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# Body Image: How Black Women View Their Bodies in Predominately White Institutions

Christina Okoye  
*Lehigh University*

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Body Image: How Black Women View their Bodies in Predominately White  
Institutions

by

Christina Okoye

A Thesis

Presented to the Graduate and Research Committee  
of Lehigh University  
in Candidacy for the Degree of

Master of Arts

in

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Christina Okoye

Thesis is accepted and approved in partial fulfillment of the requirements  
for the Master of Arts in American Studies

Body Image: How Black Women View their Bodies in Predominately White  
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Date Approved

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Thesis Director

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(Name of Co-Director)

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(Name of Department Chair)

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## TABLE OF CONTENTS

Acknowledgments	iv
Abstract	vi
Introduction	7
Literature Review	9
Methodology	16
Limitation	19
Findings	21
Discussion	23
Bibliography	29
Appendix	
Interview Guide	31
Consent Form	33
Vita	35

## **ABSTRACT**

The purpose of this research is to get an in depth pilot qualitative study on how black women view their bodies in predominately white institutions. The case study will be at Lehigh University in Bethlehem Pennsylvania. It is to see if there are ways for black women in predominately white institutions to be able to talk about body image issues and feel as though there is a safe space for them. It is to hopefully debunk the myth that body image issues are a "white women's" issue. This study is to give black women a voice because they are always being silenced by society. There is the hope that this study will help black women receive the necessary resources to help them overcome body image issues without the scrutiny or stigma that comes with it. It is to educate people on this social issue that is generally not talked about.

## **Introduction**

It is generally recognized that traditional health care delivery fails to provide health outcomes of superior quality to women of color but in this case, black women. This growing segment of the population needs culturally competent care by health professionals to deal with certain issues that are not talked about in minority community, specifically the black community. The challenge that is being dealt with now is to create a more effective health care policy and health care delivery that creates space that accommodate the racial, economic, cultural, and ethical issues affecting health outcomes of African American women. This is especially important when it comes to black women dealing with body image and eating disorders.

Health care policies need to take into consideration the stereotypes and beliefs that prevent women of color, specifically black women, from seeking help for body image issues. I argue that black women do not get the help that they need or deserve because of the mentality that black women do not deal with body image issues, specifically, anorexia and bulimia. There is also the belief that these specific eating disorders are a "white women's" disease. The idea of the "strong black woman" also comes into play when asking for help or showing emotions, because in the black community showing emotion, whether that be anxiety or sadness, is seen as a sign of weakness. This is also why black women do not ask for guidance when dealing with body image issues and eating disorders in general.

I would like to discuss where these ideas come from and how there can be ways to deconstruct the ideas to help African American women deal with body image and eating disorders safely, based on literature such as Maddy Coy's "This Body which is not mine: The notion of the Habit Body, Prostitution and (Dis) embodiment"(2009) ,"Behind the Mask of the Strong Black Woman: Voice and the Embodiment of a Costly Performance" (2009) by Tamara Beauboeuf-Lafontant, and other sources that include the thoughts of

Gloria Anzaldua (2009), Judith Butler (2009). With my increased awareness of these particular issues, I hope in the future to do a qualitative study on how black women view their bodies in predominantly white institutions.

## **Literature Review**

According to the American Psychological Association, eating disorders are abnormal eating habits that can threaten your health or even your life. The eating disorders I will be concentrating on for this study are anorexia nervosa and bulimia nervosa. According to the National Eating Disorder Association (NEDA), with anorexia nervosa, individuals believe they are fat even when they are dangerously thin, and restrict their eating to the point of starvation. NEDA explains that with bulimia nervosa, individuals eat excessive amounts of food, then purge by making themselves vomit or by using laxatives. Excessive exercise could also play a role with people who suffer with anorexia.

