



Bookshelf

---

2020

## Treating Black Women with Eating Disorders : a Clinician's Guide

Charlynn Small

University of Richmond, csmall@richmond.edu

Mazella Fuller

Follow this and additional works at: <https://scholarship.richmond.edu/bookshelf>



Part of the [Counseling Commons](#), [Counseling Psychology Commons](#), and the [Race and Ethnicity Commons](#)

---

### Recommended Citation

Small, Charlynn, and Mazella Fuller. *Treating Black Women with Eating Disorders : a Clinician's Guide / Edited by Charlynn Small and Mazella Fuller*. New York: Routledge, Taylor & Francis Group, 2020. DOI: 10.4324/9781003011743

**NOTE:** This PDF preview of *Treating Black Women with Eating Disorders : a Clinician's Guide* includes only the preface and/or introduction. To purchase the full text, please click [here](#).

This Book is brought to you for free and open access by UR Scholarship Repository. It has been accepted for inclusion in Bookshelf by an authorized administrator of UR Scholarship Repository. For more information, please contact [scholarshiprepository@richmond.edu](mailto:scholarshiprepository@richmond.edu).

# **Treating Black Women With Eating Disorders**

A Clinician's Guide

**Edited by Charlynn Small  
and Mazella Fuller**

First published 2021  
by Routledge  
52 Vanderbilt Avenue, New York, NY 10017

and by Routledge  
2 Park Square, Milton Park, Abingdon, Oxon, OX14 4RN

*Routledge is an imprint of the Taylor & Francis Group, an informa business*

© 2021 selection and editorial matter, Charlynn Small and Mazella Fuller;  
individual chapters, the contributors

The right of Charlynn Small and Mazella Fuller to be identified as the authors of the editorial material, and of the authors for their individual chapters, has been asserted in accordance with sections 77 and 78 of the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

*Trademark notice:* Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

*Library of Congress Cataloging-in-Publication Data*

A catalog record for this book has been requested

ISBN: 978-0-367-82065-7 (hbk)

ISBN: 978-0-367-82064-0 (pbk)

ISBN: 978-1-003-01174-3 (ebk)

Typeset in Times New Roman  
by Apex CoVantage, LLC

# Introduction

*Charlynn Small*

To show why this book is needed, allow me to introduce you to Jasmine. Jasmine is a 22-year-old Black female graduate student at a very large, predominantly White college (PWC) on the Northeast coast. She is a first-generation college student, and she attended this school for both undergrad and graduate school. During fall semester of her junior year, Jasmine came to the realization that she has bulimia.

In high school, Jasmine sang in the choir and joined a few clubs. She never felt special or attractive. But she never felt particularly unattractive, either. Establishing relationships always seemed difficult for her, and she experienced a sense of disconnection from her family and from herself, although she could never fully clarify what she meant by feeling disconnected from herself. Her identity development impacted her self-esteem and self-confidence. At college, she had hoped to find a supportive group of others. Instead, she felt unwelcome and on the periphery of groups, as she attempted to navigate two different worlds simultaneously. Her dual identity was conflicting as she found she was seen as “too White” for her peers of color, yet not “White enough” for her White peers.

Jasmine is from a middle-class family living in Brooklyn, New York. Her father is a policeman, and her mother is an administrative assistant at a major accounting firm. Both of her parents are from small, Southern towns in North Carolina, where “thicc” women are considered desirable. Her mother is of average height, with wide hips and voluptuous thighs (two of the main things that attracted Jasmine’s father to her mother). Her mother also has very fair skin and long wavy hair (her father valued these things also). Her father is tall, with a fairly slim build, very dark skin, and short, tightly curled hair. Jasmine’s resemblance to him is uncanny, except that she has her mother’s height and figure. Jasmine has two older sisters. They both have their mom’s fair skin and wavy hair. They both have a slimmer build. Jasmine always felt that her parents favored her sisters over her and that things were always easier for them. Neither ever cared much about earning good grades and chose not to attend college. However, they each married well and appear to be happy. Jasmine was closest to their younger brother, who also noticed their parents’ favoritism.

