

# Culturally Sensitive & Intersectional Approaches To Eating Disorders When Serving Marginalized Communities

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Pomona, CA





# Welcome

- Thank you for joining!
- This conversation will be interactive.
- You are invited to participate, share questions and reflect.



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# Land Acknowledgement



This conference is based on the ancestral lands of the Tongva (Gabrieleno) (what we currently call Pomona, CA).

You can find what land you are located on by going to <https://native-land.ca/>



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# Learning Guidelines



1. Approach with curiosity.
2. Stay engaged.
3. You may experience growing pains/discomfort. Be brave and explore.
4. Expect a lack of closure.
5. Speak (through) your truth- speak from "I", think from "we".
6. Trying on is not taking on.

Let's learn together!

You may want pen & paper nearby.

*Adapted from Lisa Marie Alatorre, Southern Law Project & Training for Change*

# My Perspectives

This presentation is intended for educational purposes only. The statements expressed are of the presenter individually and do not represent the opinions of a specific organization.

If referencing this presentation, please cite appropriately.

Presenter has no known conflicts of interest or commercial support to report.





# Intention Setting

What are your goals/intentions for  
this time together?

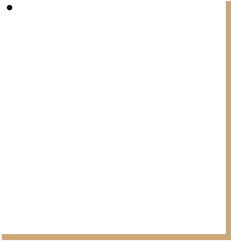




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# Activity



# Language & Terminology



Language matters!

Our terms and labels:

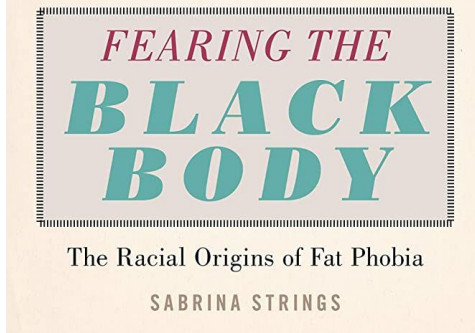
- Do not reflect a human's whole identity
- Can be fluid, areas of exploration
- Can be adopted/rejected, temporary/lasting



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# Historical Sociocultural Origins of Diet Culture



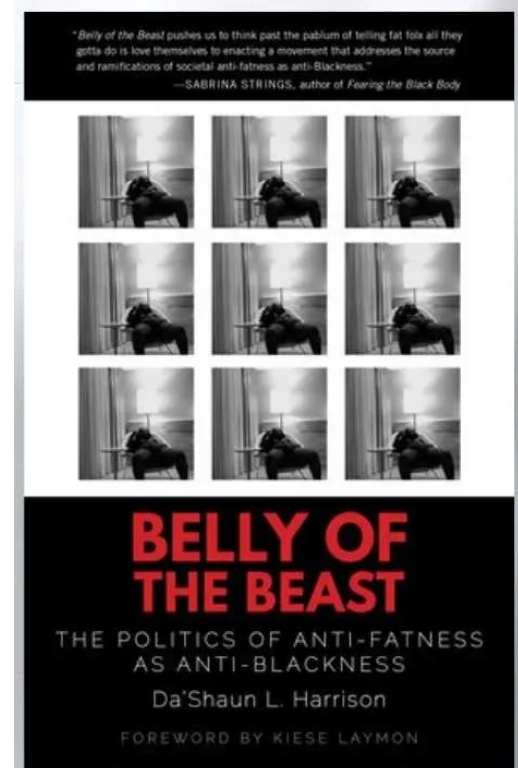
- Anti-Blackness, Anti-Fatness
- Influences:
  - Transatlantic Slave Trade
  - Moralization, Philosophy
  - Aesthetics
  - Science/Medicine
  - Class & Stratification Systems
  - “Good” vs “Bad” Foods, Food Practices
    - Food Exotification
- Assimilation

# Persistence of Anti-Blackness & Anti-Fatness

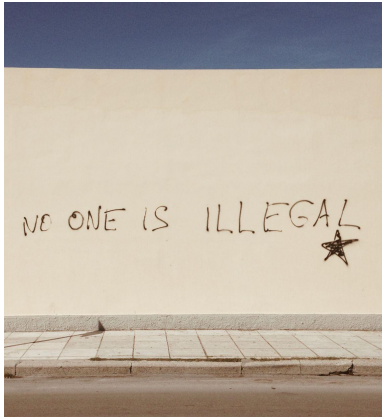


- Anti-Blackness, Anti-Fatness
- Influences:
  - Desirability, Desire Capital
  - Gender(lessness)
  - “Performing perfection”
  - State-sanctioned violence
  - Criminalization, policing as anti-fatness and anti-blackness
- Importance of fat\* liberation & abolition

\* We use the term “fat” as an act of reclaiming & activism.



