

# Eating disorders in black students from Salvador: the relationship with body image

## Transtorno alimentar em estudantes negras de Salvador: a relação com a imagem corporal

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### Abstract

*Objective:* To evaluate if belonging to ethnic/racial groups may predispose females to being dissatisfied with their body image and to the risk of developing eating disorders. *Methods:* A two-step study was conducted with students attending private or public high schools or universities. A quantitative step involved sociodemographic variables, experiences of racism, the Eating Attitudes Test (EAT-26), risk screening tools for eating disorder and the Body Shape Questionnaire (BSQ) in order to evaluate body image dissatisfaction. A qualitative step involved focus groups and life stories. The analysis consisted in associating data from the two segments of the study. *Results:* Of the 626 students evaluated, 34% were concerned with body image and 6.6% were considered at risk for eating disorders. Although the ten students who identified themselves as black were not considered to be at risk of developing an eating disorder when evaluated by the screening tools (EAT-26), seven had actually experienced eating disorders according to their life story. *Conclusion:* The results of the quantitative tests for diagnosis of risk of eating disorders conflicted with those of the qualitative evaluation in individuals of different ethnic/racial groups. Dissatisfaction with body image, and having experienced or perceived racism, as associated with personal, family and social conflicts, were found to be at the root of these behaviors.

**Keywords:** Eating Disorders. Body Image. Race/Ethnicity. Black Woman.

## Resumo

*Objetivo:* avaliar até que ponto pertencer a grupos étnicos/raciais diferentes das mulheres brancas pode predispor à insatisfação com a imagem corporal e ao risco para desenvolver transtornos alimentares. *Método:* estudo realizado com estudantes de 15 a 30 anos, de instituições de ensino médio e universitário, público e privado. Realizado em duas etapas: a quantitativa, utilizando informações sociodemográficas e de vivência do racismo, o EAT-26, instrumento de triagem de risco para transtorno alimentar, e o BSQ, para avaliação de insatisfação com a imagem corporal; e a qualitativa, com grupos focais e história de vida. A análise foi realizada associando informações das duas etapas de investigação. *Resultados:* Das 626 estudantes pesquisadas, 34% tinham preocupação com a imagem corporal e 6,6%, risco de comportamentos alimentares desordenados. As dez estudantes que se identificaram como negras e que participaram da etapa qualitativa da investigação não apresentavam risco para desenvolvimento de transtorno alimentar, segundo teste de *screening* (EAT-26), mas sete delas tinham vivenciado tais transtornos, de acordo com a história de vida. Apenas para quatro houve associação entre insatisfação com a imagem corporal e essas vivências. *Discussão:* há um descompasso entre os resultados dos testes quantitativos para diagnóstico de risco para esses transtornos e uma avaliação qualitativa baseada em história de vida, para pessoas de grupos étnicos/raciais diferentes. *Conclusão:* vivência ou percepção do racismo, associado a conflitos pessoais, familiares e sociais estão na base desses comportamentos, além da insatisfação corporal.

**Palavras-chave:** Transtornos Alimentares. Imagem Corporal. Raça. Mulher Negra.

## Introduction

Scientific literature comprehensively explores the relationship between body image perceived and felt by young people and adults and the development of eating disorders, such as anorexia and bulimia. Most of the studies share the assertion that the dissatisfaction experienced by people in relation to their bodies is directly associated with the development of these disorders or with risk behaviors for them.<sup>1-4</sup>

Also considered important are some groups, which, according to studies, because of their specific characteristics, end up becoming more vulnerable to dissatisfaction with body image and, consequently, the development of disordered eating behaviors. Students at some university courses, for example, such as psychology, physical education and those related to health care are an example

of a specific group that demands concern about such disorders.<sup>5-7</sup> Another factor directly related to this issue is ethnic or racial diversity, leading to different and broader manifestations of these behaviors.<sup>8-10</sup> The origin of this study is the intention to evaluate the extent to which belonging to ethnic-racial groups other than those that are most susceptible to eating disorders, in the case of white women, may also predispose to dissatisfaction with body image and risk to develop them. International studies have been evaluating this relationship. A study by Grilo, Lozano & Masheb<sup>11</sup> has demonstrated that black women need to be significantly heavy to express dissatisfaction and concern about their body and therefore seek treatment for binge eating. In South Africa, black urban adolescents have more body dissatisfaction, desire to lose weight and vulnerability to eating disorders than black rural adolescents.<sup>12</sup> In the United States, a study has found that the more identified with their ethnic group, the less black women internalize the American social ideals of attractiveness and beauty, and consequently they are less concerned with body image and the less they develop eating disorders.<sup>13</sup> Although body dissatisfaction can be part of any individual's concerns without this meaning a disorder, being only an expression of care with themselves and their health, this study has sought to clarify how these factors are interconnected here in Brazil and specifically in Salvador, which is a characteristic beach city and has some large black population. Therefore, the objective established here was to assess the predisposition to dissatisfaction with body image in black women and the risk of developing eating disorders.