As an undergrad, Jasmine struggled to find a niche and others with whom she could identify. Although the university boasted a racially diverse student

## 2 *Charlynn Small*

body with 25 percent people of color (e.g., Blacks, Asians, Latinx, and other international students), there were fewer than 4 percent Black students on campus. There were no places for Black students to gather and socialize. In addition, there were few professors who looked like Jasmine. She found it even more difficult than usual to manage interpersonal connections.

Determined to be a successful accountant, Jasmine decided that social interactions were not all that important. Accordingly, she resolved to focus all of her efforts into being an A student. Slowly, Jasmine became aware that she felt a certain pressure to represent all Black people positively, and thus, good grades were not optional. It was what she believed she needed to do. Still, she always felt a sense from others that while she was somehow granted acceptance to this elite school, she hadn't really earned the right to be there. And while it often seemed that Jasmine was looked upon to speak on behalf of all Black people everywhere, at the same time, she felt her input was devalued. Experiencing the climate as hostile, Jasmine grew more and more resentful.

When Jasmine was taking courses in her accounting major, she began bingeing and purging almost daily after classes. At first, she felt a strange relief afterward. Engaging in the behaviors gave her a certain comfort. Still, while not fully insightful about all that was happening, she had the sense that she shouldn't have been bingeing and purging. Jasmine sometimes didn't eat at all, hopeful that this would prevent her from throwing up. But approximately one year later, she realized that she couldn't stop restricting, bingeing, or purging. She also found herself in awe about the relative ease with which she became able to purge.

She finally sought help at the university's counseling center. Still, she was initially reluctant to go there because there were no counselors on staff who looked like her. For this reason, she figured none of them would understand what was happening with her. And she was, frankly, a little too embarrassed to share anything about which she felt hurt or unhappy. The thought of anyone asking her about feeling like an outsider on campus or about her family dynamics seemed too personal and made her uncomfortable. She prayed that no one would ask her about her deepest feelings. Her sole objective was to get help to stop restricting, bingeing, and purging.

Jasmine is a composite of many people I, a Black female certified eating disorders specialist and iaedp<sup>TM</sup>-approved supervisor (CEDs-S), have worked with over the years. The challenges she faced are shared by many Black women. Jasmine never felt the security of an adequate support network among family or friends, rarely felt good about herself, and felt devalued as a person. If she came to you for help, how would you treat her? Would you know what questions to ask to facilitate processing her concerns? Would you feel comfortable asking them?

### **Black Women: In the Shadows of Eating Disorders**

My co-author, Mazella Fuller, CED-S, and I met a few Novembers ago at one of the premier conferences for the treatment of persons with eating disorders

(EDs). It seemed we were put together at that place and time on purpose. We found that we had much in common, including that we were both in attendance at the same historically Black college or university (HBCU) at the same time, though our paths didn't cross during that time. We are both employed in the Counseling and Psychological Services (CAPS) at our respective predominantly White colleges (PWC). However, the most salient knowledge we acquired at the conference was that many non-Black therapists were surprised by the number of young Black women who struggle with EDs, body-image issues, or both. Hence, we decided we had an obligation to help get Black women out of the shadows of eating disorders and bring much-needed attention to their concerns. This book is one of our contributions toward ensuring that Black women's stories reach a wider audience of practitioners who can help those women address their concerns in culturally sensitive contexts.

Recent literature concerning Black women and body image more frequently addresses the misconception that Black women are well protected from eating disorders. Even so, for a number of reasons, many health care providers fail to recognize eating disturbances in Black women. One of the most important reasons for this failure is many practitioners fear asking questions that often concern racial differences and identity issues. These questions can be instrumental in helping practitioners recognize potentially mediating factors in the development of EDs.

Our book presents many of the unique challenges and needs of Black women that make them vulnerable to developing EDs, beginning with the misconception that they are somehow well protected from them.

