

# Eating Disorders Among Black Women and Other Women of Colour

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Like other women throughout the world, black women and other women of colour suffer with concerns about body image and undergo anxieties about what they eat. Several recent studies, however, make this reality appear questionable.

## White bias in research

In their research, Powell and Kahn asked why “white women are more prone to eating disorders than black women”<sup>1</sup>. They found that white women were interested in a much thinner body size than black women and expressed more concern about weight and dieting. They concluded that black culture is more accepting of large size than white culture and that the black subgroup places less emphasis on thinness. Henriques, Calhoun and Cann reported in the *Journal of Social Psychology* that black women show “less problematic eating behaviours and less dietary restraint”. Crago, Shisslak, and Estes reported that although the black women they studied in the United States were heavier than Caucasian women, they were less dissatisfied with their weight, and had fewer weight concerns and a more positive self-image. In contrast to many white women they said, black women perceive themselves to be thinner than they actually are.

These findings seem to suggest that black women are somehow more healthy and balanced about their eating than their white counterparts. They implicitly link problematic eating behaviours to dietary restriction. And for unknown reasons these studies do not pick up the widespread weight concerns of women of colour. At the same time, however, some of these studies acknowledge that obesity and obesity related health problems are significant among black women across all socio-economic classes<sup>2</sup>. How are we to make sense of this research? Power, it is said, is the ability to define reality. In the field of eating disorders, the powers that be, mainly white researchers studying white subjects, have led to defining eating disorders narrowly as anorexia and bulimia. Given this narrow definition of eating disorders, the recent research on black women and other women of colour provides evidence of some foggy conceptualizations. Powell et.al. for example, begin with the assumption that black women are less prone to eating disorders and then focus on thinness as the sole template of disturbed weight and body image. In one part of their paper, Crago et al. state that eating disorders are higher among well educated minority groups, but by naming restriction, vomiting and bingeing, they make clear that they are defining eating disorders solely in terms of anorexia and bulimia. The research by Crago does acknowledge in the end, however, that “Being overweight is a risk factor for eating disorders among minority women...”.

This last statement begins to bring us closer to a necessary, more inclusive definition of eating disorders. As research by Wilfley, Schreiber, Pike, Streigel-Moore, Wright and Rodin reveals, there is more eating pathology among black women than previously thought.

## How are eating disorders different among women of colour?

My clinical experience supports the data of the Wilfley team. In communities of black women, the types of disordered eating that predominate are compulsive eating, the consumption of high fat diets, and simple overeating which result in obesity. Obesity can lead, in a higher degree than in the white community, to illnesses like hypertension, heart disease and cancer, and often eventuates in premature death. Obesity is also a factor among poor Latino women, and is a major factor for many native women as well. For black women and other women of colour then, eating problems must include overeating, high fat consumption and obesity.

One of the members of my Wild Geese Group (a group for women fighting to overcome eating disorders) was a young native university student who weighed close to 300 pounds. Aside from her weight problems, Rene also struggled with a chemical dependency. Rene's clinical picture included several classic precursors of eating disorders. Her parents were divorced and she had been raped as a high school student. Cultural issues were also important. She had a family history of obesity and she linked her food and alcohol substance abuse problems to her life on the reservation. She described vividly her life on a reservation where unemployment was high and poverty was an ongoing fact of life. Food availability was inconsistent, and cheap and fattening foods were the mainstays of her diet. When she came of age, she worked at a gambling casino on the reservation, where native people regularly came and routinely lost their money. She felt great guilt and anguish about putting herself through university on money earned from work at a casino, which she felt exploited her own people.

Another case is a young talented black woman whose mother worked two and three jobs as a single parent when the child was young. Later her mother moved onto a fast moving professional track and the daughter spent her afternoons alone, eating. She weighed some thirty to forty pounds more than her White classmates in the predominantly white school she attended. Her white friends, who were struggling with similar family issues, starved themselves; this young woman, who had a history of family obesity and family diabetes, did the opposite, she overate.

Cases of anorexia among women of colour are not unheard of, however. A 1984 paper published in the *British Journal of Psychiatry* documents anorexia nervosa in a black Zimbabwean girl. This article is notable for highlighting the saliency of psychosocial issues. "Firstly she was educated in white boarding schools where she was exposed to the desirability of slimness as a social norm; no such value pertains in Shona society where a fat wife is traditionally regarded as an important manifestation of her husband's affluence." Foregrounding the issue of social class, the authors noted that "Middle class African families commonly set great store on academic achievement, and overdriven children are by no means rare."<sup>5</sup>

## **Culture and eating disorders**

Many cases in my practice illustrate the relationship between culture and eating disorders. One Ethiopian girl fleeing from civil war in her country had been sent to a preparatory school in the U.S. Gradually, she found herself unable to eat. She spent her days sipping water. She denied that the famine and drought in Ethiopia and the sight of the emaciated bodies, which were daily being shown on television, had anything to do with her eating disorder. A young woman from Cambodia had spent her early years in a refugee camp there. After years of trauma induced by war and relocation and after spending several years in the United States she too became unable to eat. An affluent African American girl whose mother was president of a prestigious university became anorexic in high school after years of feeling secondary to her parents' professional work. She was overcome with anxiety about her future. She felt the implicit mandate was for her to achieve at a very high level, but she felt unable to do so. What could she do, she wondered, to surpass her parents? Restrictive eating became her "achievement." For many Latin women, especially middle and upper class women, anorexia nervosa can be related to traditional cultural norms of femininity and expectations of beautification. For each of these clients, cultural factors were an important piece in the multi-dimensional problem of an eating disorder.

## **Working with cultural differences in therapy**

As the above cases illustrate, anorexia and bulimia are also problems among many young women of colour. Eating disorders of all types exist among people of colour. Therapists must attend to the full spectrum. This means noticing obesity as well as anorexia and asking questions about feelings and attitudes about weight. It is helpful to formulate questions that reveal information about cultural norms around food and weight. Therapists can ask, "Is weight a concern for you?" "What are the weight norms in your community/ethnic group?" "In what ways are your concerns about weight or body image (or lack of concern) similar to and different from white woman, or from the dominant groups in society?"

If the therapist is white, these questions may need to be rephrased and repeated as the therapeutic alliance develops. It can be difficult to discuss the concerns with women of another racial or ethnic group, particularly when the norms around food and weight are so different.

I have yet to meet any woman of colour who did not have some concern about food intake and body image. Yet there are some differences between the weight concerns of white women and women of colour. Healing for black women and other women of colour must be culturally and emotionally in harmony with one's environment. To facilitate healing, therapists should explore the role of culture. In addition, therapists must be cognisant of the vast international variety among racial groups. The culture of people of West Indian heritage, for example, differs from African American culture.

This awareness is also extremely important in working with vastly different cultures that comprise the so-called Asian peoples. The impact of racism and class oppression must be uncovered as well. A full understanding of the personal and cultural meanings of weight and food will facilitate the process of healing among women of colour suffering from eating disorders.

## References

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<sup>2</sup> Crago, M., C.M. Shisslak and L. Estes. 1996. Eating disorders among American minority groups: A review. *The International Journal of Eating Disorders*, 19(3): 239-248.

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<sup>3</sup> Buchanan, T. and L.D. Gregory. 1984. Anorexia nervosa in a Black Zimbabwean. *British Journal of Psychiatry*, 145: 326-330.

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