

Poor, Black, and Bulimic: A Study of Black Adolescent Females of a Lower Socioeconomic Status

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Why should we bother to look for eating disorders among Black women when only White girls get them? This has been the prevailing belief in eating disorder research since bulimia was first recognized as a psychiatric disorder in 1980 (American Psychiatric Association, 1980). The commonly recognized profile of a bulimic is a White female in late adolescence/early adulthood, who is either normal or slightly overweight, belonging to a middle- or upper class household (Hsu, 1989). Black women have been considered to be safe from developing eating disorders because of the pedestrian belief that Black folk don't mind being bigger in size. Over the years, many studies have found that Black adolescent females were less obsessed with being thin than White adolescent females (Neumark-Sztainer, Story, Falkner, Beuhring, & Resnick, 1999; Rubin, Fitts, & Becker, 2003). In particular, these studies found that Black teenage girls cared more about proper grooming than being thin. These results confirmed the belief that bigger is not bad in the Black community.

So if big is beautiful in the Black community, why are eating disorders present among Black women, particularly Black women of lower socioeconomic status?

Scope of the Study

Bulimia nervosa (BN) has been considered a White girls' disease due to the lack of research conducted among women of color. It was long believed that women of color were protected from eating disorders due to an "appreciation of a physiologically healthy body-size, less emphasis on physical appearance, and stable family and social structures" (Root, 1990, p. 527). More recent studies have shown, however, that BN does in fact exist among women of color, particularly those of a lower socioeconomic status (Abrams & Stormer, 2002; Neumark-Sztainer et al., 1999; Root, 1990). Thompson (1996) found that binge eating was prominent among poor Black women because it was the only pleasure that they had. Eating

made these women feel safe; it temporarily relieved them from the stresses of their daily lives. Compulsive overeating was preferred to drinking alcohol or using other illicit drugs because food was less expensive and didn't give the women hangovers the morning after a binge. This resulted in a high prevalence of obesity among Black women living at the poverty level (Bowen, Tomoyasu, & Cauce, 1991). With high levels of obesity come high levels of health disorders, including diabetes, respiratory difficulties, circulatory problems, and eating disorders.

Theoretical Framework

One of the biggest contributors to the rise of BN among women of color of lower socioeconomic status is their acculturation into the mainstream. *Acculturation* is defined as "the adaptive process of cultural adjustment and adoption of a new culture that begins as the result of contact and interaction between two distinct cultures" (Joiner & Kashubeck, 1996, p. 421). But what attributes to an individual's acculturation? Vaughan and Fouts (2003) discovered that the amount of media exposure (i.e., television watching and magazine reading) influenced adolescent girls' eating disorder symptomatology. Abrams and Stormer (2002) found that the parents' level of education also had a significant relationship with adolescent girls' perception of body image. Moreover, they found that having peers outside of one's ethnic group was significantly related to adolescent girls' desires to be thinner. Thompson (1996) found that when a family moved up into a higher socioeconomic status, more pressure was put on the women in the family to lose weight because "[i]f you were a truly well-to-do family, then your family was slim and elegant" (Thompson, 1996, p. 64). Since the predominant White culture has become increasingly obsessed with thinness over the last few decades (Garner, Garfinkel, Schwartz, & Thompson, 1980), it is therefore not surprising that as a woman of color is acculturated into the mainstream, she becomes more prone to develop an eating disorder (Joiner &

Kashubeck, 1996; Root, 1990; Thompson, 1996). Black females are constantly fed the message, "It's bad enough that you're Black, but do you have to be fat, too?" The internalization of this message can lead to low self-esteem, body dissatisfaction, and eating disorder symptomatology. With the high prevalence of obesity associated with lower socioeconomic status it is not unexpected that Black adolescent girls are developing BN symptomatology.

Statement of the Problem

It is unknown exactly which variables are related to a Black adolescent's level of body dissatisfaction: body/mass index (BMI), level of parents' education, amount of media exposure, or the possession of peers who are not Black.

Need for Study

Finding out which of the just mentioned variables is correlated with the existence of BN symptomatology in Black adolescent girls can lead to the development of a culturally fair profile of a female bulimic. It can promote further research in inner-city and rural communities. This, in turn, can lead to nutritional outreach programs into lower socioeconomic status areas of the country. More eating disorders will be assessed in places that many researchers never thought to look. Finally, normalizing the existence of eating disorders in Black women will encourage more Black women to recognize, identify, and come forward with their own disorders. Once her condition is normalized, a Black woman will have no feelings of isolation. She will know that others share her problem. With better assessment comes better treatment.

