Eating Disorders and Body Dissatisfaction

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Introductions

- Name
- Pronouns
- Identities

Photo from: https://medium.com/trans-talk/faq-on-pronouns-trans-people-b501cb1f668f
Creating a Common Language
Anorexia
Bulimia
Binge Eating Disorder
Other Specified Food & Eating Disorder (OSFED)

Body Image

How people see themselves when they look in the mirror or when they picture themselves in their mind.
Body Dissatisfaction

The discomfort and discontent felt about the body – as a whole or specific parts
Cisgender Body Privilege

The inherent benefits that certain groups of people have by being part of a majority group

- My body matches my gender identity
- I can find clothing and shoe sizes that fit me
- My appearance does not cause strangers to ask what my “real name” is or question my pronoun choices
- People do not stare at me or at my dress
- I can find a provider who knows how to meet my medical and clinical needs
Why this matters?

- Trans college students are diagnosed with bulimia or anorexia 4x more often than cis female peers.
- 70% of TGE patients surveyed have experienced discrimination in healthcare settings.
- Discrimination impacts body image, access to resources, and likelihood of asking for help.

Working at the intersection of...

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The Clinical Picture

Gender dysphoria (GD), Identity-based trauma (IBT), & Eating disorders (ED)
Challenges Specific to TGE Clients

- More than 75% of TGE adolescents reported mistreatment in school, including verbal harassment, physical, & sexual assault
- Almost half of trans people report being sexually assaulted during their lifetime
- TGE youth report suicidal ideation rates around 42-46%, with approximately 32% attempting
- Gender / body dysphoria clients’ bodies may not match internal gender identity. This may coincide with the desire to change the body (ie. Chest dysphoria, hip dysphoria, voice dysphoria)
Queering our Perspective on Body Image

Body Ownership  Body Acceptance  Body Obsessed / Preoccupied  Disturbed Body Image  Body Hate / Dissociation
Trans-Specific Body Image Challenges

- Gender dysphoria
- Feelings about gendered body parts
- Conflict around menses/bleeding
- Binary beauty ideals / standards
- Need to control something
- Inadequate screening tools
- Impact of IBT/minority stressors
- Coping against rejection by others
- Internalized transphobia
- Lack of competent treatment options
Queering our Perspective on Body Image

Body Ownership → Body Acceptance → Body Obsessed / Preoccupied → Disturbed Body Image → Body Hate / Dissociation

- My teacher refuses to use my name
- No one will believe I’m a man with hips like these
- I will keep starving until the bleeding stops
- I’m terrified that I won’t pass
- My parents won’t let me wear a bra
- I will keep eating until I have no curves, just fat
Gender Minority Stress Model

EXTERNAL STRESSORS
- Gender-based victimization
- Gender-based discrimination
- Identity non-affirmation
- Gender-based rejection

INTERNAL STRESSORS
- Neg future expectations
- Identity nondisclosure
- Internalized transphobia

Eating Disorder
(originally suicidal ideation)

Hendricks & Testa, (2012); Testa et al., (2017)
Queering our Perspective on Body Image

Body Ownership

Body Acceptance

Body Obsessed / Preoccupied

Disturbed Body Image

Body Hate / Dissociation

Constant bullying on social media

My teacher refuses to use my name

Parents refusing to use name

I will keep starving until the bleeding stops

Beat up for using the bathroom

Transphobic comments in the hallway

I’m terrified that I won’t pass

Wife left me after I came out

My parents won’t let [me] bind

No one believes I’m a guy with a body like these

Got fired after coming out

I will keep starving until the bleeding stops

Our Approach:

Gender Dysphoria
Body Dissatisfaction

Identity-based / Trauma
Gender Minority Stressors

Eating Disorder

Dalzell, Protos, & Hunt (2019)
How We Work with Body Image & EDs:

- Focus on body acceptance
- Emphasis on self-care
- Explore physical well-being
- Identify sources of pleasure
- Understand body cues

Image from: @MakeSpaceProj
Core Beliefs:

1. Identity is on a continuum and the full spectrum of gender expression is healthy, encouraged, and respected

2. Conflict between body and gender identity can contribute to emotional distress

3. Navigating trauma, identity-based or otherwise, may increase stress levels

4. Clinicians need to create an intentionally inclusive space, engage in continuous self-reflection to address privilege, and maintain competency of practice

5. Advocacy is an essential component of this work

Dalzell, Protos, & Hunt (2019)
Implementing this Approach

Practical support for working with transgender and gender expansive clients

- Explore sources of support for TGE identity and eating disorder recovery
- Foster an environment in which clients feel respected in the uniqueness of their gender identities
- Value body diversity and expression
- Communicate understanding of gender expansiveness through use of language; own your mistakes
- Reject the gender binary; understand that gender is multidimensional
- Advocate for your clients as needed
Implementing this Approach

Practical support for working with transgender and gender expansive clients

- Recognize your own gender and body privilege
- Provide clients with space and reassurance to take their own gender journey, without an outcome in mind
- Be comfortable in discussing coming out and transition
- Accept that surgeries and other ways of affirming gender may be necessary
- Partner with sources of support, such as eating disorder and trans health organizations
- When referring, assess whether programs honor diversity in body size and presentation (trans/non-binary)
Thank you!

Please contact us if you have additional questions

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