Additionally, bulimia is an illness in which a person binges on food or has regular episodes of overeating and feels a loss of control. The person then uses different methods such as vomiting or abusing laxatives to prevent weight gain. Anorexia nervosa is an eating disorder that makes people lose more weight than is considered healthy for their age and height. People with this disorder may have an intense fear of weight gain, even when they are underweight. They may diet or exercise too much or use other ways to lose weight.

So why is anorexia and bulimia considered a white woman's disease?

According to Gayle Brooks, vice president and chief clinical officer of the Renfrew Center, the country's first residential treatment facility for eating disorders, when eating disorders were first being discovered, the only people that were being treated were young white women. As a result, the belief developed early on that only young white women suffered from those diseases. What is even more problematic is the fact that doctors also believe this misconception. For example, a 2006 study found that clinicians were less likely to assign an eating disorder diagnosis to a fictional

character based on her case history if her race was represented as African-American rather than Caucasian or Hispanic. (Brattole et. al, 2006, 319-325)

In the study, Ninety-one clinicians read 1 of 3 passages (differing only with regards to the girl's race: African-American, Caucasian, or Hispanic) describing disturbed eating patterns of a fictional character named Mary. Participants were then asked to indicate if they thought Mary had a problem and to rate her anxiety, depression, and eating disorder symptoms based upon the passage they had read. The results suggest that clinicians may have race-based stereotypes about eating disorders that could impede their detection of symptoms in African-American girls.

Although statistics do show that eating disorders predominantly occur in white women, many eating disorder professionals believe those numbers are skewed, as women of color have been alienated from a support network that for too long has bought into the myth. (Brattole et. al, 2006, 319-325)

According to the National Eating Disorders Association (NEDA), "exact statistics on the prevalence of eating disorders among women of color are unavailable" because, "due to our historically biased view that eating disorders only affect white women, relatively little research has been conducted utilizing participants from racial and ethnic minority groups."

NEDA is a non-profit organization dedicated to support families who are impacted by eating disorders.

Another issue is that communities of color believe in this myth as well. NEDA stated that it is frequently asserted that African American culture embraces larger body types than does the dominant culture, thereby making Black women less prone to body dissatisfaction. I think this is problematic because it does not make

room for the people, who are not happy with their bodies as "curvy" or "thick"

The idea that "curvier" "larger", or "thicker" women are more socially acceptable in the black community corresponds to a concept put forward by Maddie Coy in "This Body which is not mine: The notion of the Habit Body, Prostitution and (Dis) embodiment," which states

"The dynamics between the body and the self in terms of connectedness and separateness, seeking to overcome binaries of masculine mental rationalism and feminine embodied baseness, and the ways in which the senses of self and identity interact with actions of and on the body, (are) explored by multiple disciplines. One such approach by Shelley Budgeon (2003) frames women's embodied identity as events and processes" (Coy, 102).

This means that identity is formed not just as a binary male/female but is formed through occurrences and methods, methods that may include assumptions, stereotypes, and beliefs.

In terms of black women, the defining quality of black womanhood in that society is strength. According to *Behind the Mask of the Strong Black Woman: Voice and the Embodiment of a Costly Performance* by Tamara Beauboeuf-Lafontant, strength advances a virtuous claim about any Black woman whose efforts and emotional responses defy common beliefs about what is humanly possible amidst adversity.

Lafontant also says that because the idea of strength appears to honestly reflect Black women's extensive work and family demands, as well as their accomplishments under far from favorable social conditions, the concept seems to provide a simple and in fact honorable recognition of their lives. However, appearances are often deceiving, and much of the acclaim that the concept of strength provides for Black women is undermined by, what I argue is, its real function: to defend

and maintain a stratified social order by obscuring Black women's experiences of suffering, acts of desperation, and anger. (Lafontant, 2009,2). In other words, because society assumes that black women are always strong, people tend to disregard black women's ability to show emotion and weakness. For example, according to Bell Hooks, in her epigraph, she suggests that strength is a half-told tale (Hooks, 1989, 53). The part of the story that is never told in a black woman's narrative is her black woman human vulnerabilities. In a society where racism, sexism and class exploitation are still prevalent, strong black women occupy a particular informal and material space. They have a specific function and not exactly a good one. Their "job", in the American social relations-distinct from the roles of other race-gender groups-has been to take on the burdens and complete the tasks that enable society as we know it to continue. (Lafontant, 2009, 3).

