

The Weight of (My) Race: Black Women and Eating Disorders

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Fear of the "Fat Black Woman"

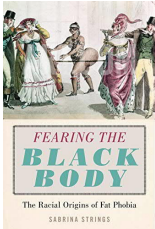
The fear of the "fat black woman" was created by racial and religious ideologies that have been used to both degrade black women AND discipline white women. In this way, race is a double agent.

Slenderness suppresses the "savagery" of blackness
Upholds the virtue of "discipline" in whiteness

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Fearing the Black Body: The Racial Origins of Fat Phobia



- Researches the origins of the preference for slenderness and the phobia about fatness in the U.S.
- The ideology that centers the thin, white, male is white supremacy and weight stigma is an expression of white supremacy
- "while most [historians/researchers] show that an aversion to fatness and a preference for slenderness has been most evident among middle- and upper-class white women, few have addressed the role of race"

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Health Management?!?





- The "biopolitics" of health management (Michel Foucault):
 - Disciplinary practices (e.g., diet & exercise) one must perform to be considered "healthy" and therefore, a good citizen
 - Practices are not objectively applied to all people; it is treated as an imperative for dominant groups, while excluding the poor, racially othered groups

Therefore, a preference for thinness and a phobia for fatness have NOT, principally or historically, been about health!! Instead, they have been one way the body has been used to craft and legitimate race, sex and class hierarchies.

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African American Women and Weight

- Historically, African beauty was equated with a fleshy, voluptuous body with hips
- During slavery, women who were voluptuous were likely to be sold for the purposes of child-bearing
- Voluptuous slave women were initiated into the role of breeder by being the sexual prize of the slave owner.
- The only legal means of escape from being a concubine was to become a Mammy.


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Protective & Risk Factors Influencing Ethnic Differences In Eating-Related Behaviors

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Religiosity and Spirituality

Study focused on the role of religion in mediating stress in African American women suggests religion helps with:

- Accepting reality
- Gaining the insight and courage needed to engage in spiritual surrender
- Confront and transcend limitations
- Identify and grapple with existential questions and life lessons
- Recognize purpose and destiny
- Define character and act within moral principles
- Achieve growth
- Trust in the viability of transcendent sources of knowledge

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Social Desirability

Historical representation of African AMERICAN WOMEN


- Slavery – preferential treatment to slaves
 - lighter skin, eyes and straight hair

Standards of Beauty

- Media
- Social media, social networking sites
- Susceptible to negative commentary
 - Increased body checking
 - Dieting
 - Internalized body image concerns

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Strong Black Woman (SBW)

Positive attributes

- Pride in a rich cultural and historical legacy
- Engenders self-efficacy for confronting challenges
- Provides encouragement during adversity

(Hampson, Chamber, & Shifard, 2018)

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The Pressure Black Women Feel to Succeed



SUCCESS

- Natural Human Desire
- What does success represent
 - Motivator
 - Pressure
- Greater adversity with less opportunity
- Not singular
 - Community
 - Future legacy
- Security

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Clinical Implications of Being a Strong Black Woman

- Shame
- Guilt
- Low self-esteem
- Depression
- Cannot express vulnerability or distress
- Emotional Avoidance




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Living in predominately White communities

- Role model pressures
- Acculturation pressures
- Shape-shifting/Code-switching
- Set-shifting



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Women of Color and Stress

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Minority Stress Model

- Rejection of Self
- Identity Crisis
- Yearning for Connection
- Feeling of being 'other' & desire to belong

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Types of micro aggressions

<p>microassaults</p> <p>what it is: very explicit verbal or nonverbal attacks against people of color.</p> <p>example: using racial slurs, avoiding eye contact, saying things like "Black people scare me"</p> <p>what it does: can make people of color feel unsafe and unwanted.</p>	<p>microinsults</p> <p>what it is: verbal and nonverbal insults that demean or discredit people of color.</p> <p>example: "you sound white", "you're pretty for a Black girl", "how did you get such a good score?", "how did you get that job?"</p> <p>what it does: can affect the self-esteem of people of color.</p>	<p>microinvalidations</p> <p>what it is: subtly or obviously denying or attacking the experiences, feelings or thoughts that people of color have.</p> <p>examples: "I don't see color", "we are all human beings", "all lives matter", "stop being so sensitive"</p> <p>what it does: can make people of color feel invisible and frustrated.</p>
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What Do Microaggressions Say About Us?

