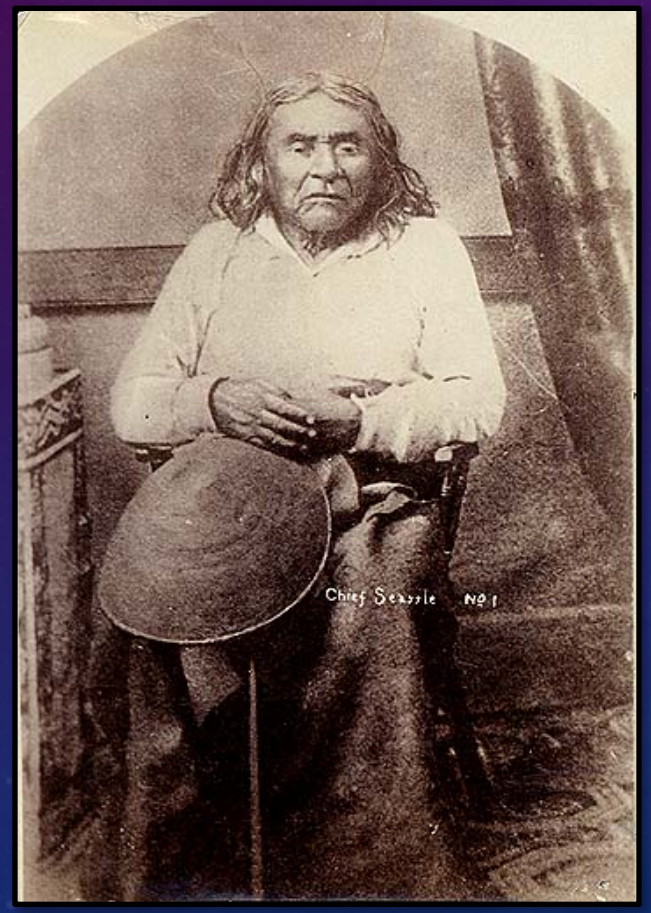
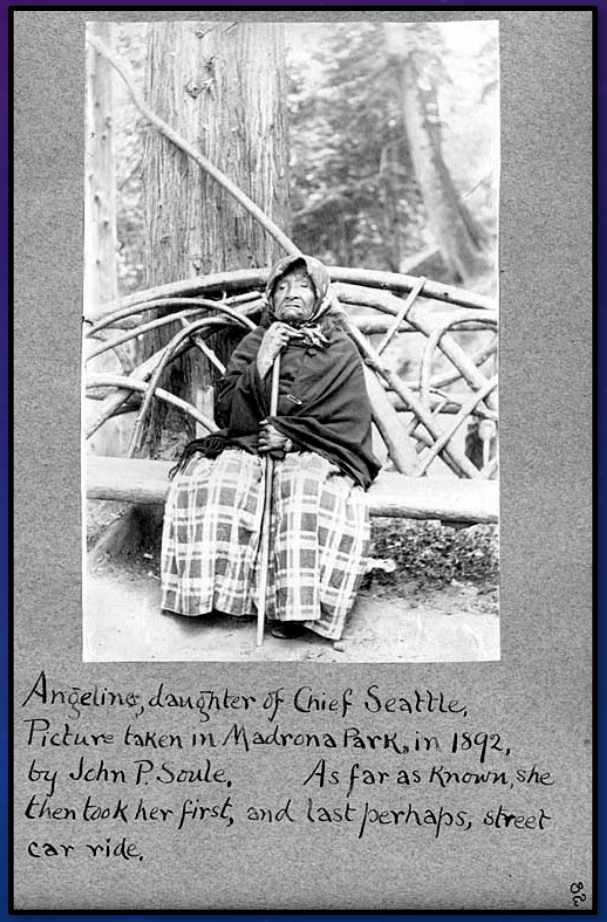
EATING AWAY AT GENDER IDENTITY

