

Princeton Center for Eating Disorders

*journeys*

# FAT PHOBIA

## THE LINK TO RACE AND GENDER



Modern expectations for women's bodies are rooted in centuries of racism, according to Sabrina Strings, PhD, Professor and North Hall Chair of Black Studies at UC Santa Barbara. In a recent free event hosted

by Penn Medicine Princeton Center for Eating Disorders, Dr. Strings described the evolution of fatphobia and its impact on weight expectations during a webinar entitled "Fatphobia as Misogynoir: Gender, Race, and Weight Stigma."

Recalling when her grandmother first pointed out an actress who was "dying to be thin," the relevance of the statement didn't sink in for Dr. Strings until years later during her research work at an HIV adherence clinic. Two women – one Black and one Latina – chose to forego HIV medication for fear of gaining weight. The realization that women were risking death to maintain their figures was one of the reasons Dr. Strings returned to graduate school to study the disturbing phenomenon of fatphobia, particularly as it relates to race and gender.

"I quickly recognized the reality that for centuries, a focus on slenderness has been expressed in racially coded ways," says Dr. Strings. "During the Renaissance, voluptuous and curvaceous physiques were prized – until race science began to impact these views in the late 17th century. Race science was largely used to justify inequality and serve as a rationale for slavery."

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Throughout her presentation, Dr. Strings showed examples of how 18th and 19th century artists, authors, and scientists created inaccurate portrayals of body size and characteristics of Black people while promoting the notion of slenderness as something to be prized among White people. By the 1910s, physicians were becoming interested in the relationship between race and weight. Then, by the 1920s, obesity science began to take hold.

Dr. Strings explained that Charles Davenport, a biologist and eugenicist who held racist views, advocated the use of an index developed by a Belgian statistician named Adolphe Quetelet to survey weight across populations. Ancel Keys, lead investigator for the Minnesota Starvation Experiment, later popularized this tool as body mass index, or BMI.

“This tool was created with data almost exclusively from White men across a population, rather than a representative sample,” says Dr. Strings. “BMI was never meant for individualized assessments, but it became a deeply flawed measurement of obesity and health.”

### Lifting the Veil on BMI

According to Dr. Strings, the overreliance on BMI has contributed to the stigmatization of fat people, potentially leading to worse health outcomes. These may stem from a lack of ongoing health care if patients avoid returning to the doctor, negative health consequences that can result from weight cycling or yo-yo dieting, and even missed underlying issues due to too strong a focus on BMI.

“The good news is that we’re in a moment where change is taking place,” says Dr. Strings, whose research shows that racial disparities in diabetes cannot be explained by BMI. “We need to advocate ending the use of BMI, and there’s no need to replace this tool with anything else.”

Instead, Dr. Strings recommends a focus on holistic measures of health, access to nutritious foods and walkable neighborhoods, joyous movement, adequate sleep, and resources to support the study of upstream causes of health issues.

“By sharing knowledge, we can help people undo what we have all internalized,” adds Dr. Strings. “It can start with something as simple as organizing a reading group and grow from there. Where you are is where you begin.” ■

