like...but I'm not good enough, what's the point? So definitely you have to remember that there is something better for you, there is a bigger plan for you... (P1)

There were also a number of aspects that these women felt need to change in the South Asian community, which will help the situation. Firstly, they feel that the image of beauty within

the culture needs to change and pressures of marriage and looking a certain way need to adapt to current times. This will help women feel more comfortable with the way they see themselves and feel about themselves.

...people need to change their concept of what is beautiful, what's acceptable, what is proper. If we keep making it seem that it's only right to be skinny, it's only right to have a certain hair do, wear certain type of clothes, then no one's going to like grow out of that, you're just going to be stuck in those walls of 'that is how you're supposed to be and we have to be like that'. (P2)

I think what needs to change in our South Asian community is our thinking... basically that a woman's image should not just be that she has to be a size zero, but there's more to a woman than her outer beauty, we have to start looking at the inner beauty as well of a young girl... (P3)

I think what should change, is the whole aspect of marriage. Because marriage is important, definitely, but it isn't the aim of every girl's life, boys aren't pressured into it as much as girls are... I think parents need to recognize the fact that they need to educate their girls and bring them to a level that they can stand at par with any man, with any race or any field. (P6)

I think that with the pressure that we put on girls to get married at a certain age and to look a certain way, it's just too much pressure and it's too difficult for girls to be healthy and to form good relationships when there's all that pressure. (P7)

The pressures of marriage and beauty have been identified by these women to have negative effects on their views of self. They feel that if these aspects are changed, and emphasis is placed on other qualities of an individual rather than their physical appearance, women will not have such severe complexes with themselves.

Another change these women encourage is for South Asian parents who have come to Canada to adapt to the culture here, and to be less adamant about their own values and beliefs. These women feel that their parents, as well as other parents in the community, need to be more accepting of their children and more understanding of their children's problems. Because the majority of the participants felt restricted at home and could not openly tell their parents about the problems they were experiencing, they know that this perpetuated their mental state, causing

further stress and anxiety.

“[Parents] positively reinforcing [their] children, and saying “you’re beautiful”. Even though they’re small words, and it may seem very cliché at times, it’s still important. Because it makes such a huge difference” (P1).

“I think that parents need to change. Like for me, my parents weren’t approachable at all. I think it’s changing now, and people are becoming more open about it, trying to discuss it with people” (P2).

“Parents need to, you know, give their daughters a little bit more encouragement, rather than discouragement...you’re not beautiful because your fat or, you know, no guy is ever gonna marry you because you’re too fat” (P3).

“I think the biggest thing is...having that communication with your parents. If you don’t, a lot of them go through it by themselves and especially if you’re going through it in the school environment like I was” (P4).

“If you want that open relationship, your parents need to start thinking a different way. Cuz that really makes a big difference” (P5).

...parents need to realize that they need to make their children trust them, so even if they are going through anything hard, their children...or their girls, will come and talk to the parents, umm either parent, and they need to develop that relationship. (P6)

In the views of these women, if parents are more approachable and understanding, a mental illness such as an eating disorder will be identified and dealt with at an earlier stage. If South Asian families open up their communication with one another, and openly speak about such issues, young girls will not only feel comfortable with their parents, but also will feel comfortable and more accepting of themselves.

Lastly, participants encourage education within South Asian households on mental illness. That way those suffering will accept what they have and not feel guilty or shameful about the problem. This will also motivate them to seek help, with the help of family members who understand the illness, and to take it as a serious health concern.

“I would want to change...to educate our parents or our elders to talk more about mental issues and not be so taboo and you know, typically become a little more open to them” (P7).

I feel like in our culture there's a tendency to just laugh everything off, but I feel like if it was more open with your parents at least, if they understood how it was making you feel, then at least at home these girls wouldn't be subjected to that stress. (P8)

These women have identified that there is this gap in knowledge in the South Asian community, especially with parents, in that there is a lack of understanding of mental health issues. These types of illnesses are usually not taken seriously within the community, and it leads to individuals denying or hiding the problem, making it escalate (Lai & Surood, 2008). An attempt should be made to increase the awareness of such issues in the community. Once parents and elders begin to accept illnesses such as these, there will be a positive step taken towards recovery.

