EATING DISORDERS WITHIN THE LGBT COMMUNITY – A BIOPSYCHOSOCIAL APPROACH

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TODAY WE WILL...

• Define ED clinically and from a DSM perspective
  • Learn about the psychological underpinnings of eating disorders in general, and those specific to the LGBT community
  • Discuss the physiological factors of disturbed eating
  • Develop an understanding of treatment focus and options
ANOREXIA – DSM IV

- Refusal to maintain body weight (<85% of expected weight)
  - Intense fear of becoming fat
  - Body image disturbance
- Females are amenorrheic (ie, exhibit the absence of at least 3 consecutive menstrual cycles).

Two Types

**Restricting Type**

**Binge-Eating/Purging Type**
SIGNS OF ANOREXIA NERVOSA

- Dramatic weight loss
- Consistent excuses to avoid mealtimes or situations involving food.
- Excessive, rigid exercise regimen--despite weather, fatigue, illness, or injury--the need to “burn off” calories taken in
- Behaviors and attitudes indicating that weight loss, dieting, and control of food are becoming primary concerns.
SIGNS OF ANOREXIA IN MALES

• Excessive dieting, fasting, restricted diet
• Preoccupation with body building, weight lifting, or muscle toning
  • Focus on certain body parts; e.g., stomach, chest, upper body
    • Disgust with body size or shape
  • Difficulty eating with others, lying about eating
Bulimia Nervosa

- Secretive binge eating, within a discrete time period, followed by self-induced vomiting, fasting, excessive exercise, laxative use, etc..
  - A sense of lack of control over eating during the episode
  - The binging and compensatory behaviors occur at least 2x per wk for 3 months
  - Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of Anorexia Nervosa.
SIGNS OF BULIMIA NERVOSA

- Evidence of binge-eating (wrappers, containers)
- Frequent trips to the bathroom after meals, signs and/or smells of vomiting
  - presence of wrappers or packages of laxatives or diuretics
  - Excessive, rigid exercise regimen
- Calluses on the back of the hands and knuckles from self-induced vomiting.
- Red eyes, Conjunctival hemorrhages, petechiae - worst case is a retinal detachment
  - Discoloration or staining of the teeth.
  - May be normal weight
Disgust with body size or shape

- Recurrent purging or compensatory behavior to prevent weight gain: secretive self-induced vomiting, misuse of laxatives, diuretics, or fasting

- Compulsive exercise (possibly including excessive running, body building, or weight lifting)
It is important to remember that someone can still have an eating disorder or body image issues and not meet the diagnostic criteria

- 5 million Americans
- 8% of heterosexual women
- 5% of heterosexual men
- 10% of Lesbian and Bi women have EDs
- 15% of Gay and Bi men had an ED or hx of ED based on DSM criteria (Feldman, Meyer)
  - Ts are grossly under represented in the research
- 1 study has shown the Ts who transition recover from the ED based SOLELY on their transition

WHAT ARE THE LGBT NUMBERS
PLEASE REMEMBER AT ALL TIMES:

THE DISORDERED EATING IS A SYMPTOM

If you feel good on the inside, it will shine through.
“Eating disorder” doesn’t accurately describe the battle

- Sexual expression
- Extracurricular activities
- Social connectedness
  - Spirituality
  - Academically
PSYCHOLOGICAL EFFECTS OF STARVATION

- Depression
- Anxiety
- Irritability
- Anger
- Emotional swings
- Psychotic episodes
- Social withdrawal
WHAT ARE THE UNDERLYING RISK FACTORS?

- Family factors
- Chronic criticism
- High expectations
- Over/under involvement
- Disengaged, high conflict or chaotic
  - Low parental affection
- Family hx of eating disorder
- Family hx of affective disorder
  - Family hx of obesity
- Family hx of substance abuse
PERSONAL RISK FACTORS...

- Ages 13-18
- Females in general
- Lesbian and Bi women are more risk (only slightly)
  - Gay Males
  - Obese
- Early puberty/maturation
- Perfectionistic tendencies
- Hx of depression
- Low self esteem
- Hx of sexual abuse
- Rigid or “disciplined”
- Can’t express feelings/emotions
- LONELINESS!!!!!!
Do I Look Fat? - documentary trailer - YouTube

Gay men are more likely to see their bodies as sexual objects
Social pressure within the gay community is INTENSE
What are the consequences of being an ugly or fat gay man?
There is more social acceptance for lesbianism
In addition to being human...gay men have to overcome the society messages that being gay is somehow wrong (the perfectionism is often a reaction)
Because homosexuality is not a social “norm” YET, gay men may “starve” themselves sexually
On the flip side, we see a lot of promiscuity (binge behavior) in the gay community
Bullying
Genetics?!?! Theorized, but not scientifically supported or denied
SPIRITUAL AND RELIGIOUS MESSAGES
CULTURAL MESSAGES
Focus on the function of the eating disorder
Connect with the patient’s pain as frequently as possible
Empower, Empower, Empower
Be patient – change is slow
Understand the patient’s motivations – use them shamelessly
Teach patients to feel – both physical and emotional sensations

Great Resource: Eating Disorders, The Journey to Recovery Workbook by Goodman and Villapiano
BE A HEALER

- Don’t be judgmental
- Don’t focus on food, exercise etc... in a way that colludes with the eating disorder
  - Don’t assume the struggle is about LGBT issues
  - Include family members when the client is ready
MESSAGES FROM WOMEN WITH ED

- “Don’t try to bully me – it won’t work”
  - “Realize that I am hurting”
  - “Don’t take my power”
- “Don’t stand in the same room with me, but be a million miles away”
  - “I can’t trust you immediately so don’t expect me to.”
  - “Act like you care”
Don’t get into an argument or a battle of wills. If the person denies having a problem, simply and calmly:

• Repeat what you have observed (i.e., your evidence for a problem).
• Repeat your concern about the person’s health and well-being.
• Repeat your conviction that the circumstance should at least be evaluated by a provider.
• End the conversation if it is going nowhere or if either party becomes too upset.
• If possible, leave the door open for further conversations.

MY DAD THINKS THAT IF I JUST ATE LESS, I'D BE HAPPY. AT THIS POINT, SEEING DAD LESS DOES THE TRICK.