

A decorative background on the left side of the slide, composed of several overlapping, semi-transparent geometric shapes in various colors including red, orange, yellow, green, blue, and purple, creating a layered, abstract effect.

# ED's from a trans & nonbinary perspective

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# Aims of today's presentation are:

- To briefly present the study
- To present the discursive constructions of gender in people who are trans and/or nonbinary with eating disorders, who participated in this study
- To briefly share my thoughts on implications for practice and further research
- To invite brief discussion, thoughts and questions



# The Study

- Explored the discursive constructions of gender and e/ds in trans and non-binary people
- Aim of this study was to contribute to the already significant body of critical feminist research on e/ds whilst foregrounding the perspectives of trans and non-binary participants
- Qualitative design, critical realist, poststructuralist
- Eight participants recruited through purposive sampling – social media advert and word of mouth
- Semi-structured interviews, transcribed verbatim – creating safety in interviews was paramount
- Critical feminist, Foucauldian discourse analytic method



# Eating Dis/orders in Critical Feminist Research

Positions e/ds on a continuum in both the pursuit and disavowal of normative femininity (Wolf, 1991; Bordo, 1993; Malson, 1998; Saukko, 2008).

The popular notions and diagnostic criteria of e/d, although ostensibly afforded the currency and status of observable truths, are a product of discursive practices that Foucault calls 'regimes of truth' (Foucault, 1978), that are discussed here as mobilised in part by discursive constructions of eating experiences that fall along a spectrum of experiences and axes of power/oppression.



# Demographics

<u>Pseudonym</u>	<u>Age</u>	<u>Gender assigned at birth</u>	<u>Gender identity</u>	<u>Country of residence</u>	<u>Nature of e/d</u>	<u>Ethnicity</u>	<u>Other</u>
<b>Bill</b>	41	F	Transman	US	*Dx BED	White	Disabled
<b>Sam</b>	26	F	Agender/non-binary	UK	Dx AN	White	Disabled
<b>Arlo</b>	23	F	Agender	US	Dx EDNOS	White presenting Indigenous heritage	Suspects neurodiversity (Autism)
<b>Indie</b>	28	F	Non-binary	US	Dx AN/BN	White	
<b>Luke</b>	35	F	Man	UK	Dx AN	White	
<b>Nathan</b>	25	F	Man	UK	AN	White	
<b>Charlie</b>	29	F	Male presenting and personally agender	UK	AN	White	
<b>Danni</b>	24	F	Non-binary	US	Restrictive type ED	White	Disabled



# The questions

## Participant Interview Schedule

1. Could you tell me about your experience of identifying as trans/nonbinary/?
2. How old were you when you became aware of identifying as trans/nonbinary?
3. Can you tell me about your experience of an eating disorder?
4. How old were you when the eating disorder began?
5. Can you tell me a bit about how identifying as trans/nonbinary/intersex has
6. influenced your experience of an eating disorder?
7. What kind of support did you seek/receive for the eating disorders? How do you think
8. identifying as trans/nonbinary has affected the treatment/support you have received?
9. Do you remember what triggered your eating disorder? How did the eating disorder
10. affect the way you felt about your trans/nonbinary identity?
11. What are your thoughts regarding body weight and eating disorders? Have concerns
12. regarding your bodyweight been a factor in your experience of an eating disorder?
13. If you had to offer words of wisdom to anyone else going through something similar,
14. what would you say?
15. If you had to write a chapter in a book about your experience, what would you call it?
16. Who would the main characters be? Who are your allies, who understands and
17. where are the challenges?
18. What ways, in any, has COVID affected your experience of identifying as
19. trans/nonbinary/intersex and eating disorders?
20. Can you expand upon your experience of any treatment regarding:
  1. Any problems or issues encountered in support/treatment?
  2. Can you identify any needs you had that were not addressed?
  3. Things that helped.
  4. Suggestions for the future, either in prevention, support or treatment?
21. Is there anything else you would like to add?