Conclusion (Contextualization)

Summary of Findings

The findings from the current exploratory study reveal that there are a number of cultural factors that collectively play a role in the development and growth of self-dissatisfaction and self-unhappiness in Canadian South Asian women, ultimately leading to an eating disorder. The analyses of the interviews support the transcultural hypothesis - which views eating disorders in immigrant women as a result of a cultural-change complex. Balancing conflicting worlds and dealing with strict family obligations, personal restrictions, meeting expectations, and preserving traditional values and beliefs, makes it extremely difficult for young women to create a self-identity and to find self-worth. These pressures create a very tense atmosphere and restrict a healthy assimilation into Canadian society.

Difficulties in accepting an eating disorder, and failing to seek appropriate help, also compound the problem making it more difficult for recovery. Denial, guilt, and shame associated with mental illness still remain extremely prevalent in South Asian communities in Canada, and this leaves young women with no ability to process emotions and to not get the immediate help that is necessary. The findings from this study also are in accordance with the feminist hypothesis that views eating disorders as a problem linked with severe isolation, disconnection, and oppression for young women. Failing to find a self-identity by being trapped in two worlds fosters loneliness and perpetuates the problem. Not being able to identify with either culture, yet having to care for others and fulfill expectations and obligations, only lessens self-worth, and leads to self-dissatisfaction. For the women in this study, these factors were definitely relevant, and did play a role in the development of their weakened self-image.

Objectives

At the onset of this study, three main objectives were identified. After categorizing key themes, and analyzing these themes in a holistic manner, the initial objectives are further understood.

1. Explore whether second generation Canadian South Asian women experience cultural dissonance with regard to traditional group norms of family, household values, and arranged marriage practices, while living in a Western culture.

It is evident from the study, that these second generation South Asian women do in fact experience cultural conflict and tension. In regards to responsibilities to their parents and siblings, as well as experiencing a pressure to uphold traditional values of relationships and marriage, there is clearly a cultural dissonance these women feel. These obligations do conflict with their own views and freedoms, and many women feel restricted, constrained, and unhappy being caught between two cultures.

2. Determine whether the societal pressures of balancing these two cultures create mental health tensions that manifest as body and self-concept distortions.

It is also evident from the accounts of these eight young women, that the pressures of balancing two cultures, and dealing with the expectations and responsibilities of being raised in a South Asian family in Canada, did create a low self-confidence for them. The way these women see themselves was tainted by comments passed about physical looks within their household and larger community. In addition, not being able to freely live a Western lifestyle and being restricted in terms of going out, constrained in terms of having relationships, and confused about

how to create an independent self-image, further created pressure and stress. All of these factors led to mental health tensions for these women, which were revealed through distortions of oneself and one's body.

3. Determine whether these stresses, originating from cultural conflict issues, lead to a clinical diagnosis of an eating disorder within South Asian women.

Culture dissonance emerged to be one of the main themes discussed throughout each interview. All participants spoke about the mental stress created by struggling to satisfy expectations from both their cultures, including tension created by family and parental interference (presence of cultural freezing). Many participants linked these factors to their low self-image. A few interviewees explicitly stated that these stresses were present in their lives, and controlling food intake was a way to cope with such pressures.

Limitations

Although this study provided the descriptions of individuals with eating disorders, and of their lived experiences, there were also limitations present. Firstly, due to ethical considerations for mental illness, the sample selected was not random. Those individuals from the community who have lived with the illness came forth themselves to share their stories. Due to this, the sample was limited; however the personal accounts from these participants spoke volumes about their experience. Because they willingly came forth to discuss the issue, their interviews were in-depth and captured their strong feelings and emotions. These women were able to talk about the issue openly and in detail, because of their personal willingness to participate.