## Method

Selection criteria were for adolescents and young female adults, students from high schools and higher education institutions, aged 15 to 30 years, living in the city of Salvador, in the Brazilian state of Bahia. Middle-level education institutions located in the center of the city were chosen because of the confluence of students from other districts to these schools in order to guarantee racial and social diversity. Also higher education institutions having courses of nutrition, medicine, nursing, physical education and psychology, due to their relation with body and food, and the suggestion by the literature on the topic of being the ones that harbor more people at risk of developing eating disorders.<sup>8, 14-17</sup>

To define the sample, a pilot study was carried out with 81 nutrition students from two colleges, one public and one private, due to the lack of national or local studies taking into consideration ethnic/racial diversity. In this one, the result was 8.6% for eating disorders risk behaviors, offering no discrepancy in relation to results found in studies about the prevalence for this disorder.<sup>5, 18</sup> The figure 0.036 was taken on as the maximum acceptable absolute error, a sample power of 80% and a significance level of 95%. Estimated sample size was around 411 women but it was extended to 822 due to the application of the (2.0) design effect in order to account for some possible conglomerate

effect due to the random sampling procedure in two stages.

At the time, there were 32 high school (11 public and 21 private) and 19 higher education (17 private and 2 public) institutions eligible for data collection. Of these, 12 high school (4 public and 8 private) and 8 higher education (2 public universities and 6 private colleges) institutions were randomly selected. In the sampling second stage, at least two classes, with an average of 20 students, were drawn at each of the selected educational institutions in the first stage. It was possible to obtain a sample of 626 students from November 2008 to August 2009, representing approximately 76% of the sample number statistically defined. One of the difficulties in relation to this collection was related to the research topic, leading to refusal by some students.

The study took place in two stages. The first one, quantitative, was the result of applying an instrument containing a questionnaire that collected information on the identification of young women, social data (family income and religion), height and height stated, corporal satisfaction, racism experience and perception of social and family support network existence (questionnaire adapted from Brazilian foundation *Fundação Perseu Abramo's* research on Racial Discrimination and Skin Color Prejudice in Brazil); the questionnaire to assess the risk of developing eating disorders (Eating Attitude Test – EAT-26); and the Body Shape Questionnaire (BSQ), which aimed to characterize these women's body image.

Ethnicity/skin color identification occurred by self-statement, following criteria from Brazilian Institute of Geography and Statistics (IBGE, in the Portuguese abbreviation): white, black, dark-skinned, yellow and Brazilian native population skin color.

Anthropometric evaluation was performed using weight and height data stated (in the quantitative step) and measured (in the qualitative step). The literature corroborates this practice when revealing that evaluations based only on data refer to data assessed and therefore are valid and can be used when there is the need to offer greater practicality to the study.<sup>19,20</sup> For estimation of Body Mass Index, guidelines from the Brazilian Ministry of Health Food and Nutrition Surveillance System (SISVAN, in the Portuguese abbreviation),<sup>21</sup> which recommends BMI analysis for adults according to reference values (< 18.5 kg/m<sup>2</sup>, thinness; 18.5 to 24.9 kg/m<sup>2</sup>, eutrophy; 25 a 29,9 kg/m<sup>2</sup>, overweight; ≥ 30 kg/m<sup>2</sup>, obesity). BMI between 17.0 and 18.4 kg/m<sup>2</sup> was classified as level I thinness; between 16.9 and 16.0 kg/m<sup>2</sup> as level II thinness, and less than 16.0 kg/m<sup>2</sup> as level III thinness, according to 1997 recommendations from the World Health Organization.<sup>22</sup> To evaluate the percentiles among the adolescents, the BMI curve by age for girls from 5 to 19 years of age from the World Health Organization and adopted by the Brazilian Ministry of Health was used.<sup>23</sup>

For the present article, the EAT was used in an abridged version in Portuguese with 26 self-administered questions, allowing six options for response. Each question is divided into 3 Likert-

type scales, ranging from 0 to 3 points, according to choices: never, rarely or sometimes = 0; often = 1; very often = 2; always = 3. A > 20 score reveals risk for eating disorders.<sup>24-28</sup> Also used was the Body Shape Questionnaire (BSQ) in the Portuguese version, self-administered, with 34 questions measuring concern with body and weight. For each question 6 options were offered (never = 1, rarely = 2, sometimes = 3, often = 4, very often = 5, always = 6). Result lower than 80 indicates no concern with body image; from 81 to 110, mild concern; from 111 to 140, moderate concern; above 140, serious concern about body image.<sup>24, 28-30</sup> The data collected were typed in double entry and analyzed with version 15 SPSS Statistics software package, obtaining descriptive measures, number of cases (n) and prevalence of disorders.

In the second stage, a qualitative investigation was carried out by means of focus groups and individual interviews with some life history. Four focus groups were chosen, two groups with youngsters from middle-level education institutions and two with students from public and private higher education institutions, respectively. Students were selected to participate in the focus groups from the analysis of the quantitative stage database, taking into consideration the following criteria: indication of eating disorder, concern with body image, ethnicity/skin color, religion, income, thinness and overweight or obesity. They were invited by e-mail and telephone. It was defined that each focus group would be carried out with a maximum of 12 students. And to try to ensure attendance, approximately 40 students were invited (complying to a ratio of approximately 3:1, that is, three invited for the possibility of one participation). Only two focus groups were successful, with public high school students (five students participated) and with a private institution students (four students participated). The whole activity was recorded in an analogue recorder. In addition, all expressions or information that could not be recorded were recorded by the rapporteur. Each group took, on average, 1h30.