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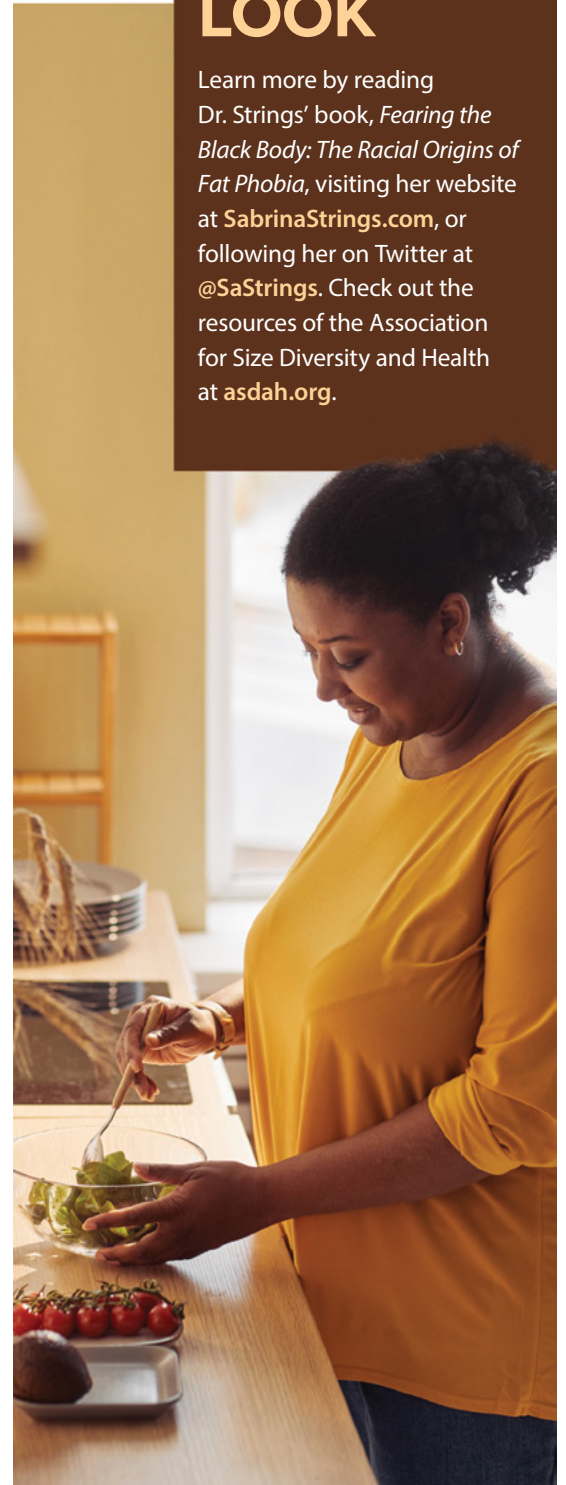
### Reframing the Approach

“ Having Dr. Strings’ insightful historical and sociological perspectives can help us reframe body image interventions. This work can empower people to think more about how body image concerns can be embedded in social systems instead of something wrong with them. Helping people challenge internalized beliefs and adding social considerations to medical models in eating disorders treatment provides a richer biopsychosocial picture to better serve our patients. ”

– Rebecca Boswell, PhD, Supervising Psychologist,  
Princeton Center for Eating Disorders

## A DEEPER LOOK

Learn more by reading Dr. Strings’ book, *Fearing the Black Body: The Racial Origins of Fat Phobia*, visiting her website at [SabrinaStrings.com](http://SabrinaStrings.com), or following her on Twitter at [@SaStrings](https://twitter.com/SaStrings). Check out the resources of the Association for Size Diversity and Health at [asdah.org](http://asdah.org).



# Eating on the SPECTRUM



Research suggests that 20% to 35% of people with anorexia nervosa (AN) also have autism spectrum disorder

(ASD) or show signs of the condition. In fact, ASD and eating disorders can complement each other, according to Princeton Center for Eating Disorders psychiatrist **Kristyn Pecsí, MD**.

“In addition to having sensory processing issues, many people with autism are wired for restrictive behavior and embrace heightened rigidity – all traits that can predispose someone to the development of an eating disorder,” says Dr. Pecsí, who recently presented Princeton Medical Center Grand Rounds on autism and eating disorders.

While ASD can be easily overlooked in patients with eating disorders, identification is important because it impacts the treatment process and trajectory. Those with both conditions are more likely to have a chronic eating disorder and terminate treatment prematurely. They may have more difficulty engaging in treatment, or be seen as disruptive, uncooperative, or overly compliant.

Dr. Pecsí notes that a slower approach is critical to treating patients who have both ASD and AN – and the fewer changes at once, the better. She offers the tips to the right for navigating treatment.

“The most important treatment modifications are for providers to loosen expectations and go a little farther to meet patients where they are,” Dr. Pecsí adds. “Small wins along the way can give patients the feeling of achievement they need to continue with treatment.”