This is the reality black women face because strong black women embody qualities of agency and victorious individualism, which tends to trump all manner of social abuses. (Lafontant, 2009, 3) Society takes advantage of the "strong black woman" because it clears their conscience of the troubles black women tend to face alone. In reality the strong black woman is not something that just exists. It is something that plays a critical part in the societal imagination and in social life and without "the strong black woman" there would be another creation or lens through which to describe and see black women.

The "strong black woman" mentality is also prevalent within the black community when dealing with body image issues and eating disorders. Since the idea that black women cannot suffer from "white women" diseases, often times the only body image issue addressed in black women is obesity. Obesity usually comes from the illness better

known as Binge Eating Disorder. NEDA says that Individuals with binge eating disorder have out of control eating patterns, but don't purge. To expand on that definition, binge-eating disorder is a serious eating disorder in which you frequently consume unusually large amounts of food. When a person has binge eating disorder, an individual may be deeply embarrassed about gorging and vow to stop. But he or she feels such a compulsion that he or she cannot resist the urges and continues binge eating. It is very prevalent in the black community but especially so amongst black women.

One possible reason behind why black women resort to binge eating and therefore deal with obesity is the "stress of being a black woman in a white man's world," James Jackson, PhD, who directs the University of Michigan's Institute for Social Research said. His research, published in the American Journal of Public Health, shows that black women often buffer themselves from the chronic stress of racism in addition to supporting entire family systems through high calorie "comfort food." Instead of black women finding other ways to deal with the "strong black woman" complex, safer ways such as therapy or counseling, they resort to other avenues like binge eating and, more commonly than imagined, anorexia or bulimia. Stephanie Covington Armstrong is one example of a black woman who had to deal with bulimia by herself for a really long time before she finally decided to get help.

For seven years, Stephanie Covington Armstrong's bulimia was her deepest secret. Armstrong, a Los Angeles playwright and author of the book, "Not all Black Girls know how to eat" said, "There is that shame of not being a strong black woman and as a black woman, carrying the stigma of an eating disorder was even worse." People would even ask her if she wanted to be white. She is just one example of the millions of

black women who are raised to believe that showing any emotion or asking for help is a sign of weakness.

Stephanie Covington Armstrong does not fit the stereotype of a woman dealing with an eating disorder. She came up poor and hungry in an inner city. She had to deal with foster care and sexual abuse, which led to her internal insecurities. What makes her situation so profound is her race; she is black. "Not all Black Girls Know How to Eat" is a first person narrative where Armstrong describes her struggle with an eating disorder that is constantly portrayed as just a white women's problem. Trying to escape her insecurities and self-hatred, she goes to the only thing she thinks she can control: food. However, Armstrong becomes trapped in a downward spiral, which forces her to no longer deny that she will die if she does not get the necessary help she needs.

Stephanie Covington Armstrong's narrative begins to debunk the myths about black women and eating disorders. It begins to create a space for black women who are dealing with eating disorders like bulimia and body image issues. It also recognizes the black women who have been silenced by society to have a voice and be heard. This narrative is inspiring for young black women dealing with eating disorders like anorexia or bulimia but there is still a lot of work that needs to be done in terms of educating more people about black women dealing with anorexia or bulimia.

I hope to add to the literature that provides a better sense of black women dealing with body image issues, and help suggest ways in which they can get help without feeling shame, hopelessness, anger, or fear. I hope to do this by doing a qualitative research study on black college students and how they view their bodies in predominantly white

institutions. The case study will be carried out at Lehigh University. I will interview four women, one from each year (freshman, sophomore, junior, senior) to see how views may change negatively or positively, as they get older regarding body image. I will also use these interviews to see if these four women are able to navigate Lehigh University with the bodies they have and if they are able to help other black women that may be having body image issues. The question I want to answer in this research is: Do black women recognize the existence of eating disorders that stem from a negative body image?