# The analysis

Qualitative discourse analysis

Foucauldian inspired critical feminist

Language oriented



# Aims of the analysis

My main interest in exploring e/ds and gender was in what they mean to the individuals experiencing them rather than how they are conceptualised (by society, the medical and 'psych' professions)





# What did they say?

Category	Discursive productions
Femininity	<ul style="list-style-type: none"><li>• 'Real' womanhood as bodily and produced by the sexualising male gaze</li><li>• The female body as pathological, eruptive and out-of-control</li><li>• Colonial beauty ideals - slim, White, productive</li><li>• 'Ideal' womanhood and consumer image</li><li>• Womanhood as in/visible, traumatic, dis/un/embodied</li></ul>
Masculinity	<ul style="list-style-type: none"><li>• Masculinity is performative and a 'Morton's Fork'</li><li>• Masculinity as unconstrained, 'normal', and credible</li><li>• The (trans)masculine body as fit and muscled, 'big'</li></ul>
Eating dis/orders	<ul style="list-style-type: none"><li>• Ed/s as becoming</li><li>• As minimising patriarchal gender violence, self-destruction/self-(re)production</li><li>• As self-discipline and marginalisation anxiety</li><li>• As dis/un/embodiment</li><li>• As bids to regulate or connect</li><li>• Moral discourses of desire/denial and e/ds</li></ul>
Trans & non-binary genders	<ul style="list-style-type: none"><li>• As becoming</li><li>• Becoming through technologies and e/d practices</li><li>• Becoming through representation</li><li>• Becoming trans or non-binary as 'liminality'</li></ul>

**What did they say they need?**



# Conversations around gender and eating disorders with clients/patients



## Embodiment of gender

How gender as construct is felt in the body and how eating exacerbates/alleviates



## Neuroception - appetite

How dis/embodiment disrupts or sensitises felt sense hunger/fullness



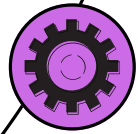
## Neuroception - emotion

How emotion is experienced and how gender/eating exacerbates/alleviates/disrupts



## Contextual/societal/political

How individual experiences and social contexts interact to produce certain solutions to access self-determination, safety and possibility



## Function/parts of whole

De-pathologising e/d and gender tp instead be curious about what is produced by individuals experiences/culture/traits



# **Disembodiment in our clients/patients requires embodied therapeutic interventions**

How can we be curious about the multiple, interacting, co-created, social, intergenerational, linguistic, neurobiological (and other) facets of eating disorders, so we might facilitate and provide secure, empowering, safe and creative spaces and interventions where people can make sense of themselves?





# Key points - social

- Modern two-gender system is inherently colonial, racialised, and based on a domination-submission dynamic (Lugones, 2008; Gavey, 2021). It has not always been this way.
- Discourse of White male European colonisation has dominated 'psych' and medical professions, research etc and sustains cisheterosexual matrix
- Discursive devaluing and problematising of womanhood and femininity influences felt sense gender but does not produce a 'solution' out of masculinity
- Gender and ED's are an ongoing renegotiation of how to regulate a feedback loop between self and other within a system that has always already meanings associated with appearance, gender, power
- How safe we make it to have these conversations determines a person's understanding of themselves as not inherently broken but a relational being



# Key points - individual

- A person's relational history will influence their attachment and thus coping strategies – but these may ebb and flow
- A person's trauma history will influence their coping – so much of this for AFAB will have been 'normalised' or minimised within patriarchal system
- A person's executive function will influence capacity for attunement (Autism etc)
- Physical pain is a driver of disembodiment, and undiagnosed or untreated pain necessitates the manifestation of more creative ways to cope – like not eating (especially in AFAB puberty)
- Over-emphasis on individual body-image obfuscates how body of trans/gender is represented as positive/negative and how this is incorporated into self



# Implications for Research & Practice – why we benefit from critical feminist research & practice

- Adds to pressing agenda for the need to actively decolonise psychology (Waheed, 2022)
- Critical reflexivity is important facet to critical feminist research - critical reflexivity is praxis and can aid incorporation of 'other' perspectives into practice
- Critical feminist research contributes to paradigm shift away from harmful, patriarchal diagnostic criteria – leads to poor outcomes for trans and nonbinary people (Moulding, 2015)
- By exploring meaning, we can better understand what distress means and the function of it in particular contexts
- In exploring e/ds and gender as historically and socially situated, critical feminist research also highlights how power, knowledge, and truth are intertwined, and illustrates how discourses of psychiatry and psychology incorporate a particular way of responding to what are inarguably gendered issues





# Implications for Practice

- Self-reflection
- Consider specific training/education in gender prior to engaging in practice with ED/s and/or gender.
- Reflect on scope of practice
- Consider language
- Identify where existing systems may be causing unintended harm – be brave in raising ideas, concerns etc
- Self-care for practitioner
- Invite lived experience and peer support



# Thank you!

Lets chat!

**Questions, comments & ideas**



# Refs

- <https://docs.google.com/document/d/19I7-cCi0g8Hq2XMVvPEDT99jxKUmNfGBdByXLvvHot0/edit?usp=sharing>
- **Use link to access reference list**