Also, the sample attained for the study consisted of eight participants. Due to the smaller sample size, the conclusions may not be generalizable to all women with eating disorders in the

South Asian community. However, because this research took a qualitative approach to understanding the issue, it did gather very meaningful descriptions of the experiences. If the study had used a quantitative framework with such few participants, it would not have grasped such detailed accounts. The qualitative methodology used, therefore allowed a more thorough and comprehensive understanding of the interviews, resulting in strong themes to emerge. In accordance with Adler and Adler (2012), by studying fewer people, qualitative researchers are able to “...delve more deeply into those individuals, settings, subcultures, and scenes, hoping to generate a subjective understanding of *how* and *why* people perceive, reflect, role-take, interpret, and interact” (p. 8).

It may also be argued that the researcher – also being a South Asian woman – may have restricted the participants from openly sharing their experiences during the interviews. Because the South Asian community in the Toronto area is not very large, and is rather close-knit, the participants may have been hesitant to reveal all their personal stories to the researcher, who shares the similar background. The stigma and taboo associated with mental illness still remains very prominent in this community, and fear of this may have restricted the women from entirely participating. However, the researcher being South Asian could have also benefited the interviews. The participants may have opened up even more because the researcher could relate to their experiences of family and tradition. Having this insider’s perspective could have benefited the interviews by allowing the participants to feel even more comfortable and to share their stories with someone who they could relate to. Being able to gather descriptive experiences and in-depth stories, the researcher’s similar background seems to have benefited the study, rather than being a limitation.

Implications

One of the main concerns regarding eating disorders within the South Asian community is that not many people talk about such issues, and that mental illness is usually swept under the carpet (Lai & Surood, 2008). This not only lessens the significance of this health concern, but it also fosters a silence and secrecy among those suffering. This ‘conspiracy of silence’ hurts not only the individual suffering, but all those around her. By capturing the stories from women with lived experience, this study hopes to raise awareness about eating disorders in the South Asian community. By talking about the issue, highlighting the potential risk factors involved, and discussing advice and changes needed, those who have experienced the illness can give hope and guidance to those currently effected. Parents of these women and elders in the community, who may not be aware of such mental health issues, should also be educated. By presenting research on eating disorders, more people within the community will have the opportunity to learn about the severity of such illnesses. Raising awareness is one main goal of the current study, in order to bring the secrecy of eating disorders into light.

Similar to other research conducted with South Asians, cultural conflict has been identified and further understood in this study as a key factor involved with eating disorder etiology in this group (Furnham & Patel, 1994; Smart et. al, 2011; Furnham & Adam-Saib, 2001; Conrad & Pacquiao, 2005). It would be beneficial for mental health professionals and therapists to consider the unique cultural upbringing, family background, and social relationships of patients when providing support for women of South Asian background. Because family, culture, and social harmony play such a significant role in a South Asian woman’s life as shown in this study, it is difficult to separate these aspects from her illness. They should be understood collectively, along with sensitivity to cultural traditions, when assessing and treating the disorder

(Smart, Tsong, Mejia, Hayashino, & Braaten, 2011). Educating therapists and counsellors on these culturally specific and sensitive issues may potentially benefit those suffering by providing a more tailored form of treatment.

Future directions

Being exploratory in nature, this study has provided an initial understanding of how eating disorders affect Canadian South Asian women - within a “cultural-change” framework. More research is definitely needed to uncover the more in-depth cultural layers revealed through this study. Future work should focus more specifically on the differences between various classifications of eating disorders within this population, and how they may manifest themselves dependent on the specific cultural context. A comparison study would also be significant, in which other cultural groups can be compared, in order to gain a better understanding of this illness across populations.

Appendix A

Glossary

Anorexia Nervosa: An eating disorder characterized by an obsession with controlling food intake – the reason for the obsession is the belief that by controlling one’s body, one can control his or her life. “This obsession is usually achieved through starvation” (National Eating Disorder Information Centre, 2011).

Arranged Marriage versus Marriage of Own Choice: Arranged marriage is a common practice in Pakistani, Indian, Bangladeshi, and Sri Lankan communities, where a marriage is defined as a contractual agreement, written or unwritten, between two families rather than individuals. When two individuals fall in love and marry, without family interference, it is referred to as a marriage of one’s own choice – a “love” marriage (Zaidi & Shuraydi, 2002).

Binge Eating: An eating disorder characterized by eating excessive amounts of food at one time, without compensating for “over-eating by vomiting, fasting, over-exercising or abusing laxatives as people with anorexia or bulimia may do” (National Eating Disorder Information Centre, 2011).