Interviews were carried out with students selected in the focus group and the database analysis, taking into account some eating disorder risks or some characteristic indicating suspicion regarding food or body problems. One has sought to guarantee ethnic, age group and social belonging diversity. Students were invited by telephone, when date, time and site for the interviews would be agreed upon and the interviews would be guided by a script prepared by the team and recorded on analogue and/or digital recorders and then transcribed by people hired for such an end. Each interview was conducted by two researchers of the team and lasted around two hours. The time between application of the questionnaires and the interviews ranged from 3 to 8 months. In total, 12 interviews were conducted, but one was lost due to technical problems. The students were between 18 and 26 years old. Eight were university students and three were middle school education students. As to ethnicity/skin color, six would define themselves as black, three as white, one as yellow and one as dark-skinned. As for income, five had family income between one and three Brazilian minimum wages, two lived with incomes above three to five Brazilian minimum wages,

three lived with incomes above five Brazilian minimum wages and one did not state her income.

We have started from results obtained by the EAT-26, the BSQ and information obtained from interviews, focus groups and the first questionnaire to carry out the analysis described in this article. Students were divided into two groups: black – those defining themselves as black – and non-black – those who stated another ethnicity/skin color, including dark-skinned women because of this definition ambiguity. Analysis of the risk for developing eating disorders and concern about body size and shape were evaluated by cut-off points established in the literature for EAT and BSQ results but also by the qualitative analysis of the answers provided by each student interviewed or participating in the focus group.

The focus groups and interviews narratives were submitted to an analysis through a hermeneutical approach, which, in this case, is configured as understanding the meanings attributed to the experience lived by the participants in the study. We were interested in capturing the meaning attributed to young people's experiences who would have either developed or be at the threshold of developing eating disorders. To that end, hermeneutics, or the understanding that comes from interpreting the meanings of daily life, experiences or reality, is the way to approach the meanings these take on in a context of disorders, which are the basis of several women's suffering.

In order to understand the meanings attributed by young students to their bodily and dietary experiences, it was necessary to approach the *doxa*, or set of beliefs, opinions and understandings of the social world to which they belong. Interpreting the *doxa* needed to be associated with knowledge of social and historical conditions of development and construction of symbolic forms, as well as of interactions existing in a certain space/time context.<sup>31</sup> Revelation of such meanings also depended on the analysis of how the narratives arising from the process of interviewer/interviewee relationship were organized. Narrative here taken as a way of resignifying the experience, as it leaves the private domain and becomes public, by means of some possible dialogue with another one, which occurs through language.<sup>32</sup>

In order to guarantee ethical principles in this investigation, authorizations from educational institutions leaders were requested and Informed Consent Forms (ICF) were signed by students older than eighteen and by minors' parents or guardians. To maintain confidentiality regarding the young women's identification, code names were established using the following code: middle-level students were given names related to the sea and university students were identified with names associated with the sky. This research was approved by the Research Ethics Committee (REC) of Brazilian Institute of Public Health and funded by Brazilian National Counsel of Technological and Scientific Development (CNPq, in the Portuguese abbreviation) (project no. 409718/2006-8).

## Result

Of the 626 students who participated in this research, 34% of them showed concern about body image and 6.6% showed some risk of disordered eating behaviors. Concern about body image and disordered eating behavior were present in 5.6% of the sample. When we evaluated the ten students who identified themselves as black and who participated in the interviews and/or focus groups, none of them presented risk for eating disorder according to the EAT-26 because they showed value for the  $\leq 20$  test but four showed concern about their body image according to the BSQ. However, in assessing the narratives, it was noted that some signs and symptoms of these disorders were present in the lives of seven young people, whether related to their own bodily experiences or involving someone close to them, be they a family member or friend.

The three young ladies (Raio de Sol, Raio de Luz and Tainaçá) who did not present any sign or symptom of eating disorder risk in their life histories were dissatisfied with their body image and one of them, Tainaçá, presented some serious concern with her body size and shape, contrary to scientific evidence of association between body image dissatisfaction and eating syndromes development. Estrela, Taína and Janaína, although satisfied with their body image and showing no concern for body shape and size, presented in their life histories some kind of experience related to eating disorders (Chart 1).

### INSERIR QUADRO 1

What is unique in Estrela's story is that she believes she has already had an episode of eating disorder because when she worked as a telemarketer, stress and anxiety would make her compulsively eat. She would express satisfaction with her appearance at various points in the interview. However, the practice of physical activity and diets seemed to be a consequence from or related to this exaggerated eating behavior. In addition, her mother's situation, who showed eating habits characteristic of anorexia, having been hospitalized as a consequence, has made her reflect on the importance of this care. The mother's supposed anorectic behavior and also the existence of "chubby" people in the family seemed to reinforce this concern with eating and food.

