

Eating Disorders and the Experiences of Culturally Diverse Groups

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Abstract: *The purpose of this study was to examine the experiences of culturally diverse individuals who have suffered from an eating disorder. Semi-structured interviews revealed four themes: influences; mental health community issues; barriers to treatment; and stereotypes. These themes represent weak areas within the education that is provided to youth related to mental health and eating disorders. Results of this study may prove beneficial to psychologists and counselors who can work to bridge the gap between the mental health community and different cultural groups.*

Keywords: Eating disorders, mental health, culturally diverse

Within the field of mental health treatment, there is a lack of representation of culturally diverse patients and practitioners. For the purpose of this study culturally diverse individuals include people of color (POC) and those identifying as LGBTQ+. Underrepresentation is seen within the mental health field as a whole and within treatment for specific disorders and related diseases. Culturally diverse groups have been under-served as eating disorder patients for many decades. Historically, eating disorders were primarily diagnosed among white women (Sala, Reyes-Rodríguez, Bulik, & Bardone-Cone, 2013) and the majority of past research efforts have focused on this narrow demographic. It is incumbent that research efforts continue to expand and diversify to include culturally diverse individuals. By better understanding their unique perspectives, the eating disorder community can begin to break down barriers and treat these individuals more effectively.

REVIEW OF RELEVANT LITERATURE

Recent research has indicated that culturally diverse groups have comparable, and perhaps even higher eating disorder prevalence rates compared to their European American, cisgender, heterosexual counterparts. The prevalence of eating disorders in these groups may be related to acculturation, social media, societal normative standards, and gender identity factors. Rodgers, Berry, and Franko (2018) highlighted this evidence and broke down prevalence rates among different minority groups, revealing cross-ethnic differences. A few studies have focused on the Black community, specifically Black women, and teenagers. These studies analyzed the rates of various eating disorders among black individuals in comparison to their white peers, concluding that black POC had higher rates across the board, regardless of the type of eating disorder (Blazek

& Carter, 2019; Goode et al., 2020). Other studies focused primarily on culturally diverse men with eating disorders (e.g., Hazzard et al., 2020). Given the scant amount of research in this area, further examination is warranted.

Stewardson, Nolan, and Talleyrand (2020) examined how different risk factors for eating disorders are present in men of color due to the acculturative stressors they face as they adapt to the more dominant White American male cultural influence. This is significant as this article is one of the few focusing specifically on men from underrepresented groups who are at risk of developing (or currently struggle with) eating disorders. Finally, Hazzard et al. (2020) highlight underserved populations within the field of eating disorders, establishing that the occurrence of eating disorders in heterosexual, cis-gender populations is significantly less than in non-binary or LGBTQ+ populations.

METHODOLOGY

Participants were recruited through Facebook, Twitter, and Instagram. A combination of purposive and snowball sampling was used to find participants. Undergraduate students at a small college in the Southwestern United States belonging to a culturally diverse group (who currently have, or previously had, experience with an eating disorder) were encouraged to participate. After obtaining consent, individuals participated in a 10–20-minute Zoom or face-to-face interview about their eating disorder, the treatment they received, and their experience related to seeking mental health treatment. The interviews consisted of 9 questions (Appendix A), which were asked immediately following briefing and signing of the informed consent form. Following the interview, the participants were sent a list of free services available for additional support including one-on-one counseling and support groups. They also answered a short demographic survey. To ensure confidentiality, participants used pseudonyms and were not asked to provide any personal information that would reveal their identity. Of the five interview participants ranging from 20-22 years of age two of five are members of the LGBTQ+ community, one identifies as male, 4 identify as female. Furthermore, there was one individual who identifies as Native American/Latino.

DATA ANALYSIS AND PRESENTATION

After transcribing interviews, researchers read through all transcripts separately, highlighting possible themes. Next, researchers met to discuss the data, agreeing upon four major themes. Themes were further examined to identify subcategories. Analyzing and interpreting the results from this qualitative study resulted in the identification of four common themes among these diverse individuals with eating disorders.

RESULTS

Throughout coding the transcripts from the interviews, the following themes and subcategories emerged from the data:

INFLUENCES: *FAMILIAL, SOCIETAL, PEER, SELF*

Different influences were suggested throughout all the interviews in this research. Every participant identified at least two or more factors that influenced their experiences that either led to the development of an eating disorder, impacted their experience with the disorder, or were

related to their journey to treatment and recovery. Familial influences were most common among the female participants, and the behaviors and statements which the participants recalled as influential also came from female family members. Societal factors included all aspects of the media such as social media, television, advertisements, and magazines. Peer influences were very similar to familial influences, in the sense that those close to the participants had the most impact through their words and behavior.

