National Eating Disorder Information Centre

BULLETIN

Vol. 33 No. 1 • ISSN 08366845 • February 2018

Broadening the Conceptualizations of Eating Disorders and Food Insecurity

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INTRODUCTION

There are so many myths and assumptions with regards to eating disorders (EDs) that exist in our society and are perpetuated by the media. When people imagine an ED, a dominant image tends to emerge of a white, middle-to-upper class, heterosexual, able-bodied, emaciated young female, imprisoned by an obsessive pursuit of thinness. It is a fact that there are those with these identities who struggle immensely with an ED. However, this prevailing perception of *'what'* EDs are and *'who'* they affect has left many of us wondering: *who is left out of this view and what impact does this have on these individuals?* In recent years, several scholars have challenged and expanded our understanding of ED etiology, providing space for unheard voices of those struggling with EDs to share their lived experiences. It is increasingly understood that there are individuals of diverse body size, gender identity, race, ability, sexuality and socioeconomic status who struggle with an ED (Gard & Freeman, 1996; Malson & Burns, 2009; Piran, 1996; Whitelaw, Gilbertson, Lee, Creati, & Sawyer, 2013). In this article, I explore the strengths and the gaps of the existing ED literature as it relates those living in poverty food insecurity.

EXPLORING THE LITERATURE ON EDS AND POVERTY

It is estimated that up to one million individuals living in Canada suffer from an ED (Standing Committee on the Status of Women, 2014). However, recent studies suggest that this figure does not accurately reflect the prevalence of EDs, given that research in this field has historically excluded marginalized populations (i.e., racialized, gender non-conforming, etc.) as participants, many of whom report debilitating ED symptoms yet do not "qualify" for treatment (Austin, 2012). Indeed, those who do not fit the stereotypical profile as described above are often screened out of social services and thus have not been involved in the very limited ED research that exists in Canada (Cain, Buck, Fuller-Tyszkiewicz & Krug, 2017). This historical studying of 'white girls' eating problems, has rendered diverse populations and their unique experiences invisible. In the following I provide a brief overview of the existing empirical research that has explored EDs amongst those living in poverty and low socioeconomic conditions, revealing high prevalence rates of EDs amongst marginalized and diverse populations globally (Becker, Middlemass, Taylor, Johnson, & Gomez, 2017; Lee, 1991).

> "It is increasingly understood that there are individuals of diverse body size, gender identity, race, ability, sexuality and socioeconomic status who struggle with an ED"

Since the 1970s several studies have helped demystify the relationship between EDs and those living in lower socioeconomic conditions and poverty. For instance, Rowland (1970) and Hsu, Crisp, and Harding (1979) found that amongst their participants, a higher proportion of those with EDs were of lower socioeconomic status (approximately 60%), the majority of whom were struggling with severe forms of EDs. This was consistent across several

Funded by Mental Health Programs and Services, Ontario Ministry of Health and Long-Term Care. A Program of the University Health Network.

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non-Western studies, including Lee (1991), who found that 15 of 16 youth participants with severe and chronic EDs in Hong Kong, were of low socioeconomic status. In a study that explored EDs amongst homeless youth, 19.1% of those were found to have a severe ED (Freeman & Gard, 1994). An extensive literature review by Gard and Freeman (1996) highlighted methodologically rigorous ED studies that included populations of lower social class. For instance, Dolan et al. (1989) found that of the 86% of the youth subjects with EDs classified as lower socioeconomic status, 60% were living in poverty. According to Miller & Pumariega (2001), there have been several studies since the mid-1980s that have found an excess prevalence of severe EDs amongst disadvantaged and impoverished groups.

BROADENING CONCEPTUALIZATIONS OF EDS AND TRAUMA

Despite the importance of these findings, and the emphasis in this article on EDs as experienced by those living in poverty, it must be noted that class issues do not occur in a vacuum. If we are going to address class concerns and EDs, we must also acknowledge and reflect upon the intersectionality of issues of race, gender, sexuality, ability, and so forth. This calls attention to the intersectional and black feminist work of scholars such as bell hooks and Becky Thompson who emerged in the 1980s and 1990s, revealing important considerations with respect to EDs faced by those of diverse identities. Thompson (2010) for instance, went beyond typical measures of EDs and explored life history accounts of black, Latina, white, gay/lesbian and heterosexual individuals with EDs. Her research reveals how the realities of EDs amongst these individuals cannot be reduced to a homogeneous experience as EDs are conventionally understood (i.e. specific body mass index (BMI) ranges and other biomedical pathologies). From her interviews with her research participants, a reoccurring theme emerged: that EDs for many develop as means of survival and coping with systemic traumas. Without addressing the systemic issues, Thompson (2010) argues that true recovery from eating problems amongst diverse populations cannot be adequately addressed. As Thompson (2010) states:

> "Racism, poverty, homophobia or the stress of acculturation from immigration – those are the disorders. Eating problems are sane responses to those disorders. So that's why I don't even use the word "disorder." I'm shifting the focus away from the notion of eating problems as pathology, and instead labeling forms of discrimination as pathological."

Thompson's notion of systemic trauma acts as an entry point to encourage a broadening of our understanding of not only EDs pathology/etiology, but of trauma itself. While it has been well-established in the literature that trauma often underlies the development of an ED, the focus tends to be on the impact of sexual and physical abuse alone. Yet, as can be imagined, living conditions of poverty and various forms of oppression can be very traumatic. To add to the complexity, those living in situations of food insecurity more specifically, as a consequence of poverty, face further barriers and limitations that until this past year had not been explored.