- Active manifestations and/or a reflection of our worldviews
 - inclusion/exclusion
 - superiority/inferiority
 - normality/abnormality
 - desirability/undesirability
- Reflect the active manifestation of oppressive worldviews that create, foster, and enforce marginalization
 - Not immune from inheriting the racial, gender, and sexual orientation biases of our society
 - socialized into racist, sexist and heterosexist attitudes, beliefs and behaviors

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Does Clinician Bias impact Diagnosis?

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Differences in Clinical Presentation

- o Differences in standards of beauty
- o Cultural connection with food
- o Strong Black Women archetype
- o Encounters with everyday unfair treatment than white women
- o Historical Trauma
- o Role of Stress
- o Higher rate of autoimmune diseases, heart disease, stroke, and diabetes
- o Higher ACEs scores

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Diagnostic Implications of Ethnic Differences

Due to mitigating cultural factors, diverse groups may often present with sub-clinical anorexia or bulimia despite the fact they are suffering from serious eating disorders.

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The ARC of an Emotional Experience

ARC	Antecedents (situation & triggers)	Thoughts	Responses Physical Sensations	Behaviors & urges	Consequences (what happened next?)
Immediate:	Patients were discussing body image and commented that I was lucky.	"Lucky about what?"	Heart pounding	B - not looking at others	Short-term: Escape
Earlier:	Discussions with family members that resulted in being called a "white girl" and that I had "good hair".	"Tired of people thinking that they know how black people feel about their bodies" "I know my family is joking, but it really gets old" "Do people think I think I'm better because I'm lighter" "I already don't like what I see, what if I were darker" "I am so tired of this crap"	Hot - face and hands Knot in my throat Emptiness in my stomach	Replay conversation in my head Doodling U - leave the room Cry Questioning what should I do about lunch - skip it or have something really good	Not have to deal with stupid comments Long-term: I don't like me. I don't like other people. I don't address my frustration and anger. Increased isolation - is this good or bad, I don't know.

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Culturally Sensitive Approach to Assessment and Treatment

- Pre-screen BIPOC individuals for eating disorders
 - Do not discount disordered eating behavior
 - Explore cultural values which may impact how problems are perceived.
- Explore history of eating patterns within the family & culture.
- Examine client's level of acculturation which may influence his/her/their beliefs regarding food and physical appearance.
- Consider the deviation of eating habits from those expected within one's culture.
- Examine concept of beauty - is it congruent with the ethno-culture of origin?



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Culturally Sensitive Approach to Assessment and Treatment

- Understand: Understand the client as a unique individual and within the context of being a member of an oppressed group
- Explore: Explore how the client feels about and experiences their ethnicity, along with perceptions about how others experience their ethnicity
- Examine: Examine the extent to which one has acquired connections within their community
- Identify: Identify the strengths and coping skills in negotiating the 'two worlds' they live in & reinforce personal strengths
- Examine: Examine those parts of self which are responding resourcefully to forces both within and without his/her/their control

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Downward Arrow Technique

"What if I don't succeed?"

↓

"They don't think I'm smart enough"

↓


"My family would be disappointed! I would be disappointed!"

↓

"What's the point?"

↓

"I'm not smart enough"



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How do you ensure that you are not engaging in "Performative Support"?

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PRIMING

- Implicit memory influences later stimulus response
- Takes place unconsciously
- Activates an association
- Types of Priming
 - Cognitive
 - Subliminal
 - Repetition
 - Social

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Being Different Can Be Hazardous to Your Health: Barriers to Treatment

Healthcare workers' biases	Weight stigma Under-reporting & under-diagnosing. (Gordon et al 2005)
Impact of historical racism and cultural beliefs contribute to underutilization of treatment services:	Strong distrust of the mental health system. Fear that others may not be able to help Lack of awareness of resources Feelings of shame and stigmatization
Access to treatment is largely unattainable for the poor.	
Lack of diversity among health care providers	

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<p>Barriers to care</p> <ul style="list-style-type: none"> • Prejudice/provider bias • Socioeconomic status • Stereotyping, racism, fat shaming <p>Ethics</p> <ul style="list-style-type: none"> • Morality values • Belief systems – influenced by lived experiences and social influences • Non-Maleficence and Beneficence <p>Sensitivity of the provider</p> <ul style="list-style-type: none"> • Examine own biases and prejudices • Cultural humility • Avoid cultural impositions 	<p>Assessment</p> <ul style="list-style-type: none"> • Collect relevant client information • Presentation in context of the client's cultural background • Use of culturally appropriate measurements and tools <p>Facts</p> <ul style="list-style-type: none"> • Culturally specific behavioral patterns • Influence of spirituality, discrimination and stigmas • Practices/customs <p>Encounters</p> <ul style="list-style-type: none"> • Cultural norms • Concepts of personal space • Effective interpersonal strategies
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