

Compassionate Bodies, Compassionate Practice: Navigating Body Image Tensions among Gay Men

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ABSTRACT

Our purpose in writing this Perspective in Practice is to create awareness about the role of compassion within dietetic practice, particularly the role of compassion for body image tensions. Nine self-identifying gay men were recruited to a photovoice research study that explored their beliefs, values, and practices relating to food and their bodies. Compassion was found as one way to navigate body images tensions. It is not the intent of this article to review all aspects of this research study but to use it as an example to illustrate compassion in dietetics. We suggest that our findings reveal the strength of using compassionate practice within the dietetic profession. In doing so, we call upon dietitians to incorporate compassion into their clinical and client care practices to foster health and healing for all communities, especially among those who struggle with body image tensions.

(Can J Diet Pract Res. 2021;82:115–120)

(DOI: [10.3148/cjdp-2021-012](https://doi.org/10.3148/cjdp-2021-012))

Published at dcjournal.ca on 21 July 2021

RÉSUMÉ

Notre objectif en rédigeant cette perspective pour la pratique est de sensibiliser au rôle de la compassion dans la pratique de la diététique, en particulier en ce qui a trait aux tensions liées à l'image corporelle. Neuf hommes s'identifiant comme homosexuels ont été recrutés pour une étude basée sur la méthode Photovoice qui explorait leurs croyances, valeurs et pratiques relativement à l'alimentation et à leur corps. La compassion s'est avérée être un moyen de gérer les tensions liées à l'image corporelle. L'objectif de cet article n'est pas de passer en revue tous les aspects de cette étude de recherche, mais de l'utiliser à titre d'exemple pour illustrer la compassion en diététique. Nous suggérons que nos conclusions révèlent les forces de la compassion au sein de la profession de diététiste. Ce faisant, nous invitons les diététistes à intégrer la compassion à leur pratique clinique et de soins aux clients afin de favoriser la santé et la guérison dans toutes les communautés, en particulier celles qui vivent des tensions liées à l'image corporelle.

(Rev can prat rech diétét. 2021;82:115–120)

(DOI: [10.3148/cjdp-2021-012](https://doi.org/10.3148/cjdp-2021-012))

Publié au dcjournal.ca le 21 juillet 2021

INTRODUCTION

Compassion is a process of inquiry that allows people to move beyond their current knowledge to come to understand the lives and experiences of oneself and others. Compassion is comprised of 3 elements [1]. The first element is self-kindness or self-love; it allows us to be less harsh when judging ourselves and involves letting go of negative and painful experiences [1, 2] to more fully appreciate the authentic self [3]. The second element is mindfulness that fosters an ability to balance one's painful thoughts and feelings by avoiding an over-identification with them [1]. The third element is seeing one's experiences as shared with others rather than isolating or separating. This allows one to feel part of a common humanity [1]. Although compassion-based practice is thought to be beneficial to improving health and well-being, further research on the role of compassion within nutritional health care and dietetics has been suggested [4–6]. This paper is in response to such research calls and explores compassion as a way for gay men to move through body image tensions.

Gay men are a diverse group of people that may experience health differently. The communities of gay men include men of various ethnicities, cultures, levels of education, and socioeconomic status [7]. Although all gay men experience

heteronormativity and stigma, the impact on their health may be different. Acknowledging this complexity allows for a more intricate approach to gay men's health.

An understanding of what gay men view as the most prevalent health issues in their lives has been noted to be a critical component in the design and creation of effective health research and health promotion programs [8]. One study reported 5 health concerns, including mental health and body image [9]. Body dissatisfaction is defined as the negative perception of one's physical body [10, 11] and is underestimated within men [12]. Hegemonic body standards for men are (re)produced through social and cultural norms and often position a strong, muscular, and fat-free body as ideal [13]. For many gay men, body standards can have health consequences including restrained eating [14], eating disorders [10], skipping meals, purging and bingeing of foods [15], steroid use [12, 16–18], as well as feelings of being inadequate, experiences of isolation, avoidance of social situations, and issues with sexual intimacy [12, 13, 16, 19–26].