The presence of eating disorder signs for Taína and Janaína would be expressed by family members' behaviors. Taína was pleased with her body and could not understand her sister's

**Chart 1.** Body profile, body image satisfaction and eating disorder behavior risk in black students.

	BLACK									
Participation	I	FG	FG	FG/I	FG	I	I	I	I	FG/I
Name	Estrela	Taína	Cora	Raio de Sol	Janaína	Raio de Luz	Galáxia	Tainaçá	Marisol	Sereia
Body Mass Index (stated/measured)	ET	T II/I	OW/ET	T II/I	T I/ET	T III	ET	OB	ET	OB
Result from the Body Shape Questionnaire	W/CC	W/CC	W/CC	W/CC	W/CC	W/CC	MC	SC	MCo	MC
Satisfaction with body image	YES	YES	NO	NO	YES	NO	NO	NO	NO	NO
Result from the Eating Attitude Test	20	13	3	6	6	15	4	17	5	20
Signs and symptoms of eating disorder in life history	YES	YES	YES	NO	YES	NO	YES	NO	YES	YES

Caption	Meaning
I	Interview
FG	Focus group
ET	Eutrophic
T II	Level II thinness
T I	Level I thinness
OW	Overweight
OB	Obesity
W/CC	No concern about body shape and size
MC	Moderate concern
MCo	Mild concern
SC	Serious concern



dissatisfaction, who, despite having a body, according to her, “very pretty, very toned,” would see herself as fat and use the most varied tricks to achieve losing weight. Janaína would be concerned about her sister-in-law’s behavior who, although having a beautiful body, would spend many hours fasting, with a daily diet limited to a glass of juice with crackers and tea. She said, “She is already showing sunken eyes, with a sad appearance due to so much fasting.”

Cora, Galáxia, Marisol and Sereia were the ones who confirmed the relationship between dissatisfaction with body image and signs and symptoms associated with eating disorders, as reported in the literature, even when results from the EAT-26 did not show it.

Although the BSQ result was below the estimated cutoff point, there is a difference in weight and height reported by Cora and the data measured. This difference may be the result of some lack of real knowledge about her body or an overreaction that contradicts the test result and the fact that she has responded being satisfied with her physical characteristics and not wanting to change them. Despite the time of 8 months between the two moments, the difference from the weight stated and the measured one is very great (12 kg), which can also be explained by a possible radical diet for slimming, since she had expressed a concrete attitude in terms of losing weight. In any case, dissatisfaction with body image is evidenced in these contradictions and in her narrative. Her mother seemed to have some great influence on this concern for her body for she complained that her mother would tell people that she was fat. She confessed to even finding it interesting that some people would lose weight by vomiting.

*I'd even find this cool, because it's different. Some person is fat and all that they eat they vomit. But I also think that over time the person will see the consequences. When the person vomits, nothing stays in the stomach and there come diseases (Cora, black).*

The qualitative assessment of the responses to EAT-26 and BSQ proves the concern on not getting fat, expressed in the interview with Marisol. She told that she had already gained weight when she was younger due to the use of medication, which caused this concern with body fat. She had already gone on diets. Crazy ones, according to her, such as having only some glass of orange juice with two crackers. “She almost got sick” because of this behavior.

Sereia reports having experienced bulimic episodes in a conscious and planned way. She had always had an unbalanced diet with several hours fasting between morning and evening meals due to lack of time at work. When she began to gain weight, she decided to force vomiting after meals. Although the strategy did not resolve her excess weight and she would feel good about this behavior, she decided to stop for fear of health consequences.

*(...) Oh, I'd feel well because I'd eat and eat. And then when I'd vomit, I'd feel fine. (...) I'd feel some relief*

*from my belly being too full because sometimes I'd eat a lot. But some relief from an empty belly like that, right? Now it was bad to vomit because of the urge to vomit, right? But then I'd feel a little relieved, with an empty stomach. Lighter then (Sereia, black).*

Other people's comments about her body and how much she was gaining weight would be encouraging factors for beginning the bulimic behavior. But knowledge about this behavior as some weight loss strategy was obtained from a Brazilian TV soap opera. It was also from a television program that she understood the dangers of this behavior and decided to stop it. Even though she would not force vomiting anymore, at the time of the interview she would be compulsively eating, sometimes hidden, using other strategies to lose weight.

*There was a time when I'd have dysentery caused by some tea. I'd be hungry practically all day long. At night I wouldn't eat, not at all. For eating at night... that's when one gets fat. I don't eat anything at night anymore. And that way... Sometimes in the morning... sometimes I also eat, sometimes I don't, sometimes it's only at noon indeed, I eat there (Sereia, black).*

Galáxia would use the same strategy as Sereia's to lose weight. Eating and then forcing vomiting was something she adopted when she was between 15 and 16 years old. In her narrative she said she only did it twice because she was aware that it was a disease. A television soap opera was also the vehicle for presenting this behavior. If in adolescence she decreased the consumption of foods to be able to lose weight, at the time of the interview she had a compulsive behavior.

*Sometimes... it depends on the day... Like... sometimes at 3 p.m. I go to the supermarket and buy a lot of things, like I'm desperate. Sometimes I don't. It's in the morning. I spend the whole morning eating. Sometimes it's at night, I eat until I get sick (Galáxia, black).*

To compensate for such behavior she would go through periods without eating. She said that if she ate too much in one shift, she would stop eating in the other. If she would eat too much on one day, on another one she would try to eat less. What stands out in Galáxia's report is the feeling of guilt accompanying such behavior, which did not prevent her from consciously continuing it. She said at the time of the interview that she would stop eating for other reasons, other than the desire to lose weight or the attempt to take care of her body. She claimed to be very anxious. However, the most disturbing thing is the claim that she had a habit of punishing herself when she was feeling bad. It seems that dissatisfactions other than just with the body were at the basis of this anxiety, of Galáxia's compulsive behavior and the will to self-harm.