One reason for this mistaken idea is sociocultural models of eating pathology (Shaw, Ramirez, Trost, Randall, & Stice, 2004). These models predict that women of color have a lower risk for eating disorders because they experience less cultural pressure to be thin and because they embrace larger, more attainable body ideals (Shaw et al., 2004; Gordon, Castro, Sitnikov, & Holm-Denoma, 2010; Hesse-Biber, Livinstone, Ramirez, Barko, & Johnson, 2010; Kelch-Oliver & Ancis, 2011; Taylor et al., 2013). Lore suggests that Black men typically prefer fuller, more voluptuous figures, which theoretically reduces the pressure to conform to a thinner appearance ideal (Gordon et al., 2010).

Other factors contributing to the misconception that Black women like Jasmine are protected from eating disorders include clinical approaches to classification (NEDA, 2005; Taylor et al., 2013), conflicting research results (Shaw et al., 2004), and the extant measures for assessing symptoms and risk factors (Kelly, Mitchell et al., 2012). The result of relying upon these evaluation procedures without considering additional data at the same time is that clinicians don't always recognize EDs in Black women (Becker, Franko, Speck, & Herzog, 2003; Cachelin, Rebeck, Veisel, & Striegel-Moore, 2001).

Similar to the way current DSM criteria are based on White populations (Taylor et al., 2013), most of the existing measures were developed and validated in samples that did not include Black women (Grabe & Hyde, 2006). However, Black women have been included in studies employing these measures (Kelly, Mitchell et al., 2012). Various research studies have shown mixed results when comparing Black and White women with ED symptoms using these measures,

further fueling the myth. As such, they may not be useful in identifying Black women with eating disorders because they may not meet criteria, perhaps due to cultural differences (Taylor et al., 2013). For example, Black women tend to report lower rates of body dissatisfaction (Hesse-Biber et al., 2010; Gillen & Lefkowitz, 2012; Taylor et al., 2013) and lower rates of restrictive eating disorder symptomology than White women (Taylor et al., 2013; Kelly, Mitchell et al., 2012) when responding on these measures. Yet among the range of issues with eating and weight, Black women appear to be more vulnerable to binge eating (Taylor et al., 2013) and obesity. If body dissatisfaction and restrictive eating are the two variables a chosen instrument measures, and Black women score low on it, the implication is that they may not have EDs, when in fact they may. Furthermore, these measures don't always capture the myriad of complex issues affecting them that contribute to their vulnerability to EDs.

Initiatives such as the National Eating Disorders Screening Program (D'Sousa, Forman, & Austin, 2005; Becker et al., 2003) have employed these types of measures (i.e., Eating Attitudes Test; EAT-26; Garner, Olmsted, Bohr, & Garfinkel, 1982) in their research. Certain mental health facilities (such as university counseling centers) have included items from similar instruments (i.e., Eating Disorder Examination Questionnaire, EDE-Q; Kelly, Cotter et al., 2012) on their websites to help facilitate respondents' self-assessments of their eating patterns and behaviors (Kelly, Cotter et al., 2012). Many of these assessment items focus on internalizing a thin appearance ideal and thus may not be relevant for Black women, whose disordered eating may be more likely to take the form of bingeing or overeating. Respondents might score higher (and thus perhaps be recognized as having EDs) if an instrument included more items designed to measure bingeing and overeating variables.

While practitioners and researchers do not intentionally design misleading measures, the skewed results have important ramifications. Specifically, clinicians do not always recognize EDs in Black women based upon these results—results that make Black women less likely to receive referrals for further treatment or make them seek treatment on their own (Kelly, Cotter et al., 2012). Additionally, because these scores are often used in part to inform recommendations for further treatment, it is important that clinicians ask whether these measures are psychometrically adequate for use with Black women (Kelly, Cotter et al., 2012; Bardone-Cone & Boyd, 2007).

Still, arguably, one of the most important reasons practitioners fail to recognize eating disorders in these groups is because they fear asking (or have some other reason for not asking) the pertinent questions during assessment (Sanchez-Hucles, 2001) that will help them to recognize potentially mediating factors in the development of eating disorders. Often these questions are difficult, concerning racial differences and identity issues. The reluctance of practitioners to broach these sensitive concerns with Black clients is not limited to White practitioners. Black mental health care professionals have also reported difficulty raising these concerns with their clients of color (see Chapter 3, "A Gap in the Research").