SARAH J. THOMPSON

LAND ACKNOWLEDGEMENT



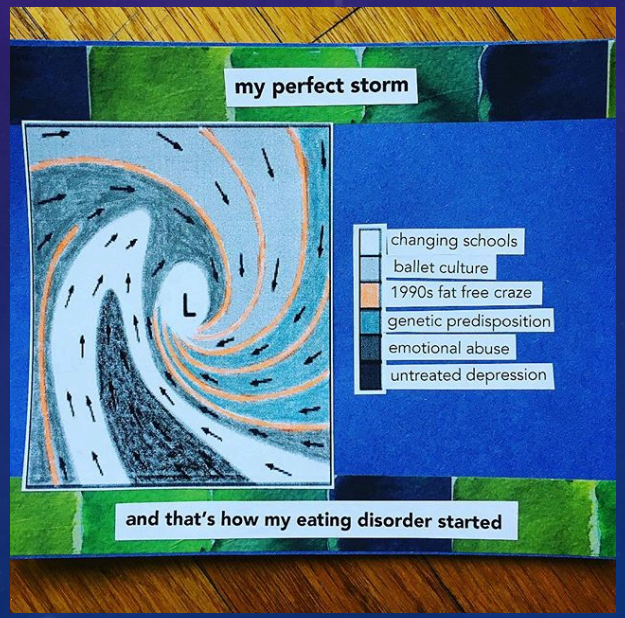


ABOUT ME

- White, Queer, Fat, Working Class, Nueroatypical, mostly able-bodied with chronic pain, non-binary person
- Eating Disorder Recovery Coach
- Certified Body Trust® Provider
- Medical Advocate
- Consultant and Trainer
- Writer
- In recovery from an eating disorder
- Ice cream connoisseur and Grey's Anatomy expert

PREVALENCE OF EATING DISORDERS

- 30 million affected in the US – 15% of Americans
- Alzheimer's, autism, and schizophrenia combined – 4% of Americans



TYPES OF EATING DISORDERS

- Anorexia Nervosa (AN)
  - Food restriction; can include restricting categories of food
  - Intense fear of gaining weight or becoming fat
  - Body dysmorphia
- Bulimia Nervosa (BN)
  - Binge eating followed by compensatory behavior to avoid weight gain; such as self-induced vomiting, laxative misuse, exercise, diurectics or other medication
  - Binges are characterized by a lack of control and eating more food in a short period of time than most eat in the same period of time.

TYPES OF EATING DISORDERS

- Binge Eating Disorder (BED)
  - Binges are characterized by a lack of control and eating more food in a short period of time than most eat in the same period of time.
  - Restriction of some type typically present: calorie restriction, dieting, etc.
  - Added to DSM-V as it's own category in 2013
- Orthorexia
  - An obsession with proper, "clean," "pure," or "healthful" eating
- Avoidant Restrictive Food Intake Disorder (ARFID)
- Other Specified Feeding and Eating Disorders (OSFED)

IMPORTANT TO NOTE

- All of these can occur at any size. (*DSM-V requirements)
- Most health care professionals are not trained or equipped to treat people eating disorders or disordered eating. Refer. Refer. Refer.
- Eating disorder resources and treatment are predominately geared towards cis women.
- Often, body dysmorphia occurs with every type of ED.
- Trauma is a major risk factor for developing an ED.
  - Including: neglect, sexual assault, sexual harassment, physical abuse and assault, emotional abuse, emotional and physical neglect (including food deprivation), teasing, and bullying.
  - Correlation of PTSD and EDs
- Dieting is a major risk factor for developing an ED.

"My eating disorder helped ease the discomfort I had with my existing physical features, in particular those markers of femininity by disguising my feelings of anger, sadness, frustration, punishment, and shame. I tricked myself into believing I could remove evidence of femininity in the form of curves and more rounded features, and by losing my period."

- OJ from Third Wheel Ed, 30, Non-binary

IMPACT OF WEIGHT BIAS AND STIGMA

- 42% of 1st-3rd grade girls say they want to be thinner.
- 46% of 9-11 year-olds are “sometimes” or “very often” on diets, and 82% of their families are “sometimes” or “very often” on diets
- Medical professionals associate fat people with poor hygiene, non-compliance, hostility, dishonesty, lack of intelligence, and weak will.
- Weight bias decreases a provider’s ability to be patient-centered while interacting with larger patients
- Physicians may over-attribute symptoms and problems to obesity, and fail to refer the patient for diagnostic testing or to consider treatment options beyond advising the patient to lose weight.
- 42% perceived that other ED practitioners who treat eating disorders often have negative stereotypes about obese patients

“Another way that fatphobia impacts my gender expression is that many folks consider thinness to be integral to androgyny. Sometimes I feel like my curves disallow me from ever being seen as nonbinary. Even people who claim to recognize non-binary gender seem to think there's a certain look you have to have, which includes being thin. It's discouraging, because I'd have to lose a couple hundred pounds to feel like my body is truly androgynous (thin).”

