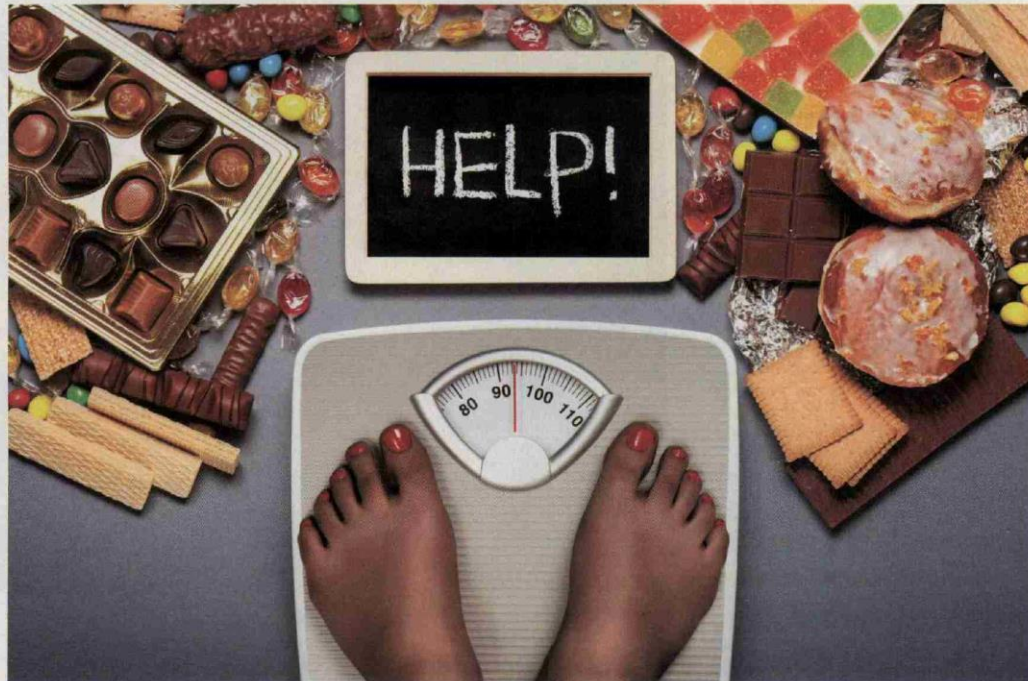


ELEVATE / Good Medicine



What You Need to Know About Eating Disorders

CONTRARY TO POPULAR BELIEF, BLACK PEOPLE DO SUFFER WITH BULIMIA, ANOREXIA AND BINGE EATING **By AYSHA IVES, M.S.**

Stephanie Covington Armstrong was taking care of loved ones and handling her business when the emotional scars of childhood sexual abuse began to surface. Extreme yo-yo dieting brought relief for the then-19-year-old after the breakup with her first boyfriend triggered the past trauma. She eventually found herself on an eating disorder roller coaster of extremes: first, anorexia, a preoccupation with excessive weight loss through self-starvation; and next, bulimia, characterized by binge eating, or consuming large amounts of food and then trying to “undo” it with purging behaviors such as self-induced vomiting or laxative use. When her anorexia was at its

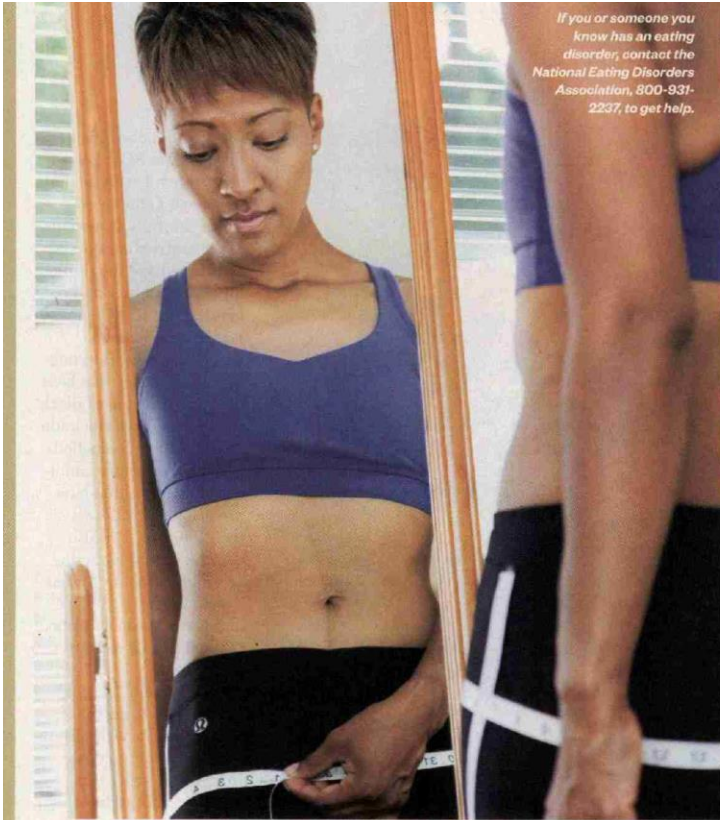
worst, she starved herself for weeks. During her bulimic stage, after stuffing down large quantities of food, Armstrong used laxatives and exercises to try and combat the calories. Amazingly, she kept her struggle hidden for three years before being confronted by her sister, with whom she shared a home. The sister’s 10-year-old daughter noticed that her aunt was always throwing up and told her mother, who, puzzled, said to Armstrong, “I don’t understand; WHY would you throw up?”