Bulimia Nervosa: An eating disorder “characterized by cycles of bingeing and purging. As with anorexia, this behaviour is driven by a desire to regulate feelings, and with worries about body weight and shape” (National Eating Disorder Information Centre, 2011).

Cultural-Bound Syndrome Hypothesis of Eating Disorders: The hypothesis that the “collection of signs and symptoms of [an eating disorder]... [are] restricted to a limited number of cultures primarily by reason of certain of their psychosocial features” (DiNicola, 1990b, p. 246).

Cultural-Change Syndrome Hypothesis of Eating Disorders: The hypothesis that an eating disorder may occur in individuals either living in developing countries, or in individuals migrating from those countries to more developed nations. Illness may emerge in conditions of economic, social and cultural change – which most commonly occurs during times of “cultural evolution and human migration” (DiNicola, 1990b, p. 246).

Cultural Dissonance: A state of cultural conflict, disagreement, or imbalance between two differing sets of cultural values, norms, ideals and practices.

Cultural Freeze (Freezing): “The development and imposition of rigid values and normative behavioural expectations from one’s country of origin...” (Runner, Yochihama & Novik, 2009; p. 49).

Cultural Value Conflict: “An experience of negative affect (e.g., guilt, anxiety) and cognitive contradictions that results from contending simultaneously with the values and behavioral expectations that are internalized from the culture of origin [South Asian culture] and the values and behavioral expectations that are imposed on the person from the new culture” (Inman, Ladany, Constantine, Morano, 2001; p. 306-7).

Eating Disorders or Disordered Eating: Characterized by clinical disturbances in eating behaviour and distorted perceptions of body image. Types: Anorexia Nervosa, Bulimia Nervosa, Binge Eating, Eating Disorders Not Otherwise Specified (Diagnostic and Statistical Manual IV, 2011).

Feminist Hypothesis of Eating Disorders: The hypothesis that a woman’s disordered eating habits and negative body image do not entirely stem from media portrayals of thin female bodies, but rather from women’s roles in society (Katzman & Lee, 1997).

Gender Inequality: Refers to a disparity, inconsistency, or discrepancy between individuals due to gender (social roles or biological differences).

Intergenerational Conflict: Tension or struggle felt between two generations, usually in regards to conflicting morals, values, and practices. Most commonly experienced between children and parents.

Perfectionism: “Characterized by high personal standards and low tolerance for making mistakes, a highly critical nature...concern over mistakes and an emphasis on order” (Ashby, Kottman & Schoen, 1998, p. 185).

Second Generation South Asian Canadian: Refers to a native Canadian born individual whose parents have moved or migrated from a South Asian country prior to the birth of the child, or an individual born in a South Asian country who has moved to Canada before adolescence (Portes and Rumbaut, 2005).

South Asian Background: An individual identified as being born in Afghanistan, Bangladesh, India, Pakistan or Sri Lanka, or whose parents are born in these countries (United Nations, 2011).

Appendix B

Interview Guide

A. Basic Questions:

1. At what age do you remember having your eating disorder begin?
2. Did you feel like you had a problem, or did somebody else tell you?
3. Were you in denial, or did you realize right away?
4. Has anyone else in your family suffered from an eating disorder? Friends?
5. What South Asian background are you?
6. What specific eating disorder did you, or do you, have?

B. Arranged Marriage:

7. In your cultural background, is there a specific physical or temperamental image necessary for marriage?
8. Are your parents expecting you to get an arranged marriage? How do you feel about this?

C. Family/Parents/Relationships:

9. Do you have siblings? If yes, what gender? Are you treated equally between parents? Is there a lot of competition between you and your siblings?
10. Do you have an open relationship with your parents? Do they have high expectations of you? Do you feel this is fair? Why?
11. Were you easily allowed to do what you wanted while growing up? Did you have to rebel against your parents to get what you wanted?
12. Were you sheltered, or were resources available to you when you needed?
13. Are your opinions similar to your parents or are they completely opposite?