- Genderflux femme, 30, They/She

“Our medical system prescribes the same behaviors to fat people (extreme food restriction) that it discourages for people who struggle with anorexia.”

-Deb Burgard, PhD

IMPACT OF WEIGHT BIAS AND STIGMA

- Medical professional's "attitudes about obesity may cause their patients with obesity to feel disrespected, inadequate or unwelcome, thus negatively affecting the encounter quality and their willingness to seek needed care."
- Most health care providers are trying to deliver compassionate care, and may have glaring blind spots when it comes to weight.
- This impacts patients to their core and is a major hindrance for people at higher weights to access and receive equitable care.

“As a patient’s BMI increases, physicians report that they have less patience, less desire to help the patient, have less respect for these patients and see them as a waste of time.”

Phelan, Burgess, et al. 2015

“It's difficult being fat and non-binary, as no one believes that I am non-binary because of the way I look. It took me a long time to come out to people as non-binary for this reason and an even longer time to ask people to use they/them pronouns. Not only am I fat, but I have the coveted hour glass shape that means, no matter what I wear, I will always be read as female. And I actually like the shape of my body; it's just how others label it that gives me dysphoria. For the longest time, I was convinced I couldn't be non-binary because I wasn't thin and androgynous-looking. And, when I was younger, I spent so much time trying to be more "lady-like" (since I was constantly scolded for not being lady-like) that it didn't even occur to me to question whether or not I was a lady.”

- Non-Binary, 31, They/Them

GENDER AND EATING DISORDERS

- Most research only began in 2013
- Transgender college students had over four times greater risk of having been diagnosed with anorexia nervosa or bulimia nervosa, and two times greater risk of eating disorder symptoms such as purging compared to their cisgender female peers
- A study of transgender Canadian youth found that youth who experienced more frequent harassment and discrimination were more likely to have eating disorder symptoms, while those who could draw on protective resources (like supportive schools and caring friends) were less likely
- Transgender individuals who received gender affirming medical interventions had improved body satisfaction and lower eating disorders symptoms

GENDER AND EATING DISORDERS

- A new national survey of LGBTQ youth found that a majority of those surveyed have been diagnosed with an eating disorder. Even more shocking, half of the LGBTQ youth surveyed who have not been diagnosed suspect they have an eating disorder.
- 54% of the participants indicated that they had already been diagnosed with an eating disorder.
- Of those diagnosed with an eating disorder, 58% have considered suicide.
- 71% of transgender respondents have been diagnosed with an eating disorder.