## **Methodology**

In this research I am doing an in depth qualitative pilot study of how black women view their bodies in predominantly white institutions. I chose a qualitative research because I think it is important to give voice to the voiceless and qualitative methods provide that opportunity. In our society, black women do not really have a say in a lot of the social issues that occur. I believe it is because our society struggles with intersectionality and as a double minority, it is really hard to be recognized, since they more of a minority you are the more invisible you become. Qualitative research provides tools to overcome some of that complexity. I want my research to give voice to those that are never heard.

The reason why this research is important is because there are black women who deal with body image issues but do not know where to go to deal with these issues. Anorexia nervosa and Bulimia nervosa are rampant in the United States but when those names come up, people do not think of black women. They only think of white women. Anecdotally, being a black woman, raised in a predominately white area my entire life, it can be very isolating not seeing women who develop in the same ways as you.

Participants were recruited by word of mouth. Since my sample is rather specific, it will be more of a convenience sample. There was also snowball sampling. In snowball sampling, my participants were asked to suggest someone else who might be willing or appropriate for the study. Snowball samples were particularly useful in hard-to-track populations; in this case, black women. According to Forbes, in 2014- 2015 Lehigh University's black population was 4% and it was a smaller percentage for black women so the snowball sampling seemed the most appropriate, as well as, most effective. In addition, because Lehigh University is mainly an Engineering and Science Institution where women, especially black women are underrepresented, the pool for sampling is even smaller.

I conducted my research by interviewing four black women who ranged from the ages of 18-22 at Lehigh University. I asked the four women twenty-four open ended questions and I interviewed them using a camcorder; however, for confidentiality purposes, no one could see them in the film. In addition to confidentiality purposes each woman will be labeled Subject A (Freshman), Subject B (Sophomore) Subject C (Junior) and Subject D (Senior). Each interview lasted between thirty minutes to forty-five minutes. All of the questions were open ended to allow for elaboration in the interview. Open-ended questions were used because I really wanted my participants to go into full detail about their experiences at Lehigh University as black women. I wanted to know if each woman had a unique view of her body at the institution. I thought that this was important because since these four women come from various background, were involved in a lot of different activities, and were from different years in their academic career, how they view their bodies and how they deal with any sort of insecurities may be different. I wanted the questions I asked to point that out. Open-ended questions also allow for nuance and complexity and clarification where necessary

Although I would have preferred to use grounded theory as my method of analysis, my sample size was too small and there were time limitations. However, moving forward, grounded theory would be an ideal method for a larger study because the study of eating disorders and body image in black women is not widely studied and therefore, does not have much theoretical investigation. Grounded theory encourages researchers to start with a "clean slate" with no theoretical assumptions and discover the theory from the data. That is an idea that Glaser and Strauss developed (Glaser and Strauss, 2012). Grounded theory comes in several different forms and theory is primarily discovered by coding. I used elements of grounded theory in my data analysis. I coded and developed themes and patterns from the data but a theory could not be developed because the sample size was again, too small. However,

because this is a pilot study, there is the justification for more extensive data collection from a larger sample size.

## **Limitation**

One of the main limitations in my research was the fact that there was not a bigger pool of black women on Lehigh's campus. Since I did a qualitative research design, it took a lot of time to interview, record, transcribe, than code. As a result, I was not able to interview and analyze as many black women as I would have liked. In addition, due to the time constraint, I had to cut number of interviews down and I was only able to interview four black women. Another limitation was that some of the recordings were not as clear as I had hoped so it was difficult at times to understand what some of my participants were saying.