*Nowadays I eat a lot. Sometimes I feel guilty for having eaten too much, because the belly gets big. Sometimes I do not eat, but I do not eat for other reasons, not to lose weight. Nowadays I have kind of abandoned this issue*

*with the body. I worry indeed about not exposing it, but not of taking care of it (Galácia, black).*

These qualitative results indicate that, although they were not detected as people at risk for eating disorders through quantitative tests, these students were susceptible to them, having already even experienced such behavior.

Among non-black students, signs and symptoms for eating disorders risk were only matched by dissatisfaction with body image and concern about body shape and size for Jaciara. For the students who participated in the focus group, the evasive attitude toward their own bodily experiences resulted in allusion only to situations experienced by friends and/or colleagues (Chart 2).

#### INSERIR QUADRO 2

Jaciara was a young university student who had a very conflicting relationship with her body. She expressed signs and symptoms of eating disorder throughout her narrative in a direct way, evidencing mechanisms to purge what she had eaten, compulsive behavior, excessive preoccupation with food, its nutritional value, its preparation etc. “Then I would eat a lot of candy one day and then I would take laxatives and stay in the bathroom. So today, sometimes I spend, I do not know, the whole weekend eating (Jaciara, white).”

But also some attitudes indirectly gave the idea of this disorder, as, for example, when not eating during hiking activities, with the excuse that she did not like to defecate in the bush or to not carry weight in the backpack. Or else have some snack or eat little while in college to save money due to meal prices. However, she revealed being a person with no financial problems, which made things easier in her life.

Jaciara’s attitudes toward eating disorders were linked not only to her own dissatisfaction with her body but also to dissatisfaction from her family members, more specifically her mother and

**Chart 2.** Body profile, body image satisfaction and eating disorder behavior risk in non-black students.

	NON-BLACK							
Participation	FG	FG	FG	FG	I	I	I	I
Name	Sirena	Talassa	Rubía	Marina	Céu	Rubídea	Jaciara	Dalva
Body Mass Index (stated/measured)	ET	OW	T II/I	T I/ET	OW	OB	ET	ET
Result from the Body Shape Questionnaire	W/CC	?	W/CC	W/CC	MCo	MC	SC	W/CC
Satisfaction with body image	NO	NO	NO	NO	NO	NO	NO	YES
Result from the Eating Attitude Test	6	?	4	11	6	9	25	5
Signs and symptoms of eating disorder in life history	YES	YES	NO	NO	NO	NO	YES	YES

Caption	Meaning
<b>I</b>	Interview
<b>FG</b>	Focus group
<b>ET</b>	Eutrophic
<b>T II</b>	Level II thinness
<b>T I</b>	Level I thinness
<b>OW</b>	Overweight
<b>OB</b>	Obesity
<b>W/CC</b>	No concern about body shape and size
<b>MC</b>	Moderate concern
<b>MCo</b>	Mild concern
<b>SC</b>	Serious concern

her brother. According to her, her brother has also had a strong concern with his body, which interfered with his eating behavior. And their mother had a marked influence in this process. She reported her mother's strong dissatisfaction with her own body, which made her use various strategies to conform it to her will. The last one was a bariatric surgery, which promoted body reduction.

*My mother has big buttocks and large thighs like that. Then she also has the same attitude of hating, finding herself ugly and willing to wear large clothes. These things there... I have learned everything with her. (...) Because I... I would always think that I was fat. I've got some kind of thick thighs (laugh). Then I find it horrible (laugh). That's because my mother is like that too. I would even take her prescription weight loss drugs (laughs) when she couldn't stand them because she said they'd make her very nervous. Then I would get the rest of the pills and take them (Jacira, white).*

At the same time, she reported moments of prolonged fasting. Jacira also expressed her desire to eat and the compulsive way in which she sometimes would do it, using various practices to avoid getting fat.

*Now I've lost my hunger a little; I've lost my hunger more... I've started eating a lot less. I'm traveling, because then I'd spend the whole day without eating. Or else trail hiking. (...) I eat a lot, I eat too much, like this. I like to eat a huge dish. I like to eat sweets. Sometimes I eat a lot on one day and a little on the other one. I try to balance. (...) Sometimes when I eat a lot of fat I drink Baccharis tea, which they say is good (Jacira, white).*

Her body dissatisfaction has interfered even with her affective relations. She claimed that she would hate it when her boyfriends were thin and tall because she would feel huge beside them. She would rather favor chubby boys and said that she finds large bellies handsome in men, despite hating bellies in women and especially in herself. However, she could see the negative side of body dissatisfaction and disordered eating behaviors but through the history of others.

The important point evidenced by these results is the presence of a history of eating disorders in students who would define themselves as black, with real experience of disordered eating behaviors. Although our quantitative evaluation demonstrates that black women are less likely to develop such disorders than white, yellow and Brazilian native ones, among the students who participated in the qualitative phase of our research these were those who most directly expressed such problems. But who are these young women? What are their characteristics? What is unique in their lives or common among them?

Estrela was a nursing student at a private college and was 24 at the time of the interview. Her

parents are separated and she is interracial and living with her mother and siblings. She has had a boyfriend for 12 years. She states being black but belonging to the human race. She does not like the term black because it associates with necrosis and mentions having already been discriminated by her skin color. She has major conflicts with her father, whom she considers a tormentor for trying to use his children to harm her mother.