Purpose of the Study

It is the author's intention to interview Black adolescent females of a lower socioeconomic status. Their BMI will be calculated, and the following information will be obtained: the level of their parents' education, their weekly amount of media exposure, and their possession of peers who are not Black. They will then be assessed for BN symptomatology.

Hypotheses

The author's hypotheses are as follows:

1. An adolescent's BMI is positively correlated with BN symptomatology.
2. The parents' level of education is positively correlated with BN symptomatology.

3. The amount of media exposure is positively correlated with BN symptomatology.
4. The possession of peers who are not Black is positively correlated with BN symptomatology.

Definition of Terms

For the purpose of this study, *media exposure* is defined as the number of hours per week that an adolescent girl watches television and reads magazines. *Parents' level of education* refers to the highest level of education completed by the parents or guardians (e.g., high school diploma, college education, graduate level). The term *peers who are not Black* is defined as friends who do not define themselves as Black, African-American, biracial, or multiracial.

Population

The population for this study is comprised of the female student population of two high schools: Jean Ribault Senior High School (Ribault) and Gulf Coast High School (Gulf). Ribault is a high school located in the Northside area of Jacksonville, Florida, a predominantly Black, low socioeconomic status urban area. Ribault's student population of 1,200 is also predominantly Black (94%). Five percent of the population is White, while Asians, Native Americans, Hispanics, and multi-racial students each comprise less than 1% of the student population at Ribault. A gender breakdown of the population was unavailable.

Gulf is a high school located in Pensacola, Florida, a rural community. The student population totals 116, 92% of which is Black and has a lower socioeconomic status. The breakdown of the remaining student population is as follows: Caucasian 7%, Hispanic 1%, multiracial 1%, Native American <1%, Asian <1%. Again, a gender breakdown of the population was unavailable.

Sampling

The author will contact the students and parents of both schools by letter informing them of the study. The letters will state that the purpose of the study is to investigate factors that may lead to eating disorders in adolescents. The letters will also state the date and time that the study will be conducted at each of the schools, and that the study will be anonymous, so the students' name will never be disclosed to anyone. Finally, it will be made clear to the parents and students that participation in the study is completely voluntary and that students may refuse to participate in the study at any time without fear of negative repercussions. Included with the letters will be informed consent forms, and self-addressed stamped envelopes. The author will

request that parents and students sign the informed consent forms and mail them back in the enclosed envelopes, so the author can keep track of who is participating in the study. Anyone who does not submit a signed informed consent form will not be part of the sample. Any students who do not attend school the day of the study will not be part of the sample, either.

Instrument

The Bulimia Test Revised (BULIT-R) is a 36-item self-report questionnaire measure of BN based on the *Diagnostic and Statistical Manual of Mental Diseases*; (American Psychiatric Association, 1987) criteria for bulimia (Thelen, Farmer, Wonderlich, & Smith, 1991). All of the items are presented in a five-point Likert format. A score of 85 or higher indicates BN. Overall test-retest reliability 2 months after initial administration of the test was $r = .95$, $p < .0001$. Cronbach's alpha indicated an internal consistency of $\alpha = .97$. The predictive validity coefficient was $r = .62$, $p < .0001$.

Procedure

During physical education classes at each school, the girls' heights and weights will be measured, so that their BMI can be calculated. Their BMI will be written on a manila envelope, which will then be handed to the student. The students will then be asked to provide demographic information (e.g., age, onset of menses, ethnicity). They will also be asked to provide the highest level of education completed by their parents/guardians, whether they have any friends who are outside of their ethnic group. The students will also be asked how many hours of television they watch each week. Next the students will be provided with a list of magazines (e.g., *Ebony*, *Essence*, and *Jet*) and asked to indicate all of the titles that they read three times a week or more. The students will then be administered the BULIT-R. When the test is completed, the students will be asked to place their questionnaires in their envelopes, seal their envelopes, and place them in a drop box, thus keeping the study anonymous. All incomplete questionnaires will be disqualified from the study.

Data Analyses

The mean age of the girls will be determined, along with the standard deviation. The mean BMI and standard deviation will also be determined. Next the parents/guardians' level of education will be recorded, along with the amount of television watched and the number of magazines read. This information will be charted in a table. Scores on the BULIT-R will then be calculated and graphed. Finally, the mean of teens with

non-Black peers will be calculated, along with the standard deviation. All of the raw data will be entered into the author's SPSS program and analyzed accordingly.

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