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Black girls have eating disorders too

Women from all walks of life grapple with eating disorders, but disordered eating is more readily recognized in affluent white women, said Anissa Gray, author of “The Care and Feeding of Ravenously Hungry Girls.”

According to the study “Race, Social Class and Bulimia Nervosa,” Black teenage girls as well as teenage girls from lower-income families are more likely than higher-income, white teenage girls to exhibit bulimic behavior, but less likely to be diagnosed with bulimia nervosa.

The conception of who has bulimia nervosa is based on who is medically diagnosed, meaning that higher-income, white teenage girls are thought to be the demographic that suffers from the disorder, wrote the study’s co-authors Michelle Goeree, John Ham and Daniela Iorio.

Gray, a Black woman who struggled with eating disorders for 20 years, said she is not surprised by findings that Black women are overlooked.

Growing up, Gray had a fairly healthy view of food because there was not a lot of emphasis on it in her family. Aside from that, among Black people, being on the larger side is accepted, she said. However, as a child and as a teenager, Gray lived in a largely white neighborhood and attended predominantly white schools. While Gray did not diet in high school, a lot of her friends did.

Her preoccupation with her body began in college when she started to gain weight. She said she had internalized the thin ideal. In turn, Gray turned to laxatives and overexercising. Eventually, that progressed to binging and purging in her 40s. Her perfectionist tendencies and desire for control played into the development of her eating disorder.

As her eating disorder spiraled further out of control, Gray felt ready to be caught.

“My wife heard me in the bathroom throwing up. There was a point where I used to be very careful about that. But I reached a point where I was not careful about quietly throwing up or not throwing up when she was in the house. That was a watershed moment,” said Gray.

From there, Gray sought treatment and fortunately was in the economic position to do so.

While race can influence who seeks eating disorder treatment, Gray said there is definitely a class distinction too. For instance, Gray's white, working class peers from high school would not have identified themselves as having an eating disorder and on top of that, their families certainly could not have paid for treatment, she said.

In group therapy, she was the only Black woman. On top of that racial disparity, she said she felt somewhat alienated because the group was composed of younger women who were in different stages of life.

“Mainly, you do relate. You see yourself in someone, it doesn’t matter who they are. For something like this, it really just becomes sort of a sisterhood. You want to see everybody be well,” said Gray.

This is something that Rayo Cole, who spoke about her experience as a Black woman struggling with multiple eating disorders in 2018 for TEDxCrenshaw, said.

“White women who I ended up talking to could recreate the pain I was in because they experienced it. It was my parents actually, who made it hard,” said Cole.

Cole’s parents denied that she had a problem with eating. Her father made remarks about how Cole came from him and he did not think of food in an unhealthy manner. They did not understand her experience or how to help her, aside from telling her to pray.

This ignorance is what Dr. Charlynn Small and Dr. Mazella Fuller set out to challenge through publishing “Treating Black Women with Eating Disorders: A Clinician’s Guide.”

In the book, they name acculturative stress as a contributor to eating disorders in Black women. This type of stress can be triggered by racist events of varying intensities, said Fuller. Speaking from experience as a Black woman, Small said they are regularly bombarded with subtle microaggressions. This is exemplified in the backhanded compliment, “You’re pretty for a Black girl,” she said. In addition, they are influenced by blatant macroaggressions, such as redlining or the school-to-prison pipeline, said Small.

Acculturative stress is particularly relevant in today’s climate, in which Black women witnessed, for instance, Walter Wallace killed at the hand of the Philadelphia police, said Fuller. As a means of coping, Small said Black women may “run to the refrigerator” and binge.

For Cole, bullying, some of which was related to racism, had a role in precipitating her eating disorder.

Her peers made fun of her larger boobs and lips as well as her wide hips and “fake” hair. They called Cole fat and ugly and her own friends turned against her and participated in the verbal abuse. Cole’s parents, who immigrated from Nigeria, were not familiar with those experiences as they grew up in a place where they looked like everyone else, she said.

“I was thrown to the wolves every day. And I had nowhere to place the feelings. So, of course, I took it out on myself. I came in at 140 pounds, and by the time I was a sophomore in high school, I weighed 217 pounds,” Cole said.

Binging gave Cole a friend, something to look forward to and a means of numbing her emotions.

Binge eating disorder, though, was only added to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published in 2013, said Dr. Amy Egbert, a postdoctoral fellow at the Warren Alpert Medical School of Brown University. Therefore, it is not perceived to be as upsetting or disruptive as other eating disorders. This is then compounded by the fact that 80 percent of Black women are classified as overweight or obese and physicians are not trained to look for eating disorders in Black women, she said.

While binge eating disorder is most prevalent among Black women, that is not to say that Black women don’t struggle with other restricting or purging, said Egbert. This is exemplified by Gray and Cole alike.

“What those people are likely to hear from a doctor is, ‘Great job, you lost 20 pounds, keep it up!’ No one is asking, ‘What did you do to lose that weight? Did you starve yourself all day to do it?’ Nobody is asking those questions,” Egbert said.

Cole, for instance, used to be underweight to the point where her bones protruded in her face and chest as a result of restricting. However, that did not draw serious concern, only prompting an occasional, “Are you ok?,” said Cole.

The label of an eating disorder, whether that be atypical anorexia or bulimia, is important, Egbert said. Naming something as an eating disorder could empower someone to feel as though something can be done and that there is some kind of treatment.

When thinking of eating disorders, Cole did not see her own behavior through that lens, she said. Then, after binging on 10 frozen burritos, she said she decided to search overeating on the Internet. From there, she connected her habits of taking laxatives with bulimia nervosa and over-exercising with anorexia, even though she did not fit the super skinny, white archetype.

“It is not just something that you are struggling with. It is not your willpower. It is not something that you have done wrong. It is actually a mental illness that you're dealing with,” said Egbert.

Upon making that connection, Cole worked with a myriad of therapists and experimented with different eating styles until she found what worked for her. Now, she is making peace with herself by regularly participating in a 12-step program that is grounded in a spiritual perspective and speaking to and mentoring others with disordered eating.

A couple years after Gray finished her treatment, she published a novel in which a Black woman grapples with her eating, mirroring aspects of Gray’s own experiences. While including details of a vivid binging-and-purging episode was troubling for Gray, ultimately, finishing the novel was healing, she said.

“It was cathartic to write about this experience and to not be ashamed,” Gray said.

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