

# Eating Disorders and the Black Community

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Have you ever heard or thought “Black people don’t have eating disorders!” If so, you are not alone as eating disorders are rarely discussed in the Black community and this had led to many myths and misinformation about eating disorders and a lack of awareness about the prevalence of eating disorders in the Black community.

There are three main types of eating disorders including Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder. It is also important to note that others may experience symptoms that align with the lesser known, Other Specified Feeding and Eating Disorder (OSFED) and/or Avoidant Restrictive Food Intake Disorder (ARFID). Although these are less commonly found in the community, individuals with these disorders still deserve the same education and support regarding diagnosis.

According to research, an estimated 28.8 million Americans will develop an eating disorder during their lifetime<sup>1</sup>. However, despite exhibiting similar symptoms as White people, people of color are less likely to be screened by a doctor for eating disorders<sup>1</sup>. This sad phenomena has left Black people less likely to be diagnosed and receive proper treatment for eating disorders.

Eating disorders are typically thought of in terms of a desire to be skinny and people often envision someone starving themselves to achieve that goal. However, this is not always the case, and in fact overeating is also a type of disordered eating. For many in the Black community, food is often viewed as a safe haven to cope with depression, loneliness, anger, trauma, discrimination, or racism<sup>13-14</sup>. Using food to cope with stress can sometimes lead to feelings of guilt, shame, or even lead to Binge Eating Disorder.

People who struggle with an eating disorder or negative body image often worry that they have lost control over how much they eat. Or, they may believe they are out of shape despite others telling them they are too thin. Another sign of an eating disorder, negative body image, or disordered eating are repeated attempts at diet plans, restrictive eating regimens or highly specialized diets.

## Types of Eating Disorders<sup>2-4, 15</sup>

### Anorexia Nervosa (AN) Common Symptoms:

- Severely restricting food intake
- Exercising excessively
- Purging to get rid of food through vomiting or the use of laxatives, enemas, diet aids, etc.
- Extreme weight loss or underweight
- Fatigue
- Insomnia
- Dizziness or fainting
- Thinning hair or frequent breakage
- Absence of menstruation
- Intolerance of cold
- Irregular heart rhythms, low blood pressure

### Binge Eating Disorder (BED) Common Symptoms:

- Eating large amounts of food in a brief period of time, ex. two-hour period
- Feeling unable to control eating behavior
- Eating when you’re full or not hungry
- Eating rapidly during binge episodes
- Eating until uncomfortably full
- Frequently eating alone or in secrecy
- Feeling depressed, disgusted, ashamed, or guilty about eating
- Participating in diets frequently, even without weight loss

## Body Image

Do you look in the mirror and feel unhappy with your appearance? Are you constantly on a quest to lose just five more pounds? Are you frequently comparing your body to others? If so, it is likely that you struggle with your overall body image. However, it is important to realize that you are not alone as 43% of men and 70% of women aged 18-30 are dissatisfied with their bodies<sup>5</sup>. This dissatisfaction is largely due to the widespread influence of the media and constant portrayal of unrealistic standards of beauty and masculinity via photoshopped influencers, celebrities, and peers<sup>6, 12</sup>.

Many eating disorders are often accompanied by a negative body image<sup>7</sup>. Poor body image often shows up as shame, self-consciousness, low self-esteem, depression, and isolation. In contrast, a positive body image is characterized by an accurate and realistic perception of one's body<sup>7</sup>. A positive body image is marked by feelings of confidence and acceptance of one's natural body, while a negative body image is characterized by a distortion of perception in how one views their body.

With regard to body image within the Black community, overall the majority of persons hold a positive view of self and feel that they are physically fit<sup>8</sup>. However, experts view this positive self-view as an false sense of perception as body mass index (BMI) averages, which do not account for ethnic differences, rank Black people as obese at a higher rate than White counterparts<sup>9</sup>. As a result, there are conflicting views of perceived and actual health among Black people. This is best explained by stark differences between Eurocentric ideals of health and Afrocentric standards of beauty<sup>10</sup>. Unfortunately, these conflicts may lead to Bulimia or Anorexia Nervosa as one struggles between achieving ethnic beauty norms and health standards of mainstream society.

## Concerns with Research on Eating Disorders

Many research studies have incorrectly suggested that White women are more likely to develop eating disorders than Black women. However, this is not true, but instead highlights the need for changes in the research methods that are utilized to explore eating disorders. For example, the sample of participants who are involved in research on eating disorders is generally limited in diversity. To present more accurate findings, it is imperative that people of color participate in these research studies. It is important to note that this call for diversity does not simply mean recruiting more participants of color, but adjusting study measures as well. For example, in many research studies on eating disorders, the participants are presented with images of White women and asked to identify if they have feelings of dissatisfaction with their own body after viewing the model. However, asking a Black woman to compare her body to a White woman's could perhaps trigger no negative response or reaction as many Black women do not hold this as their ideal body shape. Unfortunately, this lack of reaction often leads researchers to incorrectly conclude that Black women do not struggle with body image issues due to lack of comparison<sup>11</sup>.