**IDENTIFY** family members who can provide historical context to help differentiate ASD vs. AN behaviors.

**FOCUS** on targeting AN behaviors and make fewer and less frequent changes, because those with ASD can quickly become overwhelmed. Try to first meet overall meal plan needs before starting to challenge new foods.

**INCLUDE** an occupational therapist on the care team when possible to provide additional insight on texture/sensory issues and decipher what steps are likely to be most productive.

**MINIMIZE** environmental triggers. This could include supplying earplugs to reduce noise, a hat to decrease light glare, and a smaller space to eat meals.

**UTILIZE** meal coaching to take a closer look at what patients are struggling with the most.

**EMPLOY** sensory items that promote a calming effect, like fidget toys or refrigerated utensils.

**UNDERSTAND** that patients may need a safe sensory space – such as a quiet, cold corner of a room – and allow them to use that space. Provide comfort items like pillows or a yoga mat, if desired.

**CREATE** opportunities for patients to write down their thoughts at the end of the day or on their own time to help establish a foundation to share and build on, especially since treatment time can often seem like every moment is spent navigating a crisis due to overstimulation. ■

# INTERNSHIP PROGRAMS PROMOTE PROFESSIONAL GROWTH



Because eating disorders are so clinically complex, specialized training programs are extremely valuable for supporting the growth of future caregivers. The interdisciplinary team at Princeton Center for Eating Disorders is committed to sharing expertise and providing learning opportunities to train the next generation of professionals.

Princeton Center for Eating Disorders offers the following unpaid training programs:

## Clinical Practicum

Designed for master's level or above therapists, social workers, or psychologists, this clinical practicum fulfills most higher education training requirements. Participants lead psychotherapy groups and have the opportunity to develop new curriculums in a highly collaborative environment.

## Clinical Research Internship

This internship is an ideal research experience for undergraduate students interested in attending medical school or graduate school in psychology, social work, nutrition, or public health. Students conduct systematic literature reviews, collect and analyze data, share results, and contribute to academic journal articles. Current research projects include the etiology of and risk factors for eating disorders, predictors of eating disorder treatment outcomes, and novel approaches to treating severe and enduring eating disorders.

## Nutrition Student Volunteer Program

Undergraduate student or recent graduate volunteers assist dietitians with food inventory management, menu planning, and nutrition group development. They shadow team members during individual nutrition counseling sessions and can participate in research initiatives. The program is ideal for those interested in a registered dietitian position in the eating disorders field.

"The ability to work side-by-side with our interdisciplinary team provides exposure to different perspectives and roles while building more balanced clinicians," says Supervising Psychologist Rebecca Boswell, PhD. "These programs help keep us on the cutting-edge of eating disorders treatment – and likewise, students bring in fresh perspectives that contribute to our care environment."

"It's a rare opportunity to get this type of first-hand, growth-oriented experience on an eating disorders unit – especially one within an academic medical center – so it's a competitive process," adds Nutrition Therapist Eric Cassara, RD. "We're just as eager to work with these students." ■

## HOW TO APPLY

Applications are accepted on a rolling basis and require a cover letter, resume/CV, and three references. For more information, contact:

### Clinical Practicum or Clinical Research Internship

Rebecca Boswell, PhD  
rebecca.boswell@penmedicine.upenn.edu

### Nutrition Student Volunteer Program

Eric Cassara, RD  
eric.cassara@penmedicine.upenn.edu

## MEET THE TEAM



### Marina Malave, BA, MSW

Making connections is a common theme for Marina Malave, Discharge Planner and recent social work intern at Princeton Center for Eating Disorders. From her first role in the Admissions Department at Penn Medicine Princeton House Behavioral Health, she helped connect patients to the partial hospital and eating disorders care they needed, even assisting with logistics for those traveling across the country for treatment.

This work inspired Malave to pursue her social work degree at Rutgers. She completed the MSW program while taking on a newly created Discharge Planner position at Princeton Center for Eating Disorders, connecting patients to trusted resources upon discharge. As part of the internship requirements for her degree, she was able to participate in the social work Clinical Practicum at Princeton Center for Eating Disorders, facilitating individual and group psychotherapy and engaging in multidisciplinary rounds.

