Is it possible for a black woman to have an eating disorder? [1]

Dear Alice,

Is it possible for a black woman to have an eating disorder?

?Curious

Answer

Dear Curious,

Unfortunately, eating disorders know no boundaries. According to the National Eating Disorders Association, at any point in time, more than 10 million Americans of all races and ethnicities report symptoms of disordered eating. Not long ago, eating disorders were thought to exclusively affect affluent white women from westernized countries. Although black women have always suffered from eating disorders, researchers have only recently begun to study the prevalence of eating disorders among black women. Although eating disorder treatment centers currently provide services to a greater number of black patients than in the past, many eating disorder cases remain hidden, not talked about, or unknown within black communities.

What might account for the recent increase of reported cases of black women with eating disorders? Although many communities of color have long held the view that a voluptuous body is attractive and considered an indicator of wealth and fertility, some black women feel an increasing pressure (perhaps due to the media [2]) to conform to white society's pursuit of thinness. Although research shows that obesity is more common among communities of color, and that many overweight black women consider themselves to be physically attractive, others (particularly high income black women) feel pressure to look more ?white.?. Besides the effects of acculturation, genetic predispositions to eating disorders, including anxiety and depression, affect women of all races and ethnicities. For example, research here at Columbia has demonstrated a relationship between brain chemistry and poor impulse control, a risk factor for bulimia.

Research suggests that black women are more susceptible to certain types of non-restrictive eating disorders, such as recurrent binge eating, than more publicized eating disorders like anorexia and bulimia. However, most research instruments used to measure eating disorder prevalence among various racial groups generalize and oversimplify the great spectrum of disordered eating and focus on the psychological internalization of the dominant culture's
idealization of thinness. Because African Americans are less likely to be dissatisfied with being overweight or obese, these research instruments may be irrelevant to many black women and may contribute to their minimal representation in eating disorder research. More culturally sensitive research instrumentation is necessary to improve access to resources for black women with eating disorders. Culturally sensitive research may also help to explain the unique, positive aspects of black culture that protect women from body dissatisfaction.

Many cultures associate the development of eating disorders and other psychological conditions with dysfunction and failure. For this reason, many cases of eating disorders go untreated. Women in black communities are affected by eating disorders as much as white women; genetic dispositions and brain chemistry prove this to be true. However, stigma of eating disorder development in black culture is more severe than in others, as attempts to be thin or ?shapeless? may be interpreted as disloyalty to the culture of origin. More generally, medical providers missing or ignoring signs, the lesser likelihood of minority women to seek help, and limited access to healthcare are all contributing factors to the lack of attention paid to eating disorder cases among black women.

The psychological risk factors for developing eating disorders are similar regardless of race, ethnicity, gender, sexual orientation, or class. They include:

- Relational problems within the family
- Stress
- Anger
- Feelings of inadequacy
- Low self-esteem
- Abuse
- Alcoholism

The longer an eating disorder survives without diagnosis and treatment, the more harmful its effects are on the body. One-fifth of eating disorder patients die of the disease, and those with the condition are approximately 56 times more likely to commit suicide than people without eating disorders. Therefore, eating disorders should be taken very seriously. Individuals with signs or symptoms of disordered eating should be seen by medical providers as soon as possible, even if unhealthy eating habits are thought to be unintentional or harmless.

If one feels s/he or a friend are suffering, they may contact their primary care provider for an assessment. Making an appointment with a counselor may also be beneficial. You can also get in touch with a national eating disorders organization for a referral in your area. For a list of resources, see Eating disorder support resources on the web [3], and make sure to check out the National Eating Disorders Association [4] for more information.

Alice!
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Resources

Medical Services (Morningside)
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Columbia Health Eating Disorders Team (Morningside)
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