## **Mediating Factors in the Development of Eating Disorders**

What factors mediate the development of disordered eating in Black women? What are their unique vulnerabilities, and what predisposing factors do they share with White women?

### ***Black Women Are Not Monolithic***

To answer the question of what some instruments are not capturing, we first have to clarify and underscore that Black women are not the same on any measure. There are many differences among them; thus, they are multidimensional. Moreover, Black women continually grapple with important issues among their own group members. Consider the case of Jasmine, whose parents favored her sisters with their slim builds, fair skin, and long, wavy hair over her. These are the kinds of issues that are largely unaccounted for by the extant measures and clinical classification codes. Finally, these issues are often easily overlooked during a typical initial assessment process. We offer evidence of such in the beginning section of this book.

One such important issue is style, texture, and length of hair. Should it be worn naturally curly (for example, in Afros, locks, or braids) or straight? Skin color is another issue that has been the seed of perhaps some of our deepest pain. Despite our extraordinary range of shades and hues, so many of us continue to hold firm to the notion that a fair complexion is prettier or somehow better than a rich, dark, chocolaty complexion. Because of these beliefs, Black women often treat each other accordingly. The size and shape of Black women's bodies and body parts are the source of additional problems. Some of these women have been indoctrinated to believe that if they possess ample bosoms, voluptuous hips, and full lips, they are more desirable than a Black woman who is less well endowed.

Historically, such issues have often been the source of intense debates and hurt feelings among these groups. Some theorists agree that intergroup processes such as colorism are remnants of slavery and contribute significantly to intergenerational trauma (Halloran, 2018) and to explaining why Black women continue to grapple with these concerns.

### ***Acculturative Stress***

Traumatizing acculturative stress events can also serve as mediating factors in the development of eating disorders. Black women often experience acculturative stress events like racism and bigotry. These events are at times blatant while quite subtle at other times. Often, these events can be so subtle that one may not be aware that anything has actually occurred. This kind of uncertainty can be particularly distressing. Studies (e.g., Merritt, Bennett, Williams, Edwards, & Sollers, 2006) have shown that subtle racism is a psychosocial stressor that erodes the health of Black persons through chronically elevated



cardiovascular responses. Some researchers believe that acculturative stress, rather than acculturation, is what predicts higher levels of bulimic symptoms among Black women (Gordon et al., 2010; NEDA, 2005), as they tend to be bulimic or binge eaters more than they restrict (Taylor et al., 2013). Again, these events are not always well accounted for during typical assessment processes. If clinicians don't know that these types of acculturative stress events are correlated with an increase in bulimic symptoms in Black women, then the experiences may be overlooked or dismissed as irrelevant when they are not.

Dr. Fuller and I have seen these issues playing out among students at different PWCs. A substantial body of research shows that Black college students in general continue to experience hostility on PWCs (Quinlan, 2016; Willie, 2003) and "microaggressive" indignities, such as racist attitudes and behaviors (Howard-Hamilton, 2003). Henry, Butler, and West (2011) state that many Black women college students report feeling isolated, marginalized, and misunderstood in their academic and social experiences on campus. At college and in the world beyond, facing these kinds of microaggressions can be detrimental to one's mental health, especially when experienced regularly over time. Kempa and Thomas (2000) found that grappling with discrimination experienced while immersed in a culture different from one's own and membership in groups considered subordinate are among the factors that can increase the risk for eating disorder development. Jasmine began restricting, bingeing, and purging to seek relief from feeling devalued as she attempted to navigate different cultures at the same time.

Black women attending PWCs must often negotiate dual identities or code switching as they attempt to navigate different cultures at the same time, which can be quite conflicting. Some clinicians have learned that while it may be assumed that Black women students feel good about their curvaceous figures, sometimes they don't. While few would suspect them of having body image issues and/or EDs, sometimes they do. And because they've been told that they should love their ample hips and thighs, they feel guilty when they don't. Thus, in addition to any acculturative stress or microaggressions experienced, some also experience isolation, feeling they don't fit in, and begin to wonder whether they belong at a PWC. For Black women, acculturative stress can amplify a vicious cycle: having an eating disorder when they are "not supposed to" makes them feel further isolated, and the sense of not fitting in feeds the painful emotions that contribute to disordered eating. Food is a source of comfort for many people, and disordered eating may arise when women engage in emotional eating to cope with continual stress and trauma.