Galáxia was a 21-year-old medical student at a public university and of rural origin. He lived with an income of approximately 1.5 Brazilian minimum monthly salary. She would not feel discriminated against because of her skin color. However, she reported having suffered discrimination by relating to a black person, having already been rejected by neighbors, friends or colleagues and having already been poorly served in a store because of her skin color. She is the only one of five siblings who does not know her father. She had no boyfriend and had few friends.

Marisol was a 19-year-old psychology student at a private university. She lived with a family income of approximately 7 Brazilian minimum wages. She said that she did not feel discriminated against and did not experience situations of discrimination because of her skin color. But when she was a child she would say she was a brunette because she did not want to have the color that nobody would paint with. The daughter of separated parents, she has three siblings, two being from her father's relationship with another woman. She relates well to all of the family, except for the sister (the daughter from the father's other relationship). She had no boyfriend and had few friends.

Sereia was 26 years old and was in her second year of high school in a public school. She was a maid and lived with a family income of about one Brazilian minimum wage per month. The daughter of separated parents, she has four sisters and had a brother murdered for involvement with illegal drugs. She was living with a partner and had already had a miscarriage. She presented contradictions between the feeling of racial discrimination and the experience of racism. However, she made a long report of conflict with her employer for reasons of ethnicity and social class.

Cora was 19 years old when she participated in the focus group, attending the 3<sup>rd</sup> year of high school at a public college. She lived with a family income of more or less one Brazilian minimum wage per month. She never felt discriminated against or experienced situations of discrimination because of her skin color. She lived with her mother and sister.

## Discussion

For four of these black girls the risk for eating disorders was associated with dissatisfaction with their body image and concerns related to body shape and size but none of them was identified by the EAT-26, suggesting a mismatch between quantitative and qualitative results obtained. We can infer from this information that, as has already been argued in some scientific texts,<sup>13</sup>

<sup>33</sup> for people with racial and ethnic characteristics other than Euro-Americans, manifestations that are not detectable by screening tests may indicate risks of eating disorders, which reinforces the importance of understanding how these disorders present themselves in groups of other ethnicities, with different cultures and living different life situations, using instruments that value these differences in diagnostic terms.

There is already a discussion about the difficulty of identifying risk symptoms among black people related to stereotypes regarding body standards that they value and the protection exercised by traditional cultural norms.<sup>34</sup> The assumption of Western, Euro-American bodily values coupled with social, cultural and racial factors may make women vulnerable and they do not see themselves or feel welcome and represented in such social patterns.

When we consider that bodies carry the representation of socially assumed values and beliefs, possessing unrecognized attributes in this society hurts these people's integrity because it is about the place they take on in society and what factors are influencing the construction of their identity.<sup>35</sup> In this sense, the lack of sensitivity and/or ability to diagnose the consequences of being/staying in the world of ethnically diverse people expressed by the body has already been documented, since there is some need to go beyond body or biological markers, but being attentive to several factors that are embedded in this relationship.<sup>33, 36-38</sup>

Another factor is that, unlike the association that the literature has been making between some higher BMI and dissatisfaction with body image predisposing to eating disorders, only one of the students was obese. All the others were eutrophic. Compulsion would be the characteristic feeding behavior, sometimes followed by purging. Only Marisol mentioned some restrictive diet. Compulsive eating behavior has been identified as more present among black women and men at risk for eating disorders in several international studies<sup>38-40</sup> performed to try to understand the difference in manifestation of this disorder among ethnically diverse groups, while food restriction has been related to Caucasians.

There is a discussion<sup>41</sup> about the malaise provoked by the new *modus vivendi* of contemporary society characterized by the speed of technological growth, leading to faster access to information, valorization of aesthetics and ephemeral pleasures. Hedonism and contemporary narcissism cause some great investment in appearance and in the body, leading to disenchantment by great causes and emptying ideals. At the same time, inequalities in access to goods and services offered by the market, violence, including against women, and social exclusion are also characteristic of these new times.

There is some contradiction brought about by this society that induces the pursuit of perfection through the body but concomitantly demonizes the pleasure of eating through the association of certain foods with diseases. At the same time, there is an intense dissemination of the dangers associated with ingestion of some foods, the need to perform physical activity and the search for a

healthy life, leading to some food terrorism. Also, advertisements on culinary delights and snacks that have their flavor evidenced by the increase of sugar and fat are conveyed. This whole situation leads to what can be called eating malaise. This can either lead to renunciation to food pleasures in an attempt to achieve such physical health and especially body appearance and failure in this endeavor can generate such discontent that favors excessive food consumption as some form of emotional escape valve.<sup>41</sup>

Eating, in the same way as sex and pleasure, has been related to sin, excess, and lack of control. And from the 1960s ascetic attitudes were being abandoned because of some growing process of liberation of customs and promotion of sexual freedom and female independence, as a result of social movements struggles. Today we live in a culture of pleasure, of happiness associated with satisfaction of fleeting and superficial needs. Pascal Bruckner, cited by Nascimento,<sup>41</sup> states that “Happiness has become some kind of tyranny of the contemporary world.” And it is anchored in pleasure, body aesthetics and beauty. Anyone who does not adhere to this formula of happiness or can not achieve it, since it does not consider human beings’ differences and limitations, is subject to shame, embarrassment and social pressure. In this sense, binge eating may also present itself as a response to the distress generated by this inability to achieve a social ideal of happiness and pleasure. In addition, family or relational conflicts, negative self-esteem, feelings of loneliness and personality characteristics may be associated, in this current social context, to provoke discharges of ungoverned eating behaviors.

