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Let's Talk About Disordered Eating and Eating Disorders in the Black Communities

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About this resource

This resource was created to acknowledge the untold stories and the lack of information provided to Black community members who experience challenges with eating disorders or disordered eating. Past research has provided a narrative that Black people are immune to experiencing these challenges and we hope to provide insight into the unique factors that may contribute to their development and maintenance. Cultural and societal barriers to healing sustain these behaviours for affected community members. Many may not feel safe to acknowledge or explore their journey with eating difficulties due to the lack of representation and knowledge of how to move forward. They may have questions, but no information sources to begin searching for understanding. We hope that this resource will amplify voices in the diaspora and disrupt the silence, shame, and stigma that have been passed down from previous generations. We acknowledge the unique perspectives and intersectionalities within our community and do not attempt to speak to every individual's experience. By addressing our intersectionality within our diverse diaspora, we aim to highlight how to navigate healing in environments that perpetuate oppression, racism, and colonialism.

> "There is no greater agony than bearing an untold story inside of you."
> — **Maya Angelou**

About eating disorders and disordered eating

What is an eating disorder?

> "I think we often discuss eating disorders that have to do with a lack of eating, but having more conversations around eating disorders that have to do with overeating and how difficult that is [is also important]." — **Grace**

Eating disorders are a diverse group of mental health conditions that are diagnosed based on criteria listed in the *Diagnostic and Statistical Manual, 5th Edition* (DSM-5) by medical professionals or psychologists. For further information on the categories of eating disorders and their symptoms, visit https://nedic.ca/eating-disorders-treatment/.

What is disordered eating?

Disordered eating is a broad umbrella term that includes disordered relationships with food, exercise, and one's body. Disordered eating is clinically defined as "a wide range of irregular eating behaviours that do not warrant a diagnosis of a specific eating disorder". This means that disordered eating is not a diagnosis in itself, but rather a term used to describe the behaviour patterns seen in someone who does not fit within the specific criteria for any of the eating disorders listed in the DSM-5. Examples include guilt and shame around food, yo-yo dieting, restriction, rigid food rules, "clean eating", adopting a juice-based diet, and body image concerns.

Functions of eating disorders and disordered eating

While many people understand eating disorders as "solutions" to poor body image or hating one's body, the functions of eating disorders are much more complex. Similarly, body image is multifaceted, not black and white. Eating disorders can develop in people never exposed to media images of idealized bodies – cases of anorexia nervosa in people with congenital blindness have been documented (Thomas et al., 2012). Body ideals differ depending on cultural, historical, and social factors. Complex interactions between cultural ideals, social desirability, tendencies to view oneself as an object, media's influence on the glorification of certain bodies, and diet culture expectations inform people's conceptions of body image in many ways.

Eating disorders go beyond seeking control and an individual's relationship with food. They can provide a sense of personal safety and may evolve as a trauma response when the body identifies a perceived threat. These behaviours may also help people avoid and manage painful emotions that they may not have learned to cope with before. Many of us experience transitions in our life that affect our stance in the world and overall identity. An eating disorder may create structure and provide an identity for someone who does not believe that they belong. Over time, the eating disorder can be viewed as a reliable friend or guardian that has stuck by them through moments of immense suffering and pain.

Contributing factors for Black communities

The many factors that can contribute to the development of eating disorders include:

- Exposure to Eurocentric beauty standards and thin idealization
- Weight stigma
- Diet culture
- Social media
- Traumatic experiences
- Chronic illnesses (gastrointestinal conditions, fibromyalgia, lupus)
- Genetics
- Participation in competitive/high-level sports
- Use of medications that affect appetite and/or weight
- Postpartum and perinatal stressors
- Food aversions
- Personality traits and co-morbid mental health conditions
- Complex grief and bereavement
- Emotional dysregulation
- Religious purity beliefs

Special considerations

Racism and internalized racism

> "I find that a lot of clinical spaces avoid conversations about fatphobia and how it's connected with white supremacy, colonialism, and capitalism. For me, those are important things to know because it's empowering for communities of colour to know that this way of controlling bodies, wanting them to be thin, and whitewashing food is a colonial project." – **Grace**

Eating disorders and disordered eating are often used as survival strategies to cope with the persistent effects of racism and acculturative stress. For Black community members, experiences of anti-Black racism – which spans beliefs, attitudes, prejudice, stereotyping, and discrimination towards people of Black-African descent – may be daily occurrences. Stressors for community members include (but are not limited to) systemic and structural anti-Black discrimination; diagnostic criteria that lack cultural sensitivity; subjection to racial violence; limited access to housing and education; and micro-aggressions and micro-assaults such as backhanded compliments and subtle social exclusion. Persistent exposure to these events damages Black people's health and, as a result, leaves us more vulnerable to developing harmful ways of coping. Another essential factor that affects body image, idealized beauty standards, and foods that are deemed "healthy", is internalized racism. Anti-Black racism upholds the power of white people, while simultaneously oppressing and undermining Black people. Internalized racism is seen among Black community members when individuals maintain and participate in ideas, beliefs, or attitudes that secure white people's dominant status. This concept is often connected with other human experiences such as colourism, low self-esteem, stereotypes, and self-hatred (Bivens, 1995).