D. Food:

14. What is your typical meal? Breakfast, lunch, dinner? If you think it is unhealthy, what would you do to change it?

E. Media Influences:

15. Do you feel Bollywood movies or actresses effect the ideal image of how a girl or boy should be? How much does this contribute to your thinking and the way you want to look?

D. Culture Clash Issues:

16. Do you find it challenging living in a South Asian family, while growing in a Canadian society?
17. Has this clash been involved in the development of your illness?

18. Do you feel uncomfortable seeking help for this disorder, especially because you are South Asian?

19. What do you think can be done to prevent this disorder in the South Asian community? What advice would you give girls to prevent this disorder from happening, or to those seeking treatment?

20. Is there anything you would like to discuss or touch on that we have not already spoken about?

Appendix C

Consent Form

University of Ontario Institute of Technology Consent to Participate in a Research Study

Title of Study: Cultural dissonance as a risk factor for the development of an eating disorder in Canadian South Asian women (REB File #: 11-106)

Principal Investigator: Nida Mustafa, Faculty of Health Sciences

Email Address: Nida.Mustafa@uoit.ca

Faculty Advisor: Dr. Arshia U. Zaidi, Department of Social Sciences, Arshia.Zaidi@uoit.ca

Study contact telephone number: 647.830.5553

Ethics and Compliance Officer at UOIT compliance@uoit.ca; 905.721.8668 x 3693

Information and Purpose: The interview you are being asked to participate in is part of a research study that focuses on examining the social and cultural risk factors involved in the development of an eating disorder. The researcher is interested in how traditional South Asian values, norms, and practices, may influence body image or body dissatisfaction in women living in Canada. The purpose of the study is to gain a better understanding of the cultural factors that play a role in the development of this disorder in Canadian South Asian women.

Your Participation: Your voluntary participation in this study will consist of a one-on-one interview lasting approximately half an hour, at a location that is most convenient for you. You will be asked a series of questions about your experiences with the illness, your thoughts and feelings on how it happened, and what you feel will improve the condition. Questions will also be asked regarding your cultural background and some demographic information. You are not required to answer all questions, and you may pass any that make you uncomfortable. At any time you may inform the researcher that you would like to stop the interview and your participation in the study. There is no penalty for discontinuing participation. Once the interview is complete, there may be follow-up or clarification through email, unless otherwise requested. At the beginning of the study, you will be presented with a ten dollar gift card, as an appreciation for your participation.

Benefits and Potential Risks: The benefit of your participation is to contribute to eating disorder research by providing your lived experience with the illness. One goal of the current study is to understand the unique pressures felt by those suffering in the South Asian community, and providing your perspective on the issue will provide greater insight into the nature of the disorder. Some questions asked may cause slight emotional distress. However, this distress will be will not exceed normal, everyday risk. You are also free to pass any of these questions, and may stop the interview at any time as well, if need be. Should you stop the interview, you will still receive your participation gift card.

Confidentiality: The interview will be audio recorded for the full duration, unless otherwise requested. Your name and direct identifying information will not be associated with any part of

the written portion of the report. Your name will also be removed from the interviews and replaced with a code number that will be used in the analysis portion. All interview scripts, recordings, and information will be kept in a confidential file cabinet, which will be locked and sealed in a private area in a UOIT office. Your interview data will only be used for this current study, or other research-related usage as authorized by the University Of Ontario Institute Of Technology, with your permission. If you wish to withdraw from the interview at any time, all of your data, including interview scripts, audio recordings, and demographic information, will be erased and permanently removed from the study.

Feedback of Results of Study to Subjects: A summary of the results will be available to you upon request through email. Formal presentations will also be made to both the academic community to ensure knowledge is being distributed to healthcare workers and eating disorder research leaders, as well as the South Asian community through community magazines and TV stations.

Rights of Research Subjects: You may withdraw your consent at any time and discontinue participation without penalty. By participating in this study, you are not waiving your legal rights. If you have questions regarding your rights as a research subject, please contact the Ethics and Compliance Officer at UOIT compliance@uoit.ca; 905.721.8668 x 3693.

By signing this consent form, I certify that I _____ agree to the terms and conditions of this research study. (Print full name here)

(Signature of Participant) (Date)

(Signature of Researcher) (Date)

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