Compassion may be one way to shift societal body standards and the way people may feel about their bodies [27]. Other studies have shown that compassion can be beneficial to health and well-being for lesbian, gay, bisexual, trans, and

queer (LGBTQ) individuals [27–29]. In a survey of self-identifying gay men and women, it was found that participants believed that being gay fostered understanding about being othered and taught them about acceptance [30]. Self-compassion was reported to help improve the well-being of gender-diverse people [29] and was related to life satisfaction for gay men [31].

CONTEXT TO THE PHOTOVOICE PROJECT

Photovoice is methodology used to give voice to people through photographs and community action [32–34]. It has been used as a way for queer people to share their individual and collective experiences [35, 36]. Creating photographs involves the emotions, the senses, and the bodies of participants and allow them to express themselves in thoughtful, creative, and deliberate ways [37, 38].

For this study, self-identifying gay men were recruited from Halifax, Nova Scotia, through the use of social media and the LGBTQ community networks. After recruitment, participants attended a photovoice workshop in which the research questions were reviewed. The research questions were (i) how does identifying as a gay man shape beliefs, values, and practices relating to food and bodies and (ii) how do gay men navigate body image tensions. Participants were asked to create 12–15 photographs illustrating the research questions. After the photographs were taken, participants were invited to individual semi-structured interviews. Interviews lasted 60–120 minutes and were audio-recorded for transcription. Interview questions are supplied (Supplementary File¹).

Discourse analysis, a systematic process that situates texts within historical, political, cultural, and social contexts and discourses, was used for analysis [39, 40]. This process involved an independent (PJ) iterative review of the interview texts and images that paid attention to the beliefs, values, and language of the participants in relation to food and their bodies. Similar discourses were grouped together to create overarching threads of discourses. Afterwards, the team collaboratively finalized the threads of discourse. This paper describes the threads of discourse relating to compassion.

Approval for the study was received through Dalhousie University's Research Ethics Board. As part of the ethics protocols, the participants provided consent for the use of their images, real name, or a pseudonym.

The research team

Several members of the research team identify within the LGBTQ communities and provide insider perspectives. The remaining team members identify as allies. All team members have extensive knowledge in LGBTQ health promotion and research. The team views compassionate health care practices as essential to improving the health and well-being of people.

Figure 1. Vulnerability in his body, Mohammed.



The participants and their photographs

Nine self-identifying gay men participated in the study. Their ages ranged from 23 to 65 years. Three were undergraduate students within university programs, 3 were professionals at the start of their careers, and 3 were retired. Eight men grew up in Canada. One man was from the Middle East. All participants expressed a desire to tell their stories and to discuss body image, regardless of their actual body weight, shape, or size which were diverse.

COMPASSION: A WAY THROUGH BODY TENSIONS

The analysis of the interviews and photographs highlighted the role of compassion, or lack of compassion, in the nutritional health and well-being of gay men. Although the participants did not specifically use the term compassion, their language and photographs were reflective of compassion [1].

Sometimes they discussed a lack of compassion within the gay community. For Mohammed, his photograph (Figure 1) reflected his isolation and feelings of aloneness. The photograph revealed that Mohammed often wanted “to curl up in

¹Supplementary data are available with the article through the journal Web site at <https://dcjournal.ca/doi/suppl/10.3148/cjdpr-2021-012>.

a ball... to go in the fetal position ... to go to bed and to stay there.” The position of Mohammed’s body in the photograph is one of vulnerability and is reflective of how he believed he is open to attack, ridicule, and shame within the gay community due to rigid and often unrealistic body standards. He noted the double standards that he experienced in relation to bodies. He discussed how many gay men speak of the benefits of diversity and about loving each other regardless of body shape, size, or color but that this sentiment is something that he has not often experienced. Mohammed stated:

“I know a friend of mine who is gay and he is all for equality, accepting everyone, but when it comes to him [speaking about fat bodies] he’s like ‘oh I’m not into it, it’s just personal perspective.’ I’m like but you literally said the exact opposite of what you’re doing now. It’s that contradiction. If you are telling everyone else to accept everyone and give it a shot, then why don’t you give it a shot?”