### ***History of Trauma Exposure***

Eating disturbances are often associated with a history of exposure to trauma (Briere & Scott, 2007). Many kinds of traumatic events have been experienced by persons with eating disorders, with childhood sexual abuse or physical abuse being among the most common (Briere & Scott, 2007). When assessing

Black women for EDs, it is critical to consider the influence that race and ethnicity have on the relationship between identified childhood sexual abuse and obesity (Rohde et al., 2008), as Black children have nearly twice the risk of sexual trauma as White children (Sedlak et al., 2010). College-age women who were sexually abused as children are four times more likely than their nonabused peers to be diagnosed with eating disorders (Fuemmeler, Dedert, McClernon, & Beckham, 2009). Because Black women are more likely to engage in binge eating than in other ED behaviors, likely for comfort or to self-soothe, binge eating has been associated with an increase in obesity in this group (Taylor et al., 2013).

### ***General Issues***

In addition to issues specific to Black women and the acculturative stress events that disproportionately affect these groups, we are also affected by many of the general issues experienced by others. Some of the more general issues Black women experience that can yield vulnerability to EDs include biology, low food availability (including limited access to high-quality food), single motherhood, father–daughter relationship issues, and any number of other individual experiences that might be connected to disordered eating.

It is important to note that these precipitating experiences need not be major or traumatic. Disordered eating can arise simply from the realization that we can (to some extent) control the size and shape of our bodies. I myself recall a time 20 years ago when I had to take castor oil to prepare for a medical exam. The next morning, to my astonishment, I found that my stomach was as flat as a pancake! Three months later, I bought the perfect wedding dress. As the weeks went by, there were a number of dinners and other events to celebrate my doctorate degree and my upcoming wedding. Of course, because delectable, irresistible food was always the centerpiece of these events, it should come as no surprise that by the wedding date, I had gained a few extra pounds. What happened next should also come as no surprise. On the eve of my wedding, amid all the revelry, I paused for a minute to consider whether to drink some castor oil so that I could fit fabulously into that dress, as I had when I purchased it three months earlier. I didn't have a negative body image. I didn't think I was fat. There was no self-loathing, no internal whispers of "You shouldn't have gone to that last buffet." I simply considered that maybe if I did this thing, I'd have a flat stomach once again. This is one way eating disorders begin. There are many root causes that can yield problems with food. But it isn't always a mystery; disordered eating and related behaviors can occur simply after dieting or fasting.

### ***Comorbid Conditions and Maintaining Factors***

Black women also experience some of the same comorbid coping conditions and maintaining factors as other women with eating disorders, such as

substance use, cutting, and purging. Black women also are affected by some of the newer trends that are defined below:

- Diabulimia: a condition affecting people with type I diabetes when they intentionally avoid taking their insulin in an attempt to stay or become thin (Moran & Wilkins, 2013)
- Drunkorexia: prevalent in college-aged binge drinkers who often starve during the day to offset calories consumed through alcohol in the evening (Moran & Wilkins, 2013)
- Pregorexia: anorexic or bulimic behaviors that occur during and after pregnancy (Moran & Wilkins, 2013)
- Orthorexia: fixation on only eating “healthy” or “pure” foods (Moran & Wilkins, 2013)

Other adverse health outcomes associated with eating disorders (binge eating in particular) that are also experienced by Black women include an increased risk of cardiovascular problems (i.e., high blood pressure, high cholesterol, and heart disease), type 2 diabetes, and gallbladder disease (NEDA, 2018).

