

The invisibility of marginalized folks who suffer from eating disorders

How current treatment systems continue to be inaccessible for marginalized communities

I am a queer cisgender, able bodied woman of color who struggled with an eating disorder in my teens and twenties. My eating disorder had everything to do with a lineage of racism and oppression that my family experienced. I did not come to this realization in my treatment until I read Becky Thompson's *A Hunger So Wide And So Deep: A Multiracial View of Women's Eating Problems*. My eating disorder began when I was 15. I felt uncomfortable with my changing body, and had a self-worth that was hinged on feeling approval and acceptance from my peers. What I struggled with most was my identity as a biracial adolescent. My struggle was intricately tied to my mother's struggle in acculturating to the United States, where she had moved from Peru as a young single woman. She experienced the racism that many non-English speaking immigrants go through as they root themselves in this country. Though well intentioned in her desire to shield me from pain that she had to go through, some of my mother's pain over these experiences was projected onto me and contributed to my development of a fear-based emotional landscape. My family expressed concern about my changing body as I went through puberty. When I would visit my grandparents in Peru, they would use the word "gordita" with me. Gordita is Spanish for fat and Gordita is a term of affection for someone who is fat. They wanted me to be "gordita" because they wanted more of me. The word was used as a term of affection and absolutely embedded in love. When my parents began to use this word to describe my changing body, there was more anxiety and fear used with this word than affection. Yet food is a big part of so many cultures. And eating together is another community component of culture. The messages I received as an adolescent within my family were mixed. I was expected to eat and eat all the food but my changing body was concerning. I could not make sense of these messages so I chose to disconnect with an eating disorder. Stories like these were not depicted in any mainstream literature for eating disorders, yet they were shared in Becky Thompson's book of testimonials of women of color and queer women with eating disorders. It was then I could finally make sense of my eating disorder.

Eating disorders are often viewed as occurring in Caucasian, thin, affluent, cisgender adolescent girls. The way our current media portrays those suffering from eating disorders reinforces this myth. In 2017, Netflix released the movie "To the Bone" whose main character fits this exact stereotype from her appearance, narrative and even the way her family easily accessed treatment. It is also important to point out that the actress who portrayed the lead character with an eating disorder suffered from eating disorder years ago. She reported that she worked with a nutritionist to lose a drastic amount of weight in a "healthy" way so that she could have the emaciated body needed for this movie role. Newsflash: you can't lose a drastic amount of weight in a "healthy" way after suffering from an eating disorder. Would you ever ask a person who recovered from substance abuse to do a significant amount of substances and risk an overdose for a part in a movie or play?

Let's focus on the stereotype of an individual with an eating disorder. Here are some statistics from the [Marginalized Voices project](#). The National Eating Disorders Association's Marginalized

Voices campaign, supported by Reasons Eating Disorder Center, is confronting the prevailing myths about who struggles with eating disorders, underscoring that everyone's experience is equally as valid and deserving of care and recovery.

1. Black teenagers are 50% more likely than white teenagers to exhibit bulimic behaviors, such as bingeing and purging.
2. A 2014 study found that rates of disordered eating have increased across all demographic sectors, but at a faster rate in male, lower socioeconomic and older folks
3. Transgender college students were significantly more likely than members of any other group of college students to report an eating disorder diagnosis in the past year- 2015 study.
4. Teenage girls from low income families are 153% more likely to struggle with bulimia than girls from wealthy families.
5. Only 20% of those with eating disorders fit the "emaciated body" stereotype.

The myth that eating disorders only occur in affluent Caucasian girls is damaging to the many people across all races, genders and sexual orientations in all age groups that suffer from eating disorders. This narrow viewpoint continues to reinforce an invisibility that is often felt by marginalized communities. The narrow viewpoint of who gets an eating disorder continues to limit our understanding of eating disorders and not appreciate the deep complexities and layers of eating disorders that need to be revealed for true healing to occur.

As a psychologist who specializes in eating disorders, I continue to be dismayed by how inaccessible treatment is for eating disorders. I recently participated in a retreat for women of color with disorder eating. It was held in Southern California and it was indeed an effort that involved a coming together of many people like myself to create space for women of color with disordered eating. The women described waiting for over a year for a retreat of this nature, these women also reported driving from 20 minutes to 3 hours to get to the retreat site. The question that came up for me is then what? What will these women do after the retreat. There are some incredible community efforts like the work of Gloria Lucas in [Nalgona Positivity Pride](#), who runs an online disordered eating support group for people of color- [Sage and Spoon](#). Yet we need more of these spaces.

Now, let's take a look at trans folks with eating disorders. In a large population study of college students, trans students reported significantly higher eating disorder diagnosis rates, including use of diet pills, vomiting, and laxatives use when compared to all other groups (Diemer, 2015). Yet trans folks struggle with accessing treatment and when they access treatment for their eating disorder, their interactions with treatment was alarming. In a study of 84 trans folks with eating disorders and treatment, not one reported a positive experience, most regretted treatment even after knowing how life threatening eating disorders are. (Duffy, 2016). Like many mental health illnesses, eating disorders treatment programs, advocates and clinicians must work together to change the current treatment landscape. All individuals affected by eating

disorders need to be afforded the means, opportunities and intersectional treatment options needed for recovery.

What can you do as a clinician who does not specialize in eating disorders but sees clients with eating disorders?

1. Learn about eating disorders from a wide varied source of information available. My website has some great resources: <http://www.marcellaedtraining.com/resources/>
2. Assess for eating disorders in all your intakes, continue to assess for eating disorders. Some clients come to see you for substance use or other self harm behaviors. Some come to see you for trauma and the various ways they are disconnected from the world. Assess for an eating disorder.
3. Ask people to tell you their experience in their bodies. Ask them what is it like to navigate in the world with the body they are living in. Most body image and eating disorders screening focus on weight and size. It is important to expand our lens on why people may engage in an eating disorder.
4. Attend local conferences. Eating Disorders Recovery and Support (EDRS) and International Association of Eating Disorders Professionals (IAEDP) host local educational events in the San Francisco Bay Area.
5. Apply for scholarships for your clients with eating disorders: <http://www.marcellaedtraining.com/treatment-scholarships/>

*This article was first published in [Gaylesta's](#) newsletter.- Summer 2018

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working with folks with eating problems, eating disorders and body image issues