A limitation was the fact that some of the women thought that I was asking the same question but in different ways, so I had to ask more specific questions to help my respondents understand a little bit better. Based on that observation, my questions were not clear enough for the participants. For example, when I asked the questions, "What advice would you give to black women in predominantly white institutions to deal with body image issues and eating disorders" and "Imagine you were a consultant in a predominately white institution, what would you tell them?" They would look at me confused. So I would have to encourage my respondent that it was okay to answer both questions honestly. Finding a better way to ask questions that are similar, without having to prompt my respondents with more questions would have prevented time from being wasted; time that could have been used for doing more interviews. Another issue was that because I had a total of twenty- four open ended questions, my participants would disengage after the first 10 questions. As a result, my findings were not as detailed as I would have hoped. That lack of detail may also have something to do with my very small sample.

Since I interviewed only four black women, there was not much information I was able to collect. As a result there was not as much information to analyze. My findings from just interviewing four women will not allow me to develop a theory however the experience helped me identify themes and patterns that would warrant further investigation in a larger study. For example, I can increase the variety of black women that can be studied. I can compare different communities of black women to see if I can come up with a theory that explains themes and patterns that I could identify.

Because of the lack of literature that is available on this topic, I tended to refer to a limited pool of resources. This presents the opportunity for further study and I hope to contribute to the literature in this

## **Findings**

The interviews in general gave me a richer picture of how black women deal with body image at Lehigh University and what methods keep them empowered.

The themes I received from the interviews were:

- All four women were aware that body image issues exist for black women but they did not know how serious it really was
- The "strong black women" mentality is more of a hindrance to black women's psyche at Lehigh than it is something to be proud of. They are well aware of black women's invisibility in our society.
- They all have a very strong support system that has kept them from getting involved with negative body image issues. All four women believe that with self-confidence and self-love, body image issues could be something dealt with safely. They get this idea especially from their mothers but not from the institution itself.

I was able to get these findings because all of the participants had similar responses that allowed me to summarize these findings. While looking through my transcriptions and re-listening to the recordings, I was able to pin point key themes that allowed me to make the conclusions I was able to create. For example, when I asked the participants questions regarding the "strong black woman" mentality, all the women would constantly mention that they were all aware of that concept and saw how it could be something to be proud of but as most of them have been educated about this mentality, they have all seen it as something that is problematic.

In my transcriptions, I was constantly circling words such as "independence" or "strength" and "problematic" to therefore conclude that these women were talking about "the strong black woman". Another example was when the participants were talking about how they were unaware that black women suffer with eating disorders and body image issues, I was always circling words like "unaware" or phrases like "I didn't know" to therefore

conclude that all of the participants did not know much about black women dealing with eating disorders or body image issues. These are just two of the many examples I was able to do to get the findings that I received. These findings certainly opened my eyes to the fact that our society has a lot of working in recognizing black women's place in society.

## **Discussion**

The first point I mentioned was all four women were aware that body image issues exist in black women but they did not know how serious it really was. This result did not come as a shock to me because many people do not know that black women deal with body image issues and eating disorders. According to the National Eating Disorders Association (NEDA), at any point in time, more than 10 million Americans of all races and ethnicities report symptoms of disordered eating. Not long ago, eating disorders were thought to exclusively affect affluent white women from westernized countries. Although black women have always suffered from eating disorders, because of this historical bias, researchers have only recently begun to study the prevalence of eating disorders among black women. Fortunately, eating disorder treatment centers currently provide services to a greater number of black patients than in the past however, many eating disorder cases still remain hidden, not talked about, or unknown within black communities (Greenleaf, 2007) This is significant because when I made the following statement to the interviewees: "According to the National Survey of American Life (NSAL), lifetime prevalence rates found for bulimia in Black Americans is 1.5% for adults, which is slightly higher than the national average of 1.0% What do you think of that..." I received responses of disbelief:

"I think it's surprising because I have never heard of a black woman with an eating disorder, whether that is personally or on television/ documentaries... Things like that. I think because black women who have eating disorders are not aware of their disorders or are not comfortable opening up about it (Subject A)."