“The experience has been so enriching, and the insights I’ve gained from collaborating with the multidisciplinary team have been especially valuable,” says Malave. “Eating disorders are so complex, but being present and curious can open the doors to connection. It’s an honor to advocate for patients and curate safe spaces to help empower them on their healing journey.”

## NEW

## SE-AN RESEARCH

Highlighting the importance of listening to and learning from patients, “Ordinary Days Would Be Extraordinary: The Lived Experiences of Severe and Enduring Anorexia Nervosa” was published in the *International Journal of Eating Disorders* by **Melinda Parisi Cummings, PhD**, Assistant Professor in the Graduate Programs in Counseling Psychology at Holy Family University and former Princeton Center for Eating Disorders Director, present Director **Robbi Alexander, PhD, APN, PMHCNS-BC**, and Supervising Psychologist **Rebecca Boswell, PhD**. In analyzing data to identify common themes, the study underscores how the lived experiences of those with SE-AN may help inform future treatment efforts that could improve eating disorder and quality of life outcomes. Access the full study at [doi.org/10.1002/eat.24058](https://doi.org/10.1002/eat.24058).

## Team Members Receive Certifications from iaedp



Princeton Center for Eating Disorders Nutrition Therapist **Kelly Davidson, RDN, CEDS**, recently earned Certified Eating Disorder Specialist designation from the International Association of Eating Disorders Professionals (iaedp) Foundation after completing a rigorous evaluation of eating disorders training, knowledge, and experience. In addition, Senior Eating Disorders Therapist **Alison Locklear, LCSW, CEDS-C**, earned iaedp’s Certified Eating Disorder Specialist – Consultant designation, joining an elite group of professionals committed to excellence in eating disorders treatment and to mentoring and encouraging other clinicians seeking certification.

## APA Committee appointment

Congratulations to Supervising Psychologist **Rebecca Boswell, PhD**, who was recently elected to the Policy and Planning Committee of the American Psychological Association.



The Princeton Center for Eating Disorders team celebrated Hispanic Heritage Month with lunch provided by Jose Vazquez, MD (left), Medical Director for Psychiatry at Princeton Medical Center.



**Penn Medicine**  
Princeton Medical Center

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# INNOVATION GRANT

## *Supports* CLINICAL HEALTH PSYCHOLOGIST

Behavioral health support is incredibly important for patients dealing with complex medical conditions. Studies show that when patients can access immediate psychosocial care, physical and mental health outcomes improve. Early intervention and reduction in depression symptoms can also improve medication compliance.

"Anxiety and depression are commonly untreated in patients with medical illnesses, yet this care is so needed," says Rebecca Boswell, PhD, Supervising Psychologist at Penn Medicine Princeton Center for Eating Disorders. "We're working to create a safety net for psychological support and guidance, including through a new postdoctoral clinical health psychologist position at Penn Medicine Princeton Medical Center."

Funding for this position was recently awarded through a Penn Medicine Princeton Health Innovation Grant. As part of the application, Dr. Boswell outlined the benefits of a behavioral health continuum across the hospital, including for patients receiving cancer, gastroenterology, and eating disorders care. The position will be funded in collaboration with the Penn Medicine Princeton Cancer Center and oncologist Ramy Sedhom, MD.

"Timeliness of care is especially critical with cancer patients, who may not have the ability to wait weeks for an appointment," says Director of Cancer Services Kerri Celaya, MA, FACHE. "Even those with no history of behavioral health concerns often find themselves dealing with complex new emotions. Supporting the mental and emotional needs of patients and their families in an integrated way means greater convenience and a better chance of fighting their disease."

### Now hiring for this position!

Princeton Medical Center is seeking a full-time postdoctoral clinical health psychologist to serve as a behavioral health liaison – providing psychological interventions for inpatients/outpatients as well as family/caregiver support – starting in January 2024. To learn more or for information on applying, contact Rebecca Boswell, PhD, at [rebecca.boswell@pennmedicine.upenn.edu](mailto:rebecca.boswell@pennmedicine.upenn.edu). ■