This example highlighted the duality that is often experienced in the gay community, one in which the concepts of inclusion and diversity are promoted but often not enacted, especially in relation to men’s bodies. This can be seen as a lack of compassion. Other studies have previously explored the discrimination of men whose bodies fall outside the rigid definitions of acceptable bodies. Robinson [41] explored the discrimination of fat men on a gay cruising site and proposed that relations of power based upon height and weight of bodies (re)produce discourses that reinforce acts of discrimination, which we would suggest are acts of non-compassion, towards men whose bodies are outside the socially constructed ideal height and weight proportions for gay men.

Social and cultural norms that create such acts of non-compassion have deep emotional consequences to men. Mark described the “underlying fear of not having the perfect body” and described his belief that if you “gain weight or if you don’t have abs... then no one is going to want you... no one is going to want to have sex with you, no one is going to want to be in a relationship with you, and no one is going to love you.” Such beliefs can be viewed as contrary to compassion, in particular Neff’s [1] element of self-kindness or self-love.

Many participants, however, also talked about finding their way through their body tensions, once again using language reflective of self-kindness. This often was framed as being less judgmental toward oneself. Participants tried to find ways to be more forgiving and understanding about their eating practices and bodies. As, Oliver, said, “if you want something [to eat] you don’t have to torture yourself and tell yourself no all the time, you should be able to comfort yourself.” Oliver recognized that one must have some comfort in life and be more compassionate to themselves despite body standards. Compassion, through self-kindness, became a way that the participants navigated through their body tensions.

Other participants spoke about changing the way they thought about food. Figure 2 shows a homemade pie cooling on the windowsill in the morning light. Mark told the story of spending the weekend with friends and baking the pie. He

Figure 2. Morning pie.



said that he took this picture because it reminded him that if he wants

“... to enjoy a slice of pie with coffee for my breakfast then that’s something that I’m allowed to do ... I’m trying to let go of labelling foods or judging myself when I eat them ... I love eating and I think that it’s one of the great joys in life. I’m trying to just enjoy food and not feel ashamed or guilty about it.”

Mark talked about his journey of self-compassion that was about realizing how the act of eating is a great joy in life. Mark, in viewing eating as joyous and by not labelling foods as either good or bad, moved past his feelings of guilt and shame that accompanies eating “bad” foods. This is an act of self-compassion that allowed him to experience new ways of viewing food and eating.

Mark also spoke about changing the way he thought about his body. He said, “it’s like learning to just love and accept my body the way that it is because it’s amazing.” For Mark, compassion was about learning to let go of the idea of a perfect body and finding acceptance in his own body. Mark, by being more compassionate with himself, subverted the idea that he should feel shame about his body and, in doing so, created new ways of experiencing his body. Through compassion, he worked to move beyond his feelings of shame and worthlessness that stemmed from cultural body standards for gay men to find a place of acceptance.

Figure 3. Beach, beer, and belly.



Life balance was also viewed by several participants as important when discussing food and body image. Acts of life balance can be viewed as acts of mindfulness, the second element of compassion. Mindfulness can bring forth awareness and remind people that painful experiences and feelings about their bodies can be balanced with more joyous and less harmful thoughts and experiences. Life balance for some participants meant being less obsessed with food and its restriction. Scott said he was “*trying to achieve balance between nutrition and still enjoying life.*” He believed that this type of balance was key to moving through body image tensions. Scott believed that life cannot be solely focused on food monitoring. In [Figure 3](#), Scott showed this act balance between his diet monitoring with his enjoyment of a beer at the beach. For Scott this was an act of compassion. The image is a representative of Scott being mindful of his need to balance his thinking about food, calories, and his body with the enjoyment of life that he finds by sitting on a beach with a beer. Several other participants discussed easing their body tensions through acts of balance that helped them with their body image.