“My mom will skip dinner a lot, and just talks about her weight a lot and my grandma just doesn’t eat very much and talks about her weight a lot.” (familial)

“People were like, oh my gosh, you’re so skinny.” (peer)

MENTAL HEALTH COMMUNITY ISSUES: *EDUCATIONAL GAPS, LACK OF REPRESENTATION*

There were a few elements that recurred throughout the interviews, indicating some flaws within the mental health community. Educational gaps were one of these elements, which can also be viewed as an overarching societal issue. Eating disorder education was seen by participants as an important preventative measure as well as a great way to promote awareness of eating disorders. A lack of representation was noted within the mental health community, and respondents reported that this impacted their experience with a mental illness or disorder. Individuals who fail to identify with having a disorder (because they have never seen anyone who looks like them struggle with the disorder) are directly impacted by this underrepresentation.

“I honestly didn’t know or hear anything about bulimia in school.” (Educational gaps)

“It doesn’t really seem like skinny men are shown much in media, for men body positivity is normally fat positivity, which is a good thing, but I don’t see a whole lot of skinny, like really skinny positivity for men.”; “More media representation for all groups, with more focus on individual stories” (lack of representation)

STEREOTYPES

Throughout the interviews, participants identified stereotypical mindsets, and touched on several social stigmatizations which reinforced stereotypes. The stereotypes consisted of connecting a person with an eating disorder as a female who is skinny, small, or frail. This stereotype was consistent among every participant interviewed.

“A really skinny person... it’s kind of a teen girl problem”; “A lot of times eating disorders are thrown into that kind of wall, just don’t do it and everything will be okay.”

BARRIERS TO TREATMENT

Within the eating disorder experience, many unique obstacles played into how comfortable or confident the individual was in terms of seeking treatment. The barriers to treatment described by the participants consisted of both internal and external obstacles. Furthermore, barriers to treatment may directly hinder an individual from seeking any form of treatment.

“I almost wanted them to notice how bad it was without me having to tell them.” (internal)

“My other disorders were definitely more important in my therapists’ eyes than my eating disorder.” (external)

DISCUSSION

Contrary to most of the current literature, this research focused on comparing the experiences of individuals from several different cultural backgrounds within one study. Research that has been conducted regarding multiple cultural groups has primarily focused on disparities in prevalence rates of disorders rather than disparities within individuals' experiences. The results of this research are significant because they suggest there are several shared themes that have varying contributing elements from group to group and that appear to influence individual experiences similarly. As underscored by our participants' responses, there continue to be numerous issues surrounding the field of eating disorders and eating disorder treatment. These issues may create adversities for individuals struggling or coping with an eating disorder. Media and society continue to contribute to stigma against larger female bodies and skinny, non-muscular male bodies. Our research also revealed a familial component related to eating disorder traits. These traits may be demonstrated across multiple generations within families, leading to maladaptive behaviors and ideas surrounding food and weight. Finally, as our male participants noted, societal pressures have made it especially difficult for men to feel comfortable seeking treatment, or even identifying themselves as someone with an eating disorder. A limitation of this study relates to geographical location, as the participants are all residents of Oklahoma, which may interfere with the generalizability of the results. Furthermore, male participants were limited which we believe to be due to the lack of male representation within the field of eating disorders, resulting in fewer males identifying with any form of an eating disorder.

Our results indicate a dire need for a societal shift in the way eating disorders are perceived along with a shift regarding ideas of who "fits" the criteria for an eating disorder. The idea that all individuals with an eating disorder are small and struggling with anorexia is incredibly inaccurate, yet was a belief held among our participants. It is important to understand that pointing out an individual with an eating disorder is not as simple as finding the skinniest person in the room. Eating disorders are more complex than this and can affect individuals of any cultural background, gender, or body type. It is incumbent that mental health professionals continue to expand their knowledge of the unique eating disorder experiences and beliefs of individuals from underrepresented groups. Doing so may help them better understand their clients and provide insight into addressing their needs more effectively.

In conclusion, the mental health community must expand its understanding of multicultural perspectives on all mental illnesses and disorders to properly serve and treat culturally diverse individuals. Beyond this, it is important to understand how an individual perceives their disorder, and how (or if) their cultural background influences their perception. There are many different elements involved with addressing this, including understanding the complex dysfunctional ideas around body and body-image that are passed down generationally within specific cultures. Additionally, more research examining the certain barriers of treatment faced, and the stereotypes that influence or are attached to certain under-represented groups may allow for educators, psychologists, and other health professionals to form a more developed and contextualized, understanding of any individuals experience with their eating disorder. The understanding of multicultural perspectives is complex, and under-developed in nearly all areas of study. However, the more research that is conducted on this topic, the more equipped current and future counselors, educators, and students will be to recognize and treat individuals with eating disorders from a wide variety of cultural backgrounds.

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APPENDIX A

1. When you think of a person with an eating disorder, what “picture” forms in your head?
2. Please describe your experience with disordered eating.
3. Can you list examples of how disordered eating has directly affected your mental health?
4. How do you feel your own identity has been represented in the mental health community related to eating disorders?
5. What can the mental health community do to improve the accessibility of treatment for eating disorders?
6. Does/How does your cultural background impact your experience with your eating disorder?
7. How comfortable were you initially with seeking treatment, and has that changed?
8. What is your opinion on seeking mental health treatment for an eating disorder or disordered eating?
9. Are there any American societal ideas that factored in your experience with your eating disorder and/or treatment experience? What is the biggest factor?