Trevor Project's National Survey released 2-28-18

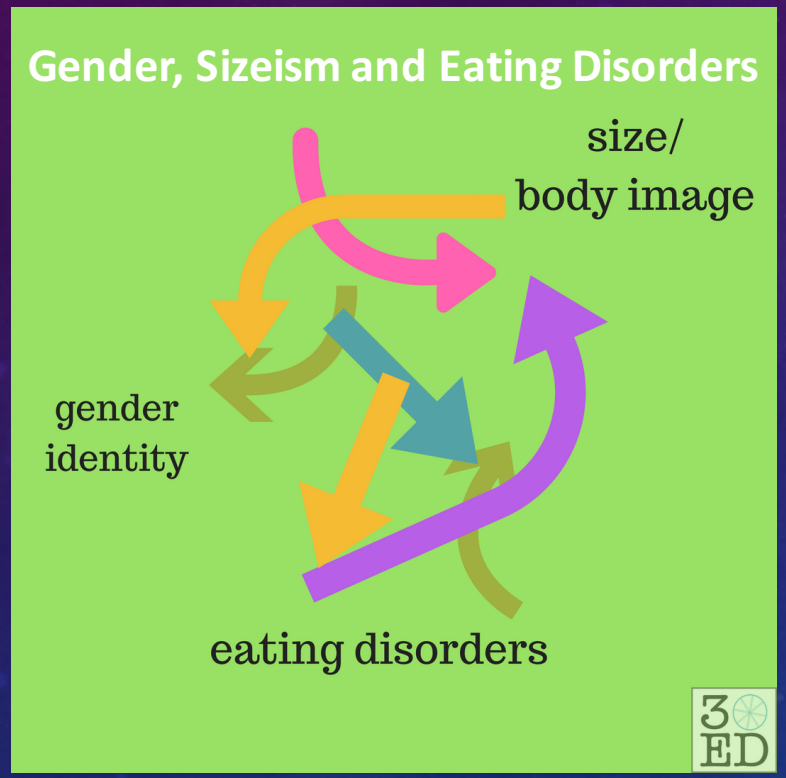
"I find that the relationship between gender, my body and food to be really complicated. I have had bulimia since I was a young teenager and my eating disorder is greatly connected to my issues with my gender. When my eating disorder started, part of the reason was I wanted to lose weight so that my body would match what I felt like. I continue to struggle with bulimia and now that I have come out about my gender, I am being pressured by my breast surgeon to lose weight, despite just being in intensive outpatient for bulimia. For me, food seems to be the enemy of my gender and my body. To me, it feels like I have to choose between having an eating disorder and being my authentic gender."

- Non-Binary to FTM Spectrum, 33

WOW. WHY?

- Risk for higher rates of trauma and PTSD (ACES Study)
- Risk of fewer protective factors such as, family and community
- The compounding, cumulative effect of weight and/or gender based discrimination.
- Body Dysmorphia
- Gender Dysphoria
- Poor treatment options
- Underdiagnosed
  - Lack of education and understanding in health care providers
  - Lack of comfort seeking care

PUTTING IT ALL TOGETHER



@ThirdWheelED

@comfyfat

“When you live in a fatphobic world that forces you to distance yourself from your body all of your life, you may not be super in touch with or think about gender. . . . Gender dysphoria came up but I didn’t understand the feelings. I was too preoccupied with trying to shrink myself to explore any feelings about gender. I was super uncomfortable in my skin. But I’d shove any feelings about gender *way* deep down below the shame of my fat body. It was like going to war every day with the fatphobic world only to come home at night and be at war with myself. I distanced myself from my fat body and any feelings attached to how I really wanted to present myself, for moments of peace. For survival.”