The rest of the responses were no different because when people think of body image issues and eating disorders, most people only think of white women. They think of only white women because eating disorders in the white community are talked about openly and are put on television shows and

documentaries openly. As a result, it has become socially acceptable in the white community. For example, in *Dying to be Thin* (2004), a PBS documentary that talks about the danger of anorexia and the complications that occur with dealing the disorder, not once were black women or men were mentioned in the statistic that said "Today some eight million people, mainly women but some men, suffer from anorexia and bulimia, a related disorder."

This is just one of the many examples about eating disorders that are only geared towards white women. Because there are a lot of documentaries and televisions shows that only present eating disorders as an experience for white women, black women do not get a voice on the subject and therefore, it is not recognized by anyone, including the black community.

Another reason behind the ignorance regarding body image issues and eating disorders is that of the "strong black women" mentality and black women's invisibility. It was interesting to discover how my participants saw the idea of the "strong black women" as more problematic than good:

"I do not take this as a compliment. It is more of an insult because the implication of a strong black woman that does not need a man is associated with women who are angry and mad at the world. This "Strong black women" mentality is put on us to rationalize the struggle of handling hardships on our own. We are not allowed to be vulnerable. We are not allowed to be human (Subject D).

Behind the Mask of the Strong Black Woman: Voice and the Embodiment of a Costly Performance by Tamara Beauboeuf-Lafontant, there is this expectation that the "Strong Black woman has to exist in societal life. The presence of the "Strong Black Woman" "soothes many a conscience that would be troubled by the material conditions forced upon such persons and the toll of organized injustice on their humanity" (Lafontant, 2009,3). The "Strong Black Women" mentality is important and critical in our society but not to help black women; it is to keep them behind.

This is why black women and their invisibility are significant. According to Black legal scholar Kimberlé Crenshaw who coined the term intersectionality in 1989 in her essay "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," the concept of intersectionality is a description of the way multiple oppressions are experienced. Crenshaw argues that Black women are discriminated against in ways that often do not fit neatly within the legal categories of either "racism" or "sexism"—but as a combination of both racism and sexism. Yet the legal system has generally defined sexism as based upon an unspoken reference to the injustices confronted by all (including white) women, while defining racism to refer to those faced by all (including male) Blacks and other people of color. This framework frequently renders Black women legally "invisible" and without legal recourse. As a result, they have no space to speak their own truth, especially regarding eating disorders. This relates to the story of Stephanie Covington Armstrong when dealing with the subject of Bulimia. She had a really hard time trying to admit to herself that she had body image issues because she did not want to be considered weak in the eyes of the black community. When she talked about her book "Not all Black Girls Know How to Eat: A Story of Bulimia" in an interview she said: "There's so much shame in eating disorders, and in the black community, you're not supposed to talk about things those things," She also says that her pride, an adherence to what she calls "the strong black woman archetype," stood in the way of seeking help.

Although the participants I interviewed did not have a full idea of the severity of eating disorders and body image issues in black women, a positive thing that I discovered in my research was the fact that all of the women have strong personal and institutional support systems that prevent them from

having any negative views of their body. Some of this support is at Lehigh University and others are at their homes:

I believe that the women's center does a great job of trying to address the issues that regard women as a whole. It's more of an intersectional approach but I believe places like Circle of Sisters (a women of color organization) can address these issues to see if we can get to the bottom of why Black women deal with body image issues and eating disorders (Subject B)

I would say to again, love yourself, surround yourself around people who love you and support you. Find beauty in yourself and don't give in to the pressures of how you should look or what is desirable for men. I know there are counseling centers and the women center but I don't think they specifically tackle being a black woman with an eating disorder and body image issue and the intersectional element of that. (Subject C)

The four participants are confident in their bodies and they say it is because their mothers played a big part in their growth. They mentioned that their mothers instilled and encouraged self-love and self-confidence to help deal with insecurities that may occur in a predominantly white institution.

