BROADENING CONCEPTUALIZATIONS OF EATING DISORDERS

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AGENDA

- Preface
- The Story of a Log
- Demystifying ED & Issues of Class
- Theorizing; Intersectionality
- Food Insecurity & My Research
- Case Examples
- Recommendations
BACKGROUND AND PREFACE
THE STORY OF THE LOG.

What is the function of the eating problem?
DEMystifying Eating Disorders & Issues of Class

A Historical Overview

• From the European Renaissance era (between 1200-1600) to today
• Dominant Conceptualizations of Etiology - Multifaceted; Biomedical, Psychological to Sociocultural theories
• Emerging Critical Feminist Thought; a Dismantling of the Myth
Eating Disorder

behaviour
weight
food
able bodied
heterosexual
female
upper class
middle class
white
classification
PREVALENCE

- Rowland (1970): higher proportion of youth with EDs from lower class (60%); severe forms of EDs.
- Hsu, Crisp & Harding (1979): youth of low SES experience more severe prognosis of EDs in comparison to upper-class populations.
- Lee (1991): 15 of 16 youth participants with severe and chronic EDs in Hong Kong, were of low SES.
- Gard and Freeman (1996): ED high prevalence amongst youth of low SES is evident
- Dolan et al. (1989): 60% were accounted for by low SES youth with EDs.
- Freeman & Gard (1994): 19.1% of Homeless youth have an ED
• Kutcher, Whitehouse and Freeman (1985): disadvantaged populations tend to go undetected for EDs despite high prevalence rate. ED prevalence of 13.8% amongst a large sample of psychiatric patients of low SES.

• Miller & Pumariega (2001), there have been several studies since the mid 1980's, that have found an excess prevalence of severe forms of EDs amongst disadvantaged and low SES groups.

• Gibbons & Geffen (2001) female youth of low SES and diverse ethnic background, residing in North America, demonstrate higher rates of ED behaviors than those of higher SES.
"When I see something that looks racist, I ask, 'Where is the patriarchy in this?'  When I see something that looks sexist, I ask, 'Where is the heterosexism in this?'  When I see something that looks homophobic, I ask, 'Where is the class interest in this?' (Matsuda, 1991, 1189).
EATING PROBLEMS

“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. (Becky Thompson, 2010)
BECKY THOMPSON

- Professor of sociology at Wesleyan University, Connecticut
- In-depth life history interviews of black, Latina, white, lesbian and heterosexual women with eating concerns
- Trauma
- The specific types of eating problems did not correlate with race, class, sexuality, or nationality. The types of traumas the women associated with their unwanted eating patterns did vary with social position

WE ARE CONDITIONED TO THINK THAT THE KEY FEATURE OF ANOREXIA NERVOSA IS LOW BODY MASS INDEX [BMI]"

"OF THOSE "NORMAL" AND "OVERWEIGHT" PATIENTS WITH ANOREXIA SYMPTOMS, "41% WERE MEDICALLY UNSTABLE YET NOT UNDERWEIGHT" "DESPITE NOT BEING UNDERWEIGHT, THESE PATIENTS HAVE THE PSYCHOLOGICAL FEATURES OF ANOREXIA NERVOSA AND WERE MEDICALLY COMPROMISED TO THE EXTENT OF REQUIRING HOSPITAL ADMISSION.

Whitelaw, 2010, p. 762
FOOD INSECURITY; EXPANDING CONCEPTUALIZATIONS

Food insecurity is widely defined as the inability to access and/or afford safe food of quality nutrition (Tarasuk, Mitchell & Dachner, 2014).

Poverty
Over 4 million in Canada
Gaps in the literature; mental health, EDs
BECKER ET AL., 2017

- First investigation of the association between FI and ED pathology
- 503 adult clients of food pantries affiliated with the San Antonio Food Bank
- 65% of the sample identified as Latino/Hispanic; 17% black; 11% white
- 39% between the ages of 25-50

- Increased levels of FI associated with increased levels of ED pathology
- Severe FI was an ED risk factor across all demographic groups
- Any-reason dietary restraint, objective and subjective binge eating, objective overeating, and night eating all were elevated among the child hunger group
- Compensatory behaviors also increased in a similar fashion
- Weight stigma (enacted, self-devaluation, total) also increased across groups with the highest level reported by the child hunger group.
MY RESEARCH ON THE LIVED EXPERIENCES OF STREET-INVOLVED HOMELESS YOUTH WITH EATING PROBLEMS

Methods; methodology

Qualitative Analysis – Interpretive Hermeneutic Phenomenology

10 participants - Street-Involved and Homeless Youth

Disordered Eating & Food insecure

Purposive Sampling
PARTICIPANTS

- Street involved and homeless youth
- Black (3 women), Latina (1 woman), Middle Eastern (2 women 1 man), Scottish/Irish (1 man), Indigenous (1 man), Polish (1 man)
- All experiencing “torment” involving relationship with food & body
- All facing severe forms of self-described food insecurity
- All youth accessing the food bank
- 3/10 homeless, 5/10 coach surfing, 1/10 shelter, 1/10 apartment
"I feel like the way a cavaty would feel... like just empty hallow and blah. Just no energy, kinda sickly sometimes too, like if I do eat something, if I haven't eaten all day, ill take a bite and I feel full its like if I continue eating I'm gonna make myself sick type of feeling. Literally."
CASE EXAMPLE: REFLECTIONS FROM ALYSHA
FINDINGS

- Major Themes
- Complex Survival
- Complex Invisibility
- "They come before me"
- Identification
- Isolation
RECOMMENDATIONS

- Beyond categories
- Intersectional/social justice, deconstructionist, body positive, social construction & conditioning; individuals & groups
- Understanding complex trauma; art of listening and crediting
- Externalization and the self
- Reducing isolation
- Advocacy
THANK YOU!