# More Historical Socio-Political-Cultural Factors



- In the United States:
  - Immigration & Xenophobia
  - Homophobia, Transphobia
  - Inclusion/Exclusion
  - Systemic Oppression



Photos by [Miko Guziuk](#) (upper left), [Greg Bulla](#) (lower left), [Atahan Güç](#) (right) on [Unsplash](#)

# Check In

What's standing out for  
you?

What questions are you  
thinking about?



# Marginalization & Eating Disorders (ED)



- Marginalization is a **high risk** factor
- In the context of already being marginalized and feeling powerless, the pain of suffering with disordered eating/eating disorders is **compounded**
  - **Lack of detection** can further marginalize
  - **Relational dynamics** and societal **comments** may be harmful

Photo by [Tasha Jolley](#) on [Unsplash](#)

# Eating Disorders among BIPOC\*



**The research suggests** that relative to Whites:

- Black women experience **similar rates** of binge eating & binge eating disorder **yet have some of the lowest treatment access** (Goode et al., 2019)
- ED are **more prevalent** in APINHD & Indigenous communities (Uri et al., 2021; Goel et al., 2022; Burt et al, 2020)
- Asian and Latine men struggle with **more eating pathology, drive for muscularity, and muscle dysmorphia** (White et al., 2019; McEntee et al., 2020)

**Our diagnostic tools do not account for intercultural or racial/ethnic differences when examining ED.**

\* Black, Indigenous, People of Color

# Immigration Journey(s) & Trauma



- Migration process:
  - Premigration
  - During migration
  - Post migration
- Exposure to sexual assault, human trafficking, other forms of violence, displacement
- Acculturation & Acculturative Stress
  - Stress of starting a new life
  - Housing, Employment
  - Navigating healthcare, educational, social welfare systems
  - Fears of forced separation, deportation



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# Intergenerational Factors & Eating Disorders



Photo by [OC Gonzalez](#) on [Unsplash](#)

- Colonialism
- Intergenerational Trauma
  - Compounding Trauma
  - Current Trauma
- Discourse about Mental Health
  - Guilt, Shame, Stigma, Fear
  - Lack of knowledge
  - Beliefs about seeking treatment
  - Accessibility



# Food Insecurity & Eating Disorders



Food insecurity:

- Prevalent across race, ethnicity, heritage, country of origin & age
- Higher rates than US national average
  - Contributing factors:
    - Racism & discrimination
    - Language & cultural barriers
    - Immigration challenges



Photo: Google Images

# Experiencing Colorist Incidents



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- Associated with stress-related responses, including:
  - Guilt, shame, blame
  - Social isolation
  - Avoidance
  - Suicidal behavior
  - Appearance-altering behavior
  - Negative internalizations (e.g. feelings of inadequacy)

# Body Shame & Surveillance



- Body surveillance: self monitoring
  - Means to “protect” & conform to a more acceptable body image
- Body shame: evaluation of appearance relative to cultural standard(s) or ideal(s)
  - Powerlessness when appearance is perceived as coming short
- Self-loathing often co-occurs

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# (Mal)Adaptive Trauma & Distress Management



- Disconnection from Our Bodies, Sense of Self & Others
- Management of:
  - Guilt, Shame, Stigma
  - Powerlessness, Helplessness, Hopelessness
  - Racial Trauma
  - Skin Tone Trauma
  - Objectification
  - Hate, Violence
  - Intergenerational Trauma



Photo by [Anthony Tran](#) on [Unsplash](#)

# Check In

What is standing out for you?

What are you curious about?

Where do you feel a sense of urgency or  
desire to engage in action?