- J of Comfy Fat, From their blog: How fat phobia impacted my gender identity

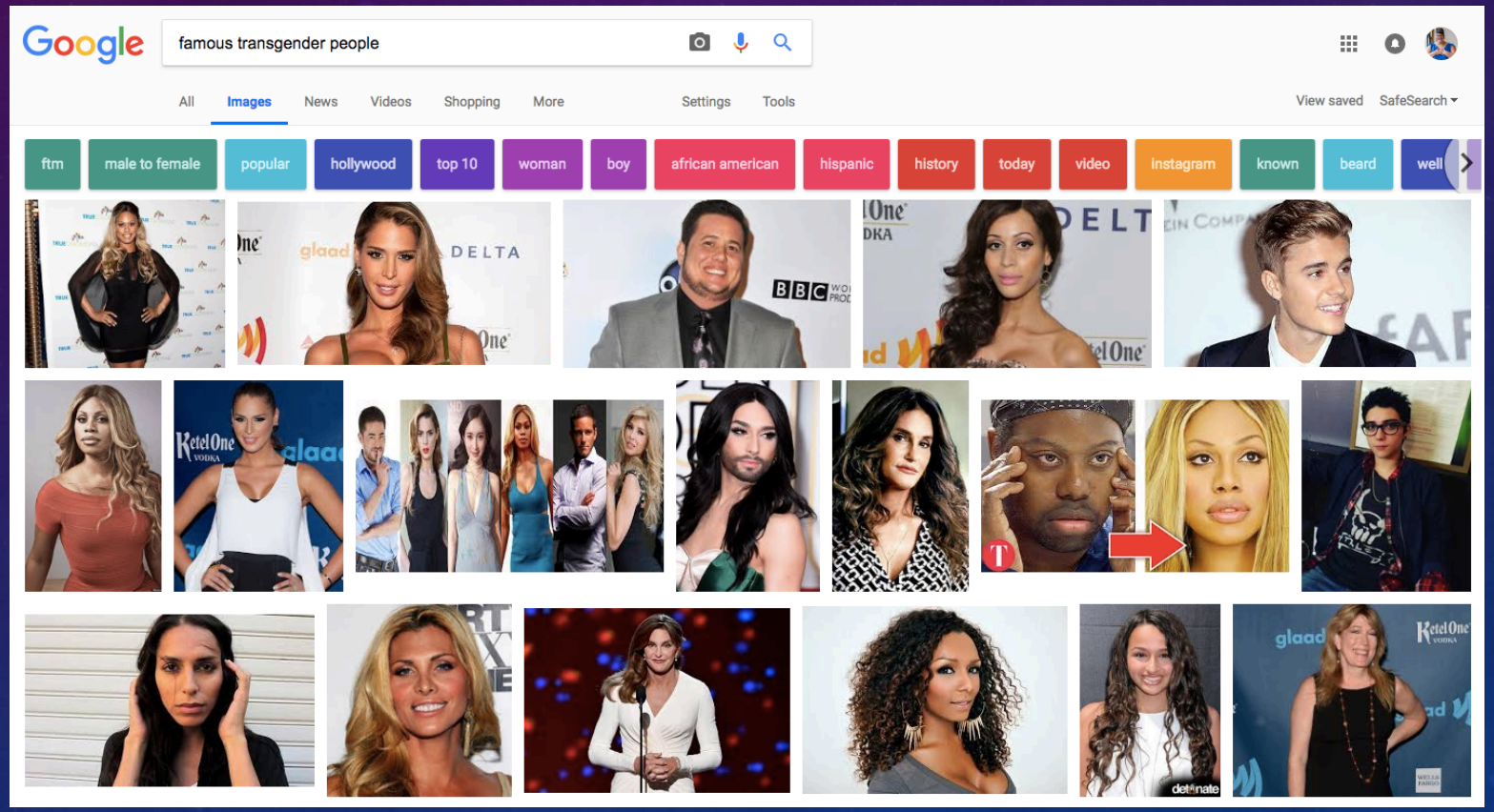
GENDER AND EATING DISORDERS

- Restricting food, binging and vomiting, using laxatives, diet pills, exercise, binging, and/or controlling clean eating may be coping mechanisms for:
  - Dealing with work place, medical, and/or societal discrimination and prejudice, misgendering, and family rejection
  - Lack of access to gender-affirming surgeries or health care
  - Wanting to not be misgendered by others
  - Gender Dysphoria
    - The conflict between assigned gender and gender identity
    - Wanting to have the physical characteristics that are typically associated with their gender identity

GENDER AND EATING DISORDERS

- Having to lose weight to access surgery
- Wanting control over one's body
- Not having a way to connect with one's body/wanting a different experience of their body
- A way to harm a body that they feel betrayed by -- against a body that they feel hasn't given them what they wanted