### **What Readers Can Expect to Learn From This Book**

Black women bring greatness and poise to the challenges of their eating disorders. *Treating Black Women* will provide an opportunity for readers to learn from the voices they have not heard—those of Black professionals treating Black women. This is the first guide of its kind dedicated to providing the most useful and culturally sensitive information for any practitioner’s use when addressing the unique concerns of Black women with EDs. While there are several memoirs of Black women’s struggles with eating disorders, this book is the first to offer a comprehensive approach to the treatment of Black women with EDs. The book reflects a variety of perspectives, including contributions from leading clinicians, physicians, educators, researchers, and practitioners in the field, each of whom has provided direct care to Black women with EDs.

From this book, readers can expect a mixture of current research, best practices in treatment trends, and clinical insight. In addition, clinicians will gain specific knowledge about the ravaging impact of the disorders on Black women’s physical and emotional health and their resulting quality of life. This book is dedicated to women’s interests. Because it offers an intersectional analysis, the book’s content and style make it expressly feminist, which we fully embrace. And in addition to the focus on feminism, its editors’ perspective is a holistic one—addressing the body, mind, and soul of Black women. What is particularly unique and compelling about our book is that it is an entire volume focused on the etiology, assessment, diagnosis, and best practices for treating EDs in this underrepresented population. Far too many books on disordered eating relegate issues of culture, race, and class to a single, brief chapter, if the topics are addressed at all.

This anthology provides a framework for education and training in the treatment of eating disorders in Black women. *Treating Black Women* includes 20 chapters addressing essential, culturally relevant concerns such as acculturative stress, media influences, LGBTQ perspectives, clinical implications, assessment, spiritual approaches to treatment, and nutritional needs. Accounts of Black women who have struggled with eating disorders are also included. The book provides hope for the Black women who are struggling with racism, class issues, and systemic oppression—factors that contribute to disordered eating.

## References

- Bardone-Cone, A. M., & Boyd, C. A. (2007). Psychometric properties of eating disorder instruments in Black and White young women: Internal consistency, temporal stability, and validity. *Psychological Assessment, 19*(3), 356–362. <https://doi.org/10.1037/1040-3590.19.3.356>.
- Becker, A. E., Franko, D. L., Speck, A., & Herzog, D. B. (2003). Ethnicity and differential access to care for eating disorder symptoms. *International Journal of Eating Disorders, 33*, 205–212.
- Briere, J., & Scott, C. (2007). Assessment of traumatic symptoms in eating-disordered populations. *Eating Disorders, 15*, 347–358. <https://doi.org/10.1080/10640260701454360>.
- Cachelin, F. M., Rebeck, R., Veisel, C., & Striegel-Moore, R. H. (2001). Barriers to treatment for eating disorders among ethnically diverse women. *International Journal of Eating Disorders, 30*, 269–278.
- D’Sousa, C. M., Forman, S. F., & Austin, S. B. (2005). Follow-up evaluation of a high school eating disorders screening program: Knowledge, awareness and self-referral. *Journal of Adolescent Health, 36*, 208–213. <https://doi.org/10.1016/j.jadohealth.2004.01.014>.
- Fuemmeler, B. F., Dedert, E., McClernon, F. J., & Beckham, J. C. (2009). Adverse childhood events are associated with obesity and disordered eating: Results from a U.S. population-based survey of young adults. *Journal of Traumatic Stress, 22*, 329–333.
- Garner, D. M., Olmsted, M. P., Bohr, Y., & Garfinkel, P. E. (1982). The eating attitudes test: Psychometric features and clinical correlates. *Psychological Medicine, 12*, 871–878.
- Gillen, M. M., & Lefkowitz, E. S. (2012). Gender and racial/ethnic differences in body image development among college students. *Body Image, 9*, 126–130. <https://doi.org/10.1016/j.bodyim.2011.09.004>.
- Gordon, K. H., Castro, Y., Sitnikov, L., & Holm-Denoma, J. M. (2010). Cultural body shape ideals and eating disorder symptoms among White, Latina, and Black college women. *Cultural Diversity and Ethnic Minority Psychology, 16*(2), 135–143. <https://doi.org/10.1037/a0018671>.
- Grabe, S., & Hyde, J. S. (2006). Ethnicity and body dissatisfaction among women in the United States: A meta-analysis. *Psychological Bulletin, 132*, 622–640. <https://doi.org/10.1037/0033-2909.132.4.622>.
- Halloran, M. J. (2018). African American health and posttraumatic slave syndrome: A terror management theory account. *Journal of Black Studies, 50*(1), 45–65. <https://doi.org/10.1177/0021934718803737>.