EDS AND FOOD INSECURITY

To date, only one study has recently explored EDs as experienced by those living in situations of food insecurity (Becker et al., 2017). Defined as the inability to access and/or afford safe food of quality nutrition, food insecurity has been shown to have significant implications for an individual's mental health and their relationships with their body and food. Indeed, findings of Becker et al. (2017) revealed that children living with the highest level of food insecurity endorse significantly greater levels of overall ED pathology, dietary restrictions, body image concerns, and binge eating symptomology compared to those with lower levels of food insecurity. In fact, 17% of food-insecure children in this study (N=503) reported clinically significant ED pathology (Becker et al., 2017).

Currently, I am progressing in a study I conducted involving street-involved and homeless youth with EDs living in situations of food insecurity. They shared with me some of the harsh conditions and the realities of their ED they face on a daily basis. As one youth who struggled immensely with his relationship with food and body expressed:

> "I feel like the way a cavity would feel…like just empty, hollow and blah. Just no energy, kinda sickly sometimes too, like if I do eat something, if I haven't eaten all day, I'll take a bite and I feel full, it's like if I continue eating I'm gonna make myself sick type of feeling…not just feeling full if you eat but selfish and like disgusted by it because all I have is garbage like the food bank, canned, like nothing healthy you know, so like it's so many things. Like if you show up and you don't look like you're poor or needing food then people judge if you ask for food and it just makes the eating stuff that much harder especially when your throwing up knowing your throwing away dollars."

When asked what his experience was like in reaching out to a health/mental health care provider with his challenges, he expressed:

> "…you're not really taken seriously though because it's like oh you're probably just taking something [substances] or um guys don't suffer from that [EDs]…so yeah it's really hard because you don't just eat less because you want to get thinner, well like that might be a part of it but it's like I don't have a choice sometimes and like you feel selfish or like stupid if you're not saving the money for something else like you know? But then you finally eat and you can't stop, it's like a vicious cycle…and you know I already feel shamed for being poor, so I avoid getting fat like that like fat poor person, nope."

While there is much to unpack and understand further within these statements, one thing is clear – living in a state of constant uncertainty about how or if you will be able to access food, and what that food will be, intersects with and further complicates the struggle of having an ED. Studies have demonstrated food insecurity impacts mental health, associating this with higher rates of depression, anxiety, and suicidalities (Burke, Martini, Cayir, Hartline-Grafton & Meade, 2016; Slopen, Fitzmaurice, Williams, & Gilman, 2010). It is well understood that energy restriction and poor nutrition impacts hunger and satiety cues, often leading to yo-yo dieting and episodes of bingeing and purging. Imagine being forced on to a continuous diet, one lacking essential nutrition due to living in poverty and food insecurity. How the realities of food insecurity and EDs intersect with issues of racism, classism, homophobia, body size and so forth is yet to be adequately explored.

CONSIDERATIONS FOR THE FUTURE

Given the complexities of poverty, food insecurity, and EDs, health/mental health care workers in particular need to keep an open mind when encountering individuals who may be facing challenges with their relationships with food and their body. We must avoid stereotypical assumptions and provide them opportunities to help us understand what it is that they are experiencing. As evident by the work of the National Eating Disorder Information Centre (NEDIC), which has been campaigning on this very issue, we must continue to spread the awareness about the diversity that exists beyond the dominant conceptualization of EDs. Health/mental health care workers also have a duty to educate themselves too. In doing so, we create space for those who are silenced to identify their concerns and reduce the stigma of seeking support. As stated by Gard and Freeman (1996), low referral rates of marginalized populations are often attributed to health/mental health care practitioners not recognizing or, even worse, discrediting the voices of those who do seek support for their ED, since members of these populations with ED symptoms may not consider their symptoms worthy of medical attention due to the dominant perceptions of what constitutes having an ED – e.g., "I am not skinny enough to have an ED" or "I do not look like a person with an ED" (Gard & Freeman, 1996). Some final considerations include:

- Maintaining respect for the diversity within groups of individuals (i.e. within particular ethnic/cultural backgrounds).
- Going beyond biomedical markers such as one's BMI and body size for diagnosis, referrals and treatment.
- Cultivating a collaborative decolonializing space for individuals in clinical/research settings to help frame holistic interventions that respect diversity and human dignity, addressing specifically the systemic traumas that might underlie one's development of an ED.

PERSONAL DISCLOSURE AND ACKNOWLEDGMENTS

I am a PhD student, clinical social worker, nutritionist, and a white female. I have a passion for this area of research due to my background working with street-involved and homeless youth with EDs, as well as my own family history of poverty and EDs. I thank the youth I have interviewed who came forward to disclose these challenges with the permission to share. Thank you to NEDIC for inviting me to write this Bulletin and to those reading this article who are doing their own incredibly inspiring advocacy work in this area as I know many of you are. Lastly, I thank earlier black feminist scholarship for their deconstruction of the dominant system that has revealed crucial considerations, especially as it relates to the field of EDs. I hope this article promotes further discussion on this topic and advocacy efforts in the field.

The **Bulletin** is published five times per year by NEDIC.

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