This relates to an article that talks about racial socialization and racial identity development as gendered processes. In this section racial socialization is a gendered process as mothers transmit different messages to their daughters than they do to their sons. Boys and girls receive different socialization messages. For example, boys are socialized to overcome racial barriers like preparing for discrimination and prejudice, while girls are socialized to develop racial pride through emphasizing group unity, learning heritage, etc (Brown, Linver, Evans and DeGrenaro, 2009; Dotterer, McHale and Crouter, 2009; Hill, 2001; Thomas and King, 2007). This is significant because all of the participants' mothers found it very important to make sure that their daughters were confident in themselves in order to survive a white

patriarchal system and the four women believe that their mothers did a good job at that:

Because of my family and the support I receive from my mother, it is easier for me to be confident in my body. I am hoping that my advice can do the same to help other black women (Subject C

**Conclusion:**

From the data I collected, this is the conclusion I have reached:

All four women buy into the idea that the "strong black women" mentality exists, however they are aware that it is detrimental to recognizing issues body image issues that may result to eating disorders. It is a hindrance to the recognition that eating disorders exist for black women. Strong support systems that are available to them negate detrimental body image that may lead to eating disorders in this group of women. So exploring the kind of supports that prevents negative body image that results in eating disorders is another area of study that can be explored. Due to the invisibility of black women and the lack of interest because of that invisibility studies of eating disorders and body image issues have not been wide spread. These interviews amplified the need for more studies and knowledge in this area.

This was an exploratory study and grounded theory helped me point out some themes and patterns that I would like to explore further. This would be a good study to be expanded on

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## Appendix

### Interview Guide for Black Women

1. What year in college are you currently in?
2. What kind of high school did you go to? [Public or private]
  - a. What were the demographics of your high school [diverse, predominately, white, black, higher socioeconomic, etc]
3. Do you think body image was an issue at your high school?
  - a. If so, can you please elaborate
4. How did you choose to come to Lehigh University?
5. As an underrepresented member on this campus, how has that status affected your experience at Lehigh?
  - a. Social
  - b. Academic
  - c. Health
6. When you hear the word "body image eating disorders" what do you think of?
7. Where did you learn about body image and eating disorders from?
8. Do you think race and ethnicity have an effect on body image and eating disorders?
9. According to the National Survey of American Life (NSAL), lifetime prevalence rates found for bulimia in Black Americans is 1.5% for adults, which is slightly higher than the nation average of 1.0%  
What do you think of that?
10. Do you think these issues are talked about in your family?
  - a. If so why? If not, why not?
11. Would you feel comfortable talking about it to your family?
12. Do you think there are issues specific to black women when it comes to body image and eating disorders?
13. Do you think there are different issues for black women regarding body image and eating disorders?
14. How do you view your body image in the context of Lehigh's campus?
  - a. Body image issues and eating disorders are considered the "white women's disease"- what do you think of that?
15. Do you have any suggestions that may help black women who are dealing with body image issues and eating disorders?
16. Tell me about the suggestions you may have to help talk about these issues for black women?
17. What do you know about "the strong black women" mentality
18. Do you think "the strong black women" mentality plays a role in not talking about body image issues/eating disorders
19. What advice would you give to black women on college campuses?
  - a. Are there any resources for black women in predominately white institutions to deal with body image issues and eating disorders?
20. Imagine you were a consultant in a predominately white institution, what would you tell them?
21. How are these issues affected by being in a predominately white campus?

### Open Ended wrap-up

1. Are there any questions I have not covered that you think I should?

2. Are there aspects of your experience my questions haven't covered that you would like to tell me about?
3. Do you have any questions for me?



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CONSENT FORM

How Black Women View their bodies in Predominately White Institutions

You are invited to be in a research study of body image in the black community. You were selected as a possible participant because you are a black woman who goes to a predominately white institution. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

**This study is being conducted by:** Christina Okoye, a Graduate Student in the American Studies Program at Lehigh University.