SIZE AND GENDER



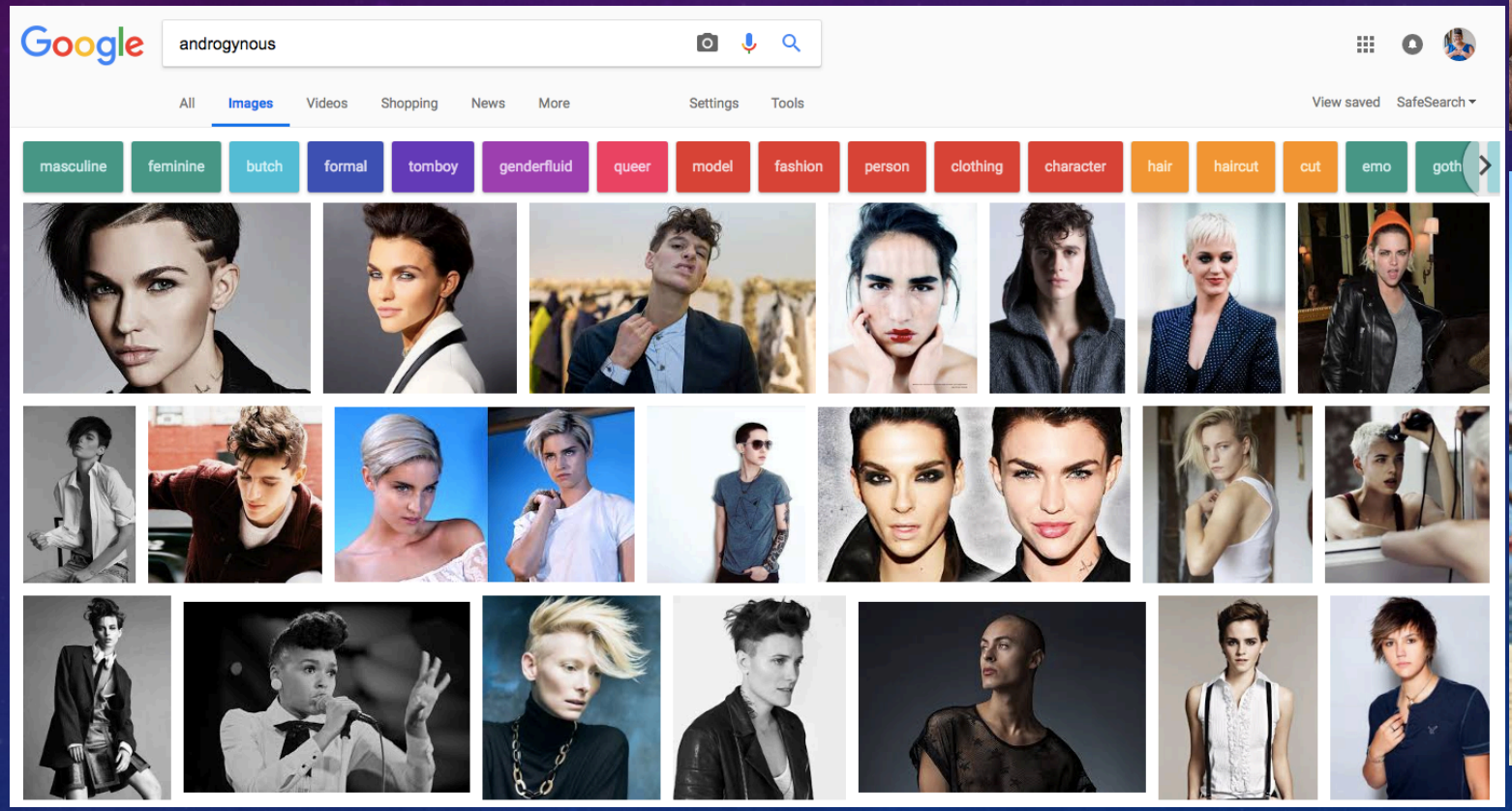
“Every six months or so I would spend hours watching time lapses of transition updates from these beautiful thin white masculine dudes. I’d then have a complete meltdown and shove those feelings back into the box they came from. I knew my fat body would never look like that.
Watch 12 videos. Panic. Cry. Sit in the dysphoria. Hate every inch of my fat body for not allowing me the freedom to dream. Are there fat trans men? Do fat trans people exist?”

- J of Comfy Fat

“Growing up fat I felt othered any way and so you know the experience of being different I can say it was because of this or because of size or because my parents are immigrants and I’m you know I’m a Chinese American or because my gender didn’t feel right. …there are ways that I presented myself gender wise in terms of my gender expression [and] sexuality and how I was mediating my or you know managing my appearnce and weight ties into that. …And of course a lot of this you know I’m very suspicious about anyway because the ideals that we have for what trans bodies are supposed to look like are based on white skinny sort of model looking people and it really excludes folx who are you know fat disabled people of color.”