Consistent with such inferences, most black girls at risk for binge eating disorders have some sense of lack of support, of having no one to hear them at times when they need to share problems and feelings, or to advise or guide them on how to act in hard situations. It seems that these girls experience some sense of loneliness at times when the presence of a significant other is crucial for them to feel integrated, adjusted and socially accepted. Estrela, Marisol and Galáxia live important family conflicts and, like Sereia, they do not live with their fathers. Coupled with such family conflicts, they also express the understanding that in society acceptance depends on the person’s skin color and in that sense black women are not accepted. Some of them report racial discrimination. Others say that discrimination or rejection have been because of their body. But they believe that modifying some characteristics would make them more accepted, respected. The big question is that such characteristics are marking signs of the black racial condition.

*White women... They do have the dictatorship of beauty as well. But I believe it is less so because they are already accepted by the skin color they have. Black people do not. They have to worry about their skin color on the street. And racism. They have to worry about the dense hair they have, with the color and such. Then they are more concerned, I think there is... Then we’ll worry, besides the skin color, with the body. We have to have lean bodies. As for them, not so much. They can get a little fat and such. If they get fat they go to the United States and become size plus models, which is now fashionable there too, huh? (Marisol, black).*



*Because sometimes even though the girl does not look at her body, but rather sees her face... Sometimes she has a lot of makeup, she wants to have that straight hair, brushing it as to make it straight, like (the fictional matriarch of "The Addams Family," created by cartoonist Charles Addams) Morticia Addams (laughs). Then it gets strange. Because sometimes there are black women who have that curled hair. This one here who makes a point of leaving her hair like that (refers to the image on the panel – a black woman with natural hair). I think... I find it pretty, some hair like that. But there are people who do not like it. The media might not like it. But if people are feeling good, I think she, er, er... She has to be like this (Talassa, white).*

The experience of racial discrimination, whether or not perceived in this way, together with family conflicts, dissatisfaction with the body and external pressure to fit an aesthetic pattern, constitutes some framework of vulnerability, which for each young person is manifested in different ways but having eating behaviors like some means of expression. Sereia tries to understand why she eats hidden when she is in her employer's house. And she herself suspects it is because she feels so uncomfortable with her employer's racist attitudes that she feels confused and questions her behavior. Galáxia is concerned about her compulsive way of eating and believes that it is the way of dealing with dissatisfaction with her interpersonal relationships because of her racial and social belonging rather than some concern for her body.

The fact is that there is an intersection of factors relating to how these young people see themselves and relate to other people through their bodies. This cross-linking of vulnerabilities (of gender, class, race, family, origin) makes them susceptible to establishing a relationship of rejection, estrangement and conflict with their bodies. And food or, rather, eating becomes some tool which mediates this relationship. These social markers that differentiate them are (re)signified as they are established in contexts that shall be important in defining constructed and reconstructed identities.<sup>42</sup> And it is at such moment that eating disorders can be established.

Another issue that is generally perceived is that there are conditions and/or situations related to eating disorders that were not detected by the EAT-26. With the exception of Jaciara (white), the young women who experienced any eating disorder did not present in the EAT-26 a sufficient score to indicate this risk. We can call these situations subclinical conditions, since they do not meet the formal criteria established for the identification of risk for these disorders. This leads us to believe in the importance of developing strategies to prevent and detect these risks in people who have not yet presented the classic signs or manifested the disorder.

There is already a discussion about the limitation of diagnostic tests to detect a wide heterogeneity of characteristics involved with these disorders, especially when we think of culturally, ethnically etc. diverse populations. One of the explanations for this insufficient ability to detect these behaviors is that such tests were designed on the basis of a set of Euro-American criteria

and are universalized, disregarding ethnic and racial differences. Another consideration is that some biases and stereotypes can make diagnosis difficult at different stages of life, not identifying different forms of clinical manifestation, or even subliminal forms, as well as the simultaneity of symptoms.<sup>33,40</sup>

In conjunction with this logic, in our study body image dissatisfaction and concern about body size and shape were not always directly associated with signs and symptoms of risk for eating disorders as evidenced by the EAT-26. This has happened with Estrela (black), who, despite having satisfaction with her body, has adopted, at some point in her life, a behavior, which, in her own interpretation, would be an eating disorder. It can be hypothesized that the relationship and concern with her mother were decisive factors in her behavior, both in evaluating her own eating behavior and in deciding not to repeat her mother's steps. However, BSQ and EAT-26 scores for this student would not indicate that she could have some experience related to such disorders.

In the case of Sereia (black), there was a positive result for concern about her body shape and size through the BSQ, but negative for the EAT-26, which, in an interpretative reading of these scores, would indicate that this concern was not enough to lead to behaviors suggestive of some eating disorder, contrary to what was experienced by the student. As for Galáxia (black), there was some congruence between the BSQ result and her body dissatisfaction. However, the EAT-26 result in no way would lead one to think about the compulsive and even destructive eating behavior presented by this young woman.