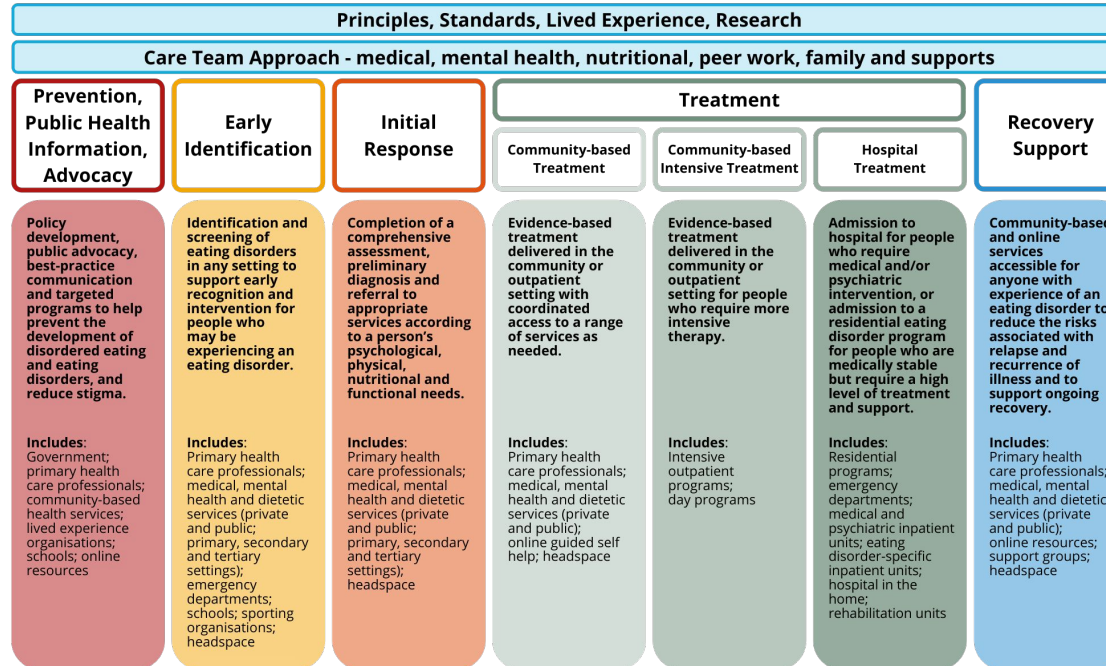
# Treatment Considerations



# Channels for ED Detection & Care

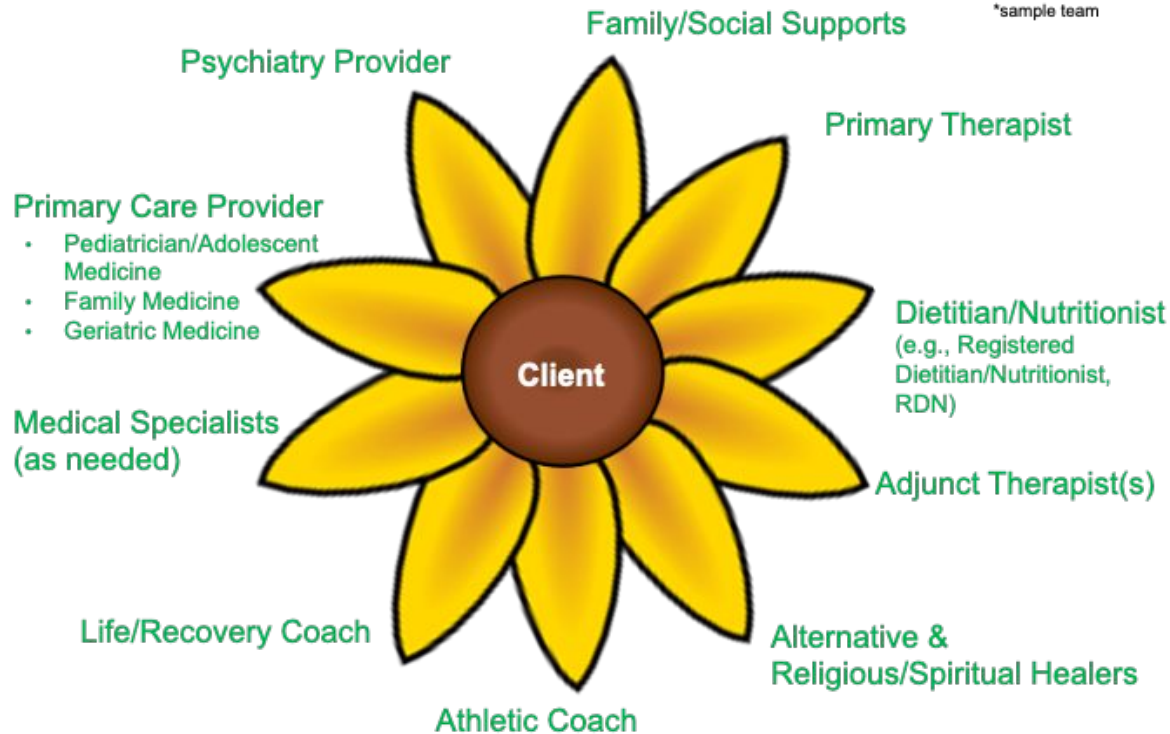


## Stepped System of Care for Eating Disorders



(NEDC, 2021)

# Sample Multidisciplinary Support Team





# Establish a Safe Therapeutic Environment



- Approach with cultural humility
  - Respect and lack of superiority toward an individual's cultural background and experience (Hook et al., 2013)
    - Understanding, open to learning without harming others
  - Self-reflection and self-critique that takes place during multicultural counters that lead to acceptance and respect of other cultural backgrounds (Hook et al., 2013)
  - Communicates interest
- Discuss confidentiality, protection of health information, what will/won't be reported and documented
- Invite collaboration & feedback



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# Honor Cultural Values, Practices, Experiences



Photo by [Jason Leung](#) on [Unsplash](#)