- Sand Chang, transmasculine, non-binary, genderqueer, femme psychologist

SIZE AND GENDER



EFFECT OF FATPHOBIA AND SIZEISM ON GENDER

- Representation matters
- Denied access to gender-affirming surgeries due to BMI
- Due to dealing with discrimination, too overwhelmed to recognize or come out about their gender identity
- Gender-affirming clothing and binders are very challenging to find in large sizes
- Too curvy to be _____
- Internalized fatphobia and sizeism
- Can use food and exercise to control body size and shape (disordered eating/eating disorders/excessive exercise/dieting)

“Further, Black queer gender non-conforming activists and scholars, most notably Saidiya Hartman, have theorized how gender is always already racialized. Under colonialism, racialized and colonized people and Black folks especially are set against a white gender standard that we will always fail. **We are always set against white masculinity and white femininity, which are always already cis, muscular or thin and not disabled.** The more I have experienced this the more that, in some ways, I feel like my fatness arrests my gender. Regardless of how I *feel* and how *I* view my gender, there are material limits to what gender my body is allowed or—more appropriately—disallowed to access. While I don’t have a desire to participate in it, I feel like my fatness has excommunicated me from masculinity and perhaps gender as a whole. The closest I can come to articulating my gender is Fat, and even this feels like offering more than what is deserved, like retrofitting a body to a system that never wanted it.”

- Caleb Luna, *The Gender Nonconformity of My Fatness* from The Body Is Not An Apology

"All my life I have struggled with accepting that my body was a girl's body. It didn't feel right, and I didn't feel right. My eating disorder started because I wanted to feel more accepted by everyone as a girl, but now I think it was really because I wasn't a girl.

When I came out, the disordered eating patterns, which I had been struggling with, lifted off my shoulders and disappeared. I felt affirmed by this awareness, but also frustrated. Although the disordered eating was gone, the negative body image and an interior diaglogue that was filled with self-loathing and disgust were still very strong inside me, if not stronger. The suicide ideations were also still whispering inside my head and that scared me."

- Ryan K. Sallans, trans man and author of *Second Son*

WHERE DO WE GO FROM HERE?

- Language matters
  - Stop using “obese” and” overweight” unless saying as defined by BMI
  - Be more mindful of how your clients talk about their bodies and food
  - Larger bodied, higher weight, high end of the weight spectrum
- Focus on diagnostic testing rather than weight and BMI
- Effects of chronic dieting, intentional weight loss, and disordered eating
  - Same as those attributed to “obesity”
- Advocacy work to decrease reliance on BMI requirements for surgery
- Start including Health at Every Size®, Body Respect, and Intuitive Eating in trans* and gender diverse health care.

CURATE YOUR SOCIAL MEDIA

- Add body size diversity to your feed!
- http://www.themilitantbaker.com/p/body-image-resources.html
- https://www.generousplan.com/resources/best-body-positive-instagram-accounts/
- Trans/Gender Diverse Accounts: @chairbreaker, @alokvmenon, @thefatsextherapist, @ashleighthelion, @just.me.logan, @iamsheadiamond, @sassy_latte, @queer_dirtbag, @ihartericka, @mrsexsmith, @lindobacon, @shooglet, @watchshayslay, @resilientfatgoddess

“He kept telling me to lose weight leading up to the first surgery, and eventually I called him up about four months post-op asking why I still had A-cups when that had never been a part of our discussion. When I suggested a revision so I could have the flat chest I was looking for (or as flat as would be reasonable for someone with my body type), he was adamant that I was the problem: “Lose weight, then come back to me and we’ll talk.” I explained that I was in recovery from anorexia and no surgical revision was worth dancing with one’s demons. Eventually he agreed, although he complained during the pre-op exam that my “weight’s gone the wrong direction, huh?” Obviously one’s surgical outcome is going to be unique, and no surgeon is a god. But assuming what a patient wants and then fighting them when they call you out on it and blaming it on their weight (and going so far as to fat-shame them before you plunk them on the operating table for a second time) is not good care.”

Non-binary / transgender and pansexual, 28, they / them

WHAT DO YOU WANT PROVIDERS TO KNOW?

- “I want them to do less shaming of fat bodies and less erasing of trans bodies. I want them to focus on what my goals are, not try to tell me what my goals should be.”
- “Providers need to be educated on fatphobia, transphobia, and the intersection of the two, and they should also state that they have gone through such training.”
- “First off: I know you’re not all fatphobic. And I appreciate you—all of you. Do not assume that because a patient is fat, they have health issues. In fact, even if they do have health issues, don’t assume that said issues are because they’re fat, or they’re eating an “unhealthy” diet. Don’t tell them that starvation and forced exercise is the key to good health.”