- Henry, W. J., Butler, D. M., & West, N. W. (2011). Things are not as rosy as they seem: Psychological issues of contemporary Black college women. *Journal of College Student Retention, 13*(2), 137–153.
- Hesse-Biber, S., Livinstone, S., Ramirez, D., Barko, E. B., & Johnson, A. L. (2010). Racial identity and body image among Black female college students attending predominantly White colleges. *Sex Roles, 63*, 697–711. <https://doi.org/10.1007/s11199-010-9862-7>.
- Howard-Hamilton, M. F. (2003). Theoretical frameworks for African-American women. In M. F. Howard-Hamilton (Ed.), *Meeting the needs of African American women: New directions for student services* (pp. 19–28). San Francisco, CA: Jossey-Bass.
- Kelch-Oliver, K., & Ancis, J. R. (2011). Black women's body image: An analysis of culture-specific influences. *Women & Therapy, 34*, 345–358. <https://doi.org/10.1080/02703149>.
- Kelly, N. R., Cotter, E. W., & Mazzeo, S. E. (2012). Eating Disorder Examination Questionnaire (EDE-Q): Norms for Black women. *Eating Behaviors, 13*, 429–432. <https://doi.org/10.1016/j.eatbeh.2012.09.001>.
- Kelly, N. R., Mitchell, K. S., Gow, R. W., Trace, S. E., Lydecker, J. A., Blair, C. E., & Mazzeo, S. (2012). An evaluation of the reliability and construct validity of eating disorder measures in White and Black women. *Psychological Assessment, 24*(3), 608–618. <https://doi.org/10.1037/a0026457>.
- Kempa, M. L., & Thomas, A. J. (2000). Culturally sensitive assessment and treatment of eating disorders. *Eating Disorders: The Journal of Treatment & Prevention, 8*, 17–30.
- Merritt, M. M., Bennett, G. G., Williams, R. B., Edwards, C. L., & Sollers, J. J. (2006). Perceived racism and cardiovascular reactivity and recovery to personally relevant stress. *Health Psychology, 25*(3), 364–369.
- Moran, M., & Wilkins, E. C. (2013). *Eating disorders: An epidemic*. Louisiana Ave, FL: Blue Horizon Eating Disorder Services, LLC.
- National Eating Disorders Association. (2005). *Eating disorders in women of color: Explanations and implications*. Retrieved from [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org).
- National Eating Disorders Association. (2018). *Health consequences*. Retrieved from [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org).
- Quinlan, C. (2016). 5 things that make it hard to be a student at a mostly white college. *Think Process*.
- Rohde, P., Ichikawa, L., Simon, G. E., Ludman, E. J., Linde, J. A., Jeffery, R. W., & Operalski, B. H. (2008). Associations of child sexual and physical abuse with obesity and depression in middle-aged women. *Child Abuse & Neglect, 32*, 878–887.
- Sanchez-Hucles, J. (2001). Staying the course: Psychotherapy in the African-American community. *Quest, 4*(2).
- Sedlak, A. J., Mettenberg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth national incidence study of child abuse and neglect (nis-4): Report to congress, executive summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
- Shaw, H., Ramirez, L., Trost, A., Randall, P., & Stice, E. (2004). Body image and eating disturbances across ethnic groups: More similarities than differences. *Psychology of Addictive Behaviors, 18*(1), 12–18. <https://doi.org/10.1037/0893-164X.18.1.12>.
- Taylor, J. Y., Caldwell, C. H., Baser, R. E., Matusko, N., Faison, J. S., & Jackson, J. S. (2013). Classification and correlates of eating disorders among Blacks: Findings from the National Survey of American Life. *Journal of Health Care and Under-served, 24*(1), 289–310. <https://doi.org/10.1353/hpu2013.0027>.
- Willie, S. S. (2003). *Acting Black: College, identity, and the performance of race*. New York: Routledge.