- Understand Cultural Context:
  - Client's worldview, meaning-making, symbolism of behaviors and cultural norms
- Explore Contextual Factors
  - Complete a comprehensive assessment, including an assessment of trauma
  - Identity, acculturation, acculturative stress

# Incorporate Intersectionality



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- We are multi-dimensional humans
- Our lives & experiences cannot be explained by only a single identity

Promotes honoring & respecting the nuances of our clients' lived experiences

- Validates the client's humanity
- Builds connections within
- Facilitates alignment with who we are, our values

# Understand & Address Treatment Barriers

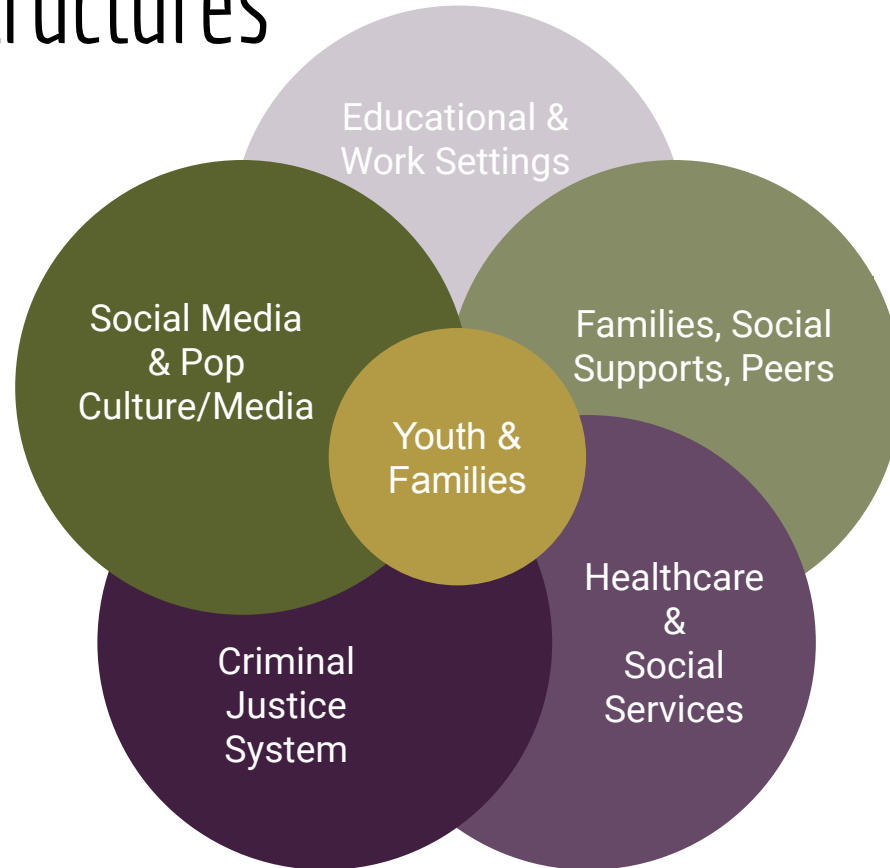


- Collaborate with clients to identify barriers & interventions
  - Awareness/Education about ED
  - Fear, Stigma, Shame
- Open & responsive communication
- Address premature dropout & expectations
  - Sliding scale, flexible scheduling
  - Accessibility/Location of treatment