WHAT DO YOU WANT PROVIDERS TO KNOW?

- “I don’t fit the cookie cutter description of gender identity issues or an eating disorder. That does not mean that I do not deserve the same treatment as those who fit into those boxes. There are so many people who are like me and not educating yourself on these issues is leading to poor outcomes and re-traumatization.”
- “There is no one way that people look who have eating disorders or who are on the trans spectrum look.”
- “Maybe fatness—or whatever less-than-ideal test result which you attribute to their fatness—is their body’s way of protecting itself from other stressors in the patient’s life (dieting, over-exercise, sporadic access to food due to income or other social injustices, a crappy job they’re unable to leave, the constant struggle of navigating being openly trans. . . etc.). Their fatness is not your problem to fix. It’s not even a problem.”
- “I really think that eating disorder providers need to be highly more educated on LGBTQ issues, and I think LGBTQ providers need to be highly more educated on eating disorders.”

“Body trust is not in any sense of the word a diet. Body trust is an internally directed process, a gentle way to care for yourself for the rest of your life. Trusting your body means getting in touch with inner signals and letting your body sort out the weight question itself.”

– Dayle Hayes

ALTERNATIVES TO WEIGHT CENTRIC CARE

- **Body Trust®**
  - Body Trust is both a radical paradigm shift for helping professionals and a specialized, practical intervention for healing body shame and disordered eating that addresses internalized weight stigma and moves towards resilience and liberation from individual, cultural and systemic body oppression.
- **Health at Every Size® (HAES)**
  - 5 Priniciples of HAES: weight inclusivity, health enhancement, respectful care, eating for well-being, and life-enhancing movement
- **Intuitive Eating**
  - An intuitive eater is defined as a person who “makes food choices without experiencing guilt or an ethical dilemma, honors hunger, respects fullness and enjoys the pleasure of eating.” (healing from diet culture)

REDEFINE SUCCESS

- FOCUS ON INCREASING:
  - **Health behaviors**
    - Healing relationship with food, body, and movement, Sleep. Drinking enough fluids. Stress management. Rest. Connecting with friends and family. Feel feelings and process them. Fun.
  - **Self-compassion**
    - Learning how to recognize we are doing our best and that is all that we can do. Our best changes day to day. And that is okay.
  - **Letting go of perfectionism**
  - **Shame resilience**
    - Recognizing when we are reacting from a place of unworthiness and moving towards courage, connection, and compassion. Our inner critic loves to feed fear, blame and disconnection. Shame resilience offers a way out of that cycle.

RESOURCES

- Trans Folx-Fighting Eating Disorders
- Nalgona Positivity Pride
- Decolonizing Fitness
- ThirdWheelED
- Queer Body Love with Elizabeth Cooper
- Binge Eating Disorder Association (BEDA)
- National Eating Disorder Association (NEDA)
- Podcasts: Food Psych Ep with Sand Chang and Caleb Luna, Rebelle Radio Ep with Isaiah Bartlett
- Sam Dylan Finch
- Queer Body Trust Group with Sarah Thompson and Isaiah Bartlett
- https://implicit.harvard.edu/implicit/takeatest.html

QUESTIONS?


"Our relationship with food is more important than the food that we put in our body."
- Sarah Thompson, Food Psych Podcast, Episode #155
Christy Harrison, MPH, RD, CDN | christyharrison.com/foodpsych

AN INVITATION BY TRACY BITZ, PMHNP

Even if you aren't ready to fully practice wt neutral health care, you can increase your awareness Even if you aren't ready to stop recommending weight loss

- Can you be curious about the circumstances when you recommend it, and what happens when you do?
- Can you be curious when you assume a problem is related to weight, can you be 100% SURE it is weight related?
- Can you take some time periodically to identify your implicit biases?
- Can you take a moment when you are in the room with someone who lives in a larger body and be curious about what assumptions you are making about their health and their history?
- Can you be curious about the role of culture, constructions of beauty, and structures of oppression like patriarchy and white supremacy have on your assumptions about health and eating habits?
- What can you do to make your practice more accessible and welcoming to a diversity of sizes and histories of food and body issues?

THANK YOU!

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