**This study is being conducted by:** Christina Okoye in the American Studies Program at Lehigh University, under the direction of Jackie Krasas in the Sociology and Anthropology Department at Lehigh University

**Purpose of the study**

The purpose of this study is to detail and understand how black women view their bodies at predominately white institutions, as well as, find ways to help black women deal with having body image issues

**Procedures**

**If you agree to be in this study, we would ask you to do the following things:**

Participants will be asked to take part in one interview that will last between 30 and 45 minutes. Questions will cover opinions on issues relating to eating disorders, how black women feel about their body, and what ways we can treat black women who are suffering from body image issues. The interviews will be taped with the participants' permission. The interviewer will transcribe the tapes, removing identifying information to ensure confidentiality. At the conclusion of the process, tapes will be destroyed after transcription. Only the researcher will know the identity of the participants

**Risks and Benefits of being in the study**

The study poses the risk of causing temporary discomfort to the interview participant if they are recalling an unpleasant, stressful, or conflicting situation. Should participation cause discomfort, the participant can omit answers to any question or can terminate the interview altogether. Participants are reminded of the support resources available at Lehigh University.

**The benefits to participation are:**

This a start to helping black women realize that having body image issues is not just a "white women's issue" but a societal issue that needs to be exposed to the world. The participant may also derive satisfaction from knowing that their participation is contributing to the study of a group they care about. They may feel they are giving voice to their experiences and helping other black women that they are not alone.

**Compensation**

There will be no compensation

**Confidentiality**

The records of this study will be kept confidential and any information collected through this research project that personally identifies you will not be voluntarily released or disclosed without your separate consent, except as specifically required by law. In any sort of report we might publish, we will not include any information that will make it possible to identify a subject. Research records will be stored securely and only researchers will have access to the records. Audiotapes will be transcribed, removing indentifying information. At the conclusion of the study, the researcher will destroy all tapes.

**Voluntary Nature of the Study**

**Participation in this study is voluntary:**

Your decision whether or not to participate will not affect your current or future relations with the Lehigh University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**Contacts and Questions**

**The researcher conducting this study is:**

Christina Okoye. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact them at Richards House A201, (973)-738-6162, [cuo213@lehigh.edu](mailto:cuo213@lehigh.edu). You can also contact Jacqueline Krasas at the Sociology and Anthropology, 681 Taylor Street, Lehigh University, Bethlehem PA, 18015. Phone: 610-758-5823, email: [jkr205@lehigh.edu](mailto:jkr205@lehigh.edu)

**Questions or Concerns:**

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact Naomi Coll, Lehigh University's Manager of Research Integrity, at (610) 758-2985 (email: [nac314@lehigh.edu](mailto:nac314@lehigh.edu)). All reports or correspondence will be kept confidential.

***You will be given a copy of this information to keep for your records.***

**Statement of Consent**

I have read the above information. I have had the opportunity to ask questions and have my questions answered. I consent to participate in the study.

Signature:	<u>Christina Okoye</u>	Date	<u>2/10/15</u>
Signature of Parent/Guardian:	_____	Date	_____
Signature of Investigator:	_____	Date	_____

## Vita

Christina Okoye was born in Newark, New Jersey on March 23rd 1991. She grew up with a mother named Chika Okoye and a father named Frederick Okoye Jr. She has two siblings; a twin sister named Sylvia Okoye and a brother named Frederick Okoye III. Christina Okoye grew up in Stanhope, a very small town in New Jersey. There, she went to middle school at Byram Consolidated school, Intermediate school, and then studied abroad for a year in Nigeria. After that year, Okoye went to high school in Sparta New Jersey called Pope John XXIII regional High School. After High school, she received her Bachelors and Master's Degree at Lehigh University in Bethlehem PA. She is very passionate about social justice and Women and health. She hopes to pursue her doctorate one day and either become a Dean of a university or become a professor and teaches women and health courses. In her spare time, Christina really enjoys singing and dancing.