Photo: Google Images

# Systems & Structures\*



\* not exhaustive

# Social Determinants of Health



Credit: US Center for Disease Control (CDC)

# Healthcare Experiences & Utilization



Seeking healthcare is often affected by:

- Cost
- Proximity
- Language
- Cultural sensitivity of providers
- Knowledge of healthcare system
- Fear of discrimination & deportation

Note: Documenting immigration status in records can leave clients vulnerable to discrimination, disrespectful treatment and harm.

# Explore Acculturative Stress & Identity



- Identification of potential risk & protective factors
- Acculturation may influence:
  - Support seeking
  - Experiences of race, racism and other marginalization
  - May differ between generations



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# Consider Including Social Supports



Photo by [Shingy Rice](#) on [Unsplash](#)

- Healing happens in relationships
- Including social supports may enhance treatment engagement
- Sensitively address stigma, shame & fear

# Social Supports (continued)



- Consider:
  - Who is involved & adjacent?
  - Who could be a good source of support?
  - Immigration generations, family dynamics, cultural expectations
  - Interventions for family members



Photo by [Terricks Noah](#) on [Unsplash](#)

# Use Culturally Sensitive Interventions



Photo: Google Images

- Vary depending on the client & their cultural identities
  - Individualized, Flexible
- Consider: Are these culturally acceptable or aligned?
  - Assessment & Treatment approaches
  - Modalities
  - Inclusive of culturally valued healers/healing practices
  - Treatment duration & frequency\*\*
- Case management support

*\*\* this list is not exhaustive*

# Clinical Presentation & Assessment



## Clinical Presentations may vary in:

- Body shape, size/weight
- Body dissatisfaction, body image ideals
- Attention to bodily sensations or distress
- Subthreshold symptoms, ED onset & trajectory
- Underlying function(s) of behaviors & thoughts

## Asses with a culturally flexible diagnostic model:

- Includes flexibility in reason for behaviors
- Assesses subthreshold symptoms & related appearance modifying, body focused behaviors
  - E.g. skin lightening practices, cosmetic surgeries
- Begins with client's own discourse → Shared narrative

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# Provide Education

- Increase awareness of ED prevalence in our immigrant & adjacent communities
  - Clinician/Provider education
  - Community outreach
- Help identify warning signs
- Strengthen prevention efforts
- Provide early intervention

**Clinician education and community outreach is essential for promoting treatment (Marques et al., 2011)**



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# Check In

What is standing out for you?

What are you curious about?

Where do you feel a sense of urgency or  
desire to engage in action?



# Center Our Humanity in Healing



- We are resilient humans
- Individual Resilience
- Collective Resilience

***“In listening to the client’s narratives of distress, clinicians should attend to narratives of resilience that may be culturally embedded” (APA, 2012)***

Photo by [Drop the Label Movement](#) on [Unsplash](#)

# Address Provider Factors



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- Therapeutic Presence
- Awareness of Bias, Reactions, Fears
  - Stop/Opt Out of harmful & objectifying language
  - Checking in with ourselves regularly
    - How do our biases show up?
    - Where do we need to confront some pain, avoidance, shame and other items fueling these?
    - Where are we feeling fulfilled, respected, empowered, aligned and showing up for others in these ways?



# Holding Hope



- Together we lessen the misconceptions, pain, shame, fear, isolation and turmoil
- We infuse hope, foster empathy, compassion, persistence & patience
- Meet clients where they are
- Increase accessibility to high-quality treatment for all in need



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# After Hours Reflection



## Where do we grow from here?

How do we continue to nurture our ability to provide culturally sensitive & intersectional approaches to meet the needs of all clients?

# Let's Connect!



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