It is evident how such tests are important indicators of this risk but are not sufficient to cover the complexity involved in the development of such disorders, especially among people of some race/ethnicity other than the Euro-American ones. Even considering the importance of tests such as EAT in identifying eating disorders, the establishment of more sensitive techniques that could account for this more subtle situation and the development of discussions among young people, not only about the disorders, but also about factors involved, can be greatly useful in reducing their incidence.

Oliveira & Hutz,<sup>43</sup> when establishing a theoretical discussion about cultural factors involved in the increase in the number of eating disorders, suggest that interdisciplinary studies and a qualitative design could account for some greater depth of these phenomena complexity, as well as the impact of body image on eating practices. On the other hand, the idea that the dialogue between these two approaches, which offer different information (quantitative investigations favoring what is objective, factual and tangible, possible to be quantified and analyzed statistically, and the qualitative approach, evidencing what is subjective, emotional and individual, which can be achieved through a constructive and interpretive analysis), is more efficient in the production of knowledge to understand and act more effectively in preventive and resolute terms.<sup>44</sup>

This agrees with Csordas' idea that the phenomenological approach, in which "the body is not an object to be studied in relation to culture but is the subject or existential basis of culture,"<sup>40</sup> would be the most interesting one to understand the paradigm of corporeity. He is based on (French phenomenological philosopher) Merleau-Ponty's views on the perception of the body going beyond the subject/object duality, since there is always more than it is possible to perceive through the eyes. And also (French sociologist, anthropologist, philosopher, and public intellectual) Bourdieu's understanding that the socially informed body, that is, the habitus, is the generative and unifying principle of all social practices.<sup>45</sup>

Some authors<sup>46</sup> argue that the experience of eating disorders is related to the attempt of bodily experience in order to reach a desired body, socially and culturally established, that surpasses the biological and historical-subjective possibilities of the body itself. The configuration of the desired body is established through the gaze and evaluation of others, of the experiences, expressions and discursive practices of others, which emerge from the body. In this sense, there is a conversion of social discourses into personal plots, configuring, in this way, in these young people's identity. As a result, they argue that the bodily experience is subjective, can be narrated, even if it is not exhausted in the reports, and that the body configuration allows a particular way of narrating, relating to others and establishing for oneself some place in a social group. Thus, the narrative of their bodily experience, their practices and feelings allows them to re-signify them, as well as their history, enabling changes, including the understanding of this corporality.

## Conclusion

What we can conclude from all these reports is that there is a disordered eating behavior among some students who have defined themselves as black. And among the factors associated with them are family conflicts, the experience or perception of racism, the feeling of lack of social support in important moments of life, as well as dissatisfaction with body image and binge eating. We perceive then some disregard of the body as some marker of what is out of order in the psychosocial world. The experience of body transformation presents itself as a thermometer of disruptive social relations and as an indicator of the incarnation of suffering.<sup>47</sup>

The experience of racism, associated with family conflicts, expressed more strongly by the relationship with the mother, is this relation of identification, rejection or pressure to conform to a certain pattern, the comparison with other women and the roles they represent in society, issues of class, manifested in belonging to different social groups, are intersecting elements to make the young vulnerable.

Despite what is suggested by statistical analysis, we have found, in a more in-depth analysis with 18 girls, five black students who have directly experienced disordered eating behaviors and two that indirectly had some kind of relationship with this experience. This fact contradicts what the screening test results for these girls demonstrated, which led us to reflect on the need to use a combination of quantitative and qualitative approaches to investigate and understand how these disorders are growing worldwide, which factors are involved and which forms of prevention and treatment are most effective.

The narratives of this study have revealed experiences and situations that allowed us to better understand the students' corporality and the relationship with eating disorders, even when they were not directly experienced by them. Experiencing eating disorder stories through close family and friends does not mean having a direct risk for these disorders but it tells a little about the values and beliefs surrounding those people and the possibility of interference in their own beliefs and values. We know that, among young people, the reference of others and the need to correspond, to feel part of something, some group or community, mobilize the construction of identity and their concrete attitudes.

Having as references people for whom the relation with the body goes through the search for perfection of a body that has no similarity with their own but which, they believe, can be manipulated and shaped to meet the desires of happiness, success and conquest, has been frequent in current society. In this one, bodies have come to be seen as something outside of people but at the same time they say who they are and they have some market value. It is this increasingly high market value that drives one to take action to transform it into what one needs to meet the imperatives of a society for which who one is, apart from the body one presents, does not hold that much significance. It seems then that there is a fine line between the attitudes of seeking this bodily ideal and disordered eating attitudes that can lead to eating disorders.

The point is that these others are heterogeneous, with different views on which model is necessary to achieve success and achievement in life. And in the case of black women, their appearance often presents itself as a threat to achieve the success that will allow a social place, thus influencing, in different ways, the bodily experience and the construction of the identity of young people to whom these others and their evaluation is critical and can lead to pathologies and diseases. What is normal and what is pathological in the view of those who live an eating disorder has different connotations because there is another perspective that feeds these people's choices and behaviors. The search for perfection and control of themselves and of life itself, from controlling the body, sustains the conviction by the path chosen or by the belief that there is no other one possible.

## Contributors

Bittencourt LJ and Nunes MO: The authors participated in all stages of the study, from designing the project to preparing the article.

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