### Types of Eating Disorders<sup>2-4, 15</sup>

#### Other Specified Feeding and Eating Disorder (OSFED)

##### Common Symptoms:

- Individuals may experience symptoms similar to AN, BED, and BN but at a less significant degree which excludes them from receiving a diagnosis of one of those disorders.
- May also appear as repeated purging, repeated episodes of eating after awakening from sleep, or excessive food consumption after the evening meal

#### Avoidant Restrictive Food Intake Disorder (ARFID)

##### Common Symptoms:

- Severe restrictions or limits with food intake, without the goal of becoming thin and without concerns about body shape or size
- Failure to reach age- height-weight milestones during childhood
- Significant weight loss

Lastly, most research studies tend to solely focus on the experiences of women, but in this space, we acknowledge that men also suffer from eating disorders and are in need of support. It is critical that researchers begin including men, and particularly Black men, in eating disorder research to provide greater understanding on how men are impacted by eating disorders. Additionally, this inclusion would aid in creating a safe space for everyone with eating disorders to share their experiences and seek treatment.

## Treatment Options for Eating Disorders<sup>11</sup>

Many people who have eating disorders also suffer from mood disorders such as depression or anxiety. If you are worried that you or someone you know may have an eating disorder, a consultation with a licensed professional is recommended to obtain an accurate assessment and diagnosis. Contact your primary care doctor or a mental health professional to discuss your current symptoms and treatment options. Some of the more common treatment options for eating disorders are listed below:

**Individual Therapy** is often used to combat the behaviors, thoughts, and feelings associated with eating disorders. The goal is to establish more productive feelings and gain a sense of confidence in acknowledging and changing the thoughts that lead to disordered behaviors.

**Family Therapy** is often used when someone needs support restoring healthy eating patterns and weight until they have the skills to do so alone. This type of therapy is often helpful for parents who wish to help support their children in addressing behaviors of concern.

**Medical or Dental Specialists** may assist with health or dental problems that develop from habits associated with eating disorders, such as tooth decay and gum disease.

**Group Therapy** involves meeting with a mental health professional and others with an eating disorder which allows one to work through their thoughts, feelings, and behaviors related to their eating disorder in a supportive setting.

**Registered Dietitians** often assist with nutrition and meal planning education to help develop healthy eating habits.

## RESOURCES

### **Anxiety and Depression Association of America (ADAA)**

<https://adaa.org> ADAA focuses on improving quality of life for those with anxiety and depression. ADAA provides education about the disorders and helps people find treatment, resources, and support.

### **Bulimia.com**

<https://www.bulimia.com> Bulimia.com aims to provide educational content and recovery resources to those struggling with bulimia and other eating disorders.

### **Eating Disorder Hope**

<https://www.eatingdisorderhope.com/about> EDH offers hope, information, and resources to individuals diagnosed with eating disorders, as well as their family members and treatment providers.

### **Eating Recovery Center**

<https://www.eatingrecoverycenter.com/> Eating Recovery Center and Pathlight Mood & Anxiety works to deliver the highest quality treatment for patients with eating disorders and mood disorders.

### **National Eating Disorders Association**

<https://www.nationaleatingdisorders.org> NEDA supports individuals and families affected by eating disorders, and serves as a catalyst for the prevention, treatment, and access to quality care.

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### Guest Contributor

**Tajah Pinkard** is a senior Psychology major with a concentration in Mental Health at Spelman College. She enjoys listening to music, watching her favorite tv shows, creative writing, and, most of all, spending quality time with her family and friends. While at Spelman, Tajah has fulfilled duties as an Ethel Waddell Githii Honors Program scholar, Resident Advisor, Event Coordinator of Psychology Club, and member of the Alpha Lambda Delta Honor Society and Psi Chi International Honor Society. However, her favorite role is being a first-generation college student on the Dean's List. Proving that despite the disadvantages one faces, they are still capable of excellence when provided with proper resources. She currently serves as Co-President for Spelman's Psychology Club and an undergraduate practicum student with the Grady Nia Project, where she is gaining clinical observation in preparation for her future career. After graduating in May 2021, Tajah plans to attend graduate school with aspirations of becoming a counseling professional for children and adolescents, both in and outside the K-12 education system.

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