Several participants discussed seeing experiences as shared experiences, the third element of compassion [1]. Participants shared stories of coming to see and understand negative body image as something that many gay men experience, even gay men who physically embody dominant body ideals. Participants talked about getting to know other gay men and having conversations about body image. Through their conversations they saw their body struggles reflected in others. These experiences allowed the participants to understand that many gay men are facing the same body pressures even if they embody cultural definitions of beauty for gay men. Mark noted that, “*we had this heartfelt conversation where he opened up about his struggle with body image as well. I think it’s something that everybody thinks about even somebody like him.*” It is only after sharing their experiences with other men that

some participants came to realize that “perfect” looking men also struggled with their bodies and the pressure to embody social body standards. One participant noted how he was able to move away from his feelings of jealousy towards this “perfect” man to feelings of compassion for their shared body struggles.

RELEVANCE TO PRACTICE

The narratives shared are just a few of the myriad of stories of gay men. Yet, the men through their images and stories provide deep insights into the way compassion can be understood as a critical tool within dietetic practice. These men used compassion to move through body tensions and we suggest that dietitians can use this knowledge in helping their clients move through similar tensions. We call on dietitians to recognize the potential of compassion and to develop compassion-based strategies within their own practice. We can encourage our clients to foster compassion within their lives, to look for ways to be less harsh on themselves, and to be less judgemental about their bodies and food-related practices. We can encourage our clients to recognize negative self-talk, to be mindful, to find compassion-based life balance, and to contemplate their place within our shared humanity. Dietitians, with such guidelines, can more fully integrate compassion into their clinical practice as a form of intervention to improve health and well-being. Our practice can become more than just addressing the physical needs of our clients by understanding their experiences as humans. Our practice becomes more than giving dietary advice and becomes one in which we cultivate compassion within our clients and their relationships. Our practice becomes one in which we see each other’s vulnerability, regardless of gender, sexual orientation, or weight [42].

We, as dietitians, also need to recognize the need to foster compassion within our profession. It has been noted that we are in a “compassion crisis—a lack of (or inconsistency in) compassionate care in our health systems” [43, p. 92]. To address this crisis, compassionate care must be prioritized at the professional level [43]. New resources that remove barriers to compassionate care or facilitate consistent compassionate care are needed [43]. Some recent steps towards compassionate care have occurred. New clinical guidelines recognize the issues of weight bias and stigma and urge health professionals to be aware of their own attitudes and behaviors in relation to weight stigma [44]. There have also been calls to attend to the emotional and mental health of people in connection to weight [45]. We must attune ourselves as dietetic professionals to address weight stigma, both within ourselves and within our profession to promote positive health and well-being for our clients [46]. Another way to increase compassionate care in dietetics is to prioritize training in compassion, as compassionate practices can be learned [43]. Skills such as non-verbal communication, verbal statements of support and acknowledgment, listening skills, and being present and focused on clients are all skills that have been recommended to be core in compassionate health training programs [47].

We call upon dietitians to practice compassionately. We suggest that to do so dietitians must engage with their clients in authentic ways. This is especially important for people who are systematically marginalized through cis- and heteronormative assumptions, practices, and social institutions that currently exist within our profession. To be compassionate is to be reflective and open to learning about the diversity of sexuality and gender and our shared humanity [48]. This goes beyond cultural competency to cultural safety [49]. Such practices will allow us to help people move through body image struggles, regardless of their actual physical bodies, sexual orientation, or gender.

Acknowledgements

The authors would like to thank all the participants in this work.

Financial support: This research was funded by The Canadian Institutes of Health Research (GSD-152289): the Frederick Banting and Charles Best Canada Graduate Scholarships Doctoral Award and the Izaak Walton Killam Pre-Doctoral Scholarships.

Conflicts of interest: The authors declare that they have no competing interests.

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