“I had a sister with a drug problem, and I think for me, drinking and drugs were just too messy; [too] public. This I could hide in plain sight. No one assumes when you’re Black that eating disorders are the reason you don’t gain weight,” explains Armstrong,

a playwright, screenwriter and the author of *Not All Black Girls Know How to Eat: A Story of Bulimia* who is now in her late 40s.

Although anorexia and bulimia are often believed to be “White girls’ problems,” experts insist otherwise. “Eating disorders simply do not discriminate based on your race, ethnicity, age, socioeconomic status or sex,” says Cynthia Bulik, Ph.D., founding director of the University of North Carolina Center of Excellence for Eating Disorders.

Overeating and refusing to eat are unhealthy—yet common—responses to anxiety and stress; in fact, studies show that these behaviors are addictive, similar to drugs and alcohol. So why haven’t more African-Americans gotten the message about eating disorders? Gayle E. Brooks, Ph.D., vice



If you or someone you know has an eating disorder, contact the National Eating Disorders Association, 800-931-2237, to get help.

president and chief clinical officer of the Renfrew Center, a network of treatment facilities, points to a few possible reasons for our lack of awareness.

When the Doctors Don't See It

In 2011, researchers found that 1 percent of African-American adolescents have experienced bulimia, a percentage that is consistent with those of other races. Although Black girls are less likely to suffer from anorexia than their White peers, the average age of onset is younger, a mere 14.9 years, according to the Prevalence of Eating Disorders Among Blacks in the National Survey of American Life study. Brooks asserts that because the medical community is hesitant to believe these disorders also impact us, it's not surprising that our community is, too.

Binge-Eating Disorder (BED), an excessive intake of calories similar to bulimia but without the purging, is the most common eating disorder among African-Americans. In a survey of 1,628 Black women, 4.5 percent reported at least two binge-eating episodes per week. "In the African-American community, all the focus has been obesity and obesity treatment, and we fail to see that eating disorders also exist and the in-

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terplay between eating disorders and obesity,” says Brooks.

BED was finally added to the Diagnostic and Statistical Manual of Mental Disorders three years ago, but there are still some cultural biases. According to Brooks, Blacks tend to be more accurate in describing their body shapes and sizes, yet issues with body distortions remain a requirement for diagnosis, further supporting the false belief that eating disorders only affect Whites.

Looking the Other Way

“Being a size zero isn't necessarily a beauty ideal within the African-American community,” Brooks explains. “On the one

hand, [embracing larger sizes] protects a little bit [against] young girls being drawn to eating disorders, but it certainly doesn't keep them from ultimately feeling the pressures.” Black males also succumb to eating disorders; in fact adolescent African-American boys may actually experience more unhealthy eating behaviors than the girls, likely due to the often overlooked focus on making sports weight limits.

To change cultural attitudes around eating disorders, African-Americans must learn to recognize both symptoms and causes. “We know that trauma can play a role in the development of an eating disorder, especially when you look at early childhood sexual and physical abuse. When you're talking about people of color, I think you also have to look at racism as a form of trauma when they're living in a sort of oppressive environment,” suggests Brooks.

Public discourse can help to both inform community members and provide comfort to those who feel alone or different because of their struggles with eating. Adds Brooks, “There might be many individuals out there suffering and don't even know how to label it; and if they do know what it is, [they are] feeling very isolated and [thinking] there's something wrong with them for suffering from it.”

Toward a Healthier Future

If more Black researchers and practitioners specialized in eating disorders, it could lead to increased efforts to uncover how these issues impact Black people—and more culturally sensitive treatment. “We really struggle to recruit African-American trainees at all levels into our scientific and clinical work on eating disorders,” says Bulik.

Eating disorders are very different from other addictive behaviors: Unlike with drug or alcohol abuse, the goal is not to eliminate food all together but to establish a healthy relationship with it. Brooks urges those with conditions such as anorexia, bulimia or BED to get help through therapy or support groups. She also points out the importance of dealing with stress, emphasizing the value of support rather than trying to handle stressful situations in isolation since environmental pressures often make eating disorders worse.

Armstrong admits that had she not sought treatment for her issues, it is unlikely she would have recovered: “I probably would have just become a compulsive overeater without therapy. Without the 12-step program where I addressed my eating disorder, without spiritual help, I could have never, ever gotten to the other side.”