Trauma and post-traumatic stress disorder

> "Our culture treats weight loss as if it's about aesthetics or a vain quest to assimilate, but we rarely consider that it is sometimes a consequence of traumatic experience." – **Evette Dionne, *Weightless: Making Space for My Resilient Body and Soul***

Racial trauma describes the impact of cumulative experiences of racism and can include generational, cultural, and community trauma. With chronic exposure, Black and other racialized people can experience trauma responses that are connected to an individual's previous experiences and emphasize their positionality in a dominantly white society (National Center for PTSD).

Post-traumatic stress disorder (PTSD) is a mental health condition that can develop after experiencing a significant life-threatening event and can result in reliving the event, hypervigilance, and avoidance. Black people who experience persistent racial trauma can feel unsafe and out of control in the world, which may lead them to cope in ways that they can control and numb immense feelings that are a result of these events. Assault and abuse are other significant traumatic events that are directly tied to self-esteem, body image, and feelings of shame. Those who experience assault are particularly vulnerable for developing eating disorders or disordered eating. Black women specifically are affected by abuse at alarmingly high rates (Green, 2017) and Black children live through a higher number of adverse childhood experiences (Child and Adolescent Health Measurement Initiative, n.d.), reflecting the influence of discriminatory policies and practices that leave Black community members vulnerable. As internal ways of coping are depleted, individuals may rely on behaviours such as bingeing, purging, or restricting to soothe feelings of distress (Small & Fuller, 2020).

Cultural mistrust of healthcare systems

Black communities have a complicated history with healthcare systems in North America. Harmful experiments conducted on Black people during the 1800s and 1900s, without their consent to test the efficacy of procedures before use with white individuals, have been well documented (Mickles, 2017). These traumatic experiences included various surgical procedures where anaesthetic was not used and sterilization was conducted without their knowledge. As a result, as Black community members we have learned to be extremely protective of our physical bodies and mental health. This has also made trusting healthcare providers challenging, which is sustained by the racial disparities in many healthcare systems, experiences of being harmed by providers, and limited access to services (Scharff et al., 2010, 880). Black folks are also continuously silenced from voicing their concerns and not included in systemic conversations where decisions are made that affect their wellbeing. Cultural competency is becoming an essential skill for many providers and important consideration in developing services for our community (Small & Fuller, 2020, 34). Despite Black communities' harrowing history, members continue to acknowledge the importance of healing and show up in the therapeutic space with wounds they want to understand and unpack. Links to therapeutic resources for Black community members are available at https://nedic.ca/bipoc/black-community-members.

Polycystic ovarian syndrome and hormones

Polycystic ovarian syndrome (PCOS) is a complex health condition that impacts the female reproductive system and is marked by hormonal imbalances that can produce symptoms such as excess hair growth and acne. Insulin resistance frequently occurs with PCOS, and this hormonal change tends to lead to weight gain. Clinical recommendations for managing PCOS often include aiming for weight loss, and the history within the medical community of weight and racial biases against Black women contributes to them being disproportionately harmed by such advice. Implementing mainstream recommendations to lose weight can be challenging in Black communities, as cultural attitudes may encourage eating to gain weight in order to "look healthier".

Not only does PCOS increase an individual's chances of developing disordered eating habits or eating disorders, it also impacts body image, mood regulation, and self-esteem. Many Black women feel unsupported when navigating these struggles and are confronted with talking about issues that go against what they have learned about hiding problems and appearing strong. Opening this dialogue allows us to distribute information and assets among our community for a shared purpose of empowerment.

Food insecurity

Research data indicates that there is a persistent racial disparity in food insecurity White. Even after adjusting for income, immigration status, household composition, education level, Black households across Canada are more likely than white households to be food insecure (Dhunna & Tarasuk, 2021). For many Black households, access to sufficient food is chronically uncertain and limited. Black people are therefore more likely to experience the detrimental outcomes of food insecurity, which include higher risk of diabetes and high blood pressure, developmental challenges, poor academic achievement, and adverse mental health issues (Odoms-Young, 2018). Food insecurity significantly impacts the development of eating disorders and disordered eating and is correlated with an increase of weight stigma. Black community members may unintentionally or intentionally participate in disordered eating practices such as intermittent fasting, restricting, and skipping meals. Some individuals experience the "feast or famine" cycle which can be described as food intake increasing during times that food is abundantly accessible, and decreasing during periods of food scarcity. Of note, Black-led organizations across Canada are working to address food insecurity and bring about lasting change (see the Pan-African Food Sovereignty Network – https://pacfsn.org/).

Acculturative stress

Acculturative stress, also commonly known as culture shock, describes the stress that develops due to conflict that people face with relocation and adapting to the culture of their new location. It can contribute to a loss of appetite and maladaptive coping strategies and therefore be an important factor in the development of disordered eating patterns in Black people (Small & Fuller, 2020, 5-6). Intersections of religious/spiritual beliefs and environment are also important to consider as they may maintain restrictive forms of disordered eating when they align with cultural or religious/spiritual teachings within Black communities (Griffith, 2004).

Community stigma and shame

Unhelpful cultural narratives

> "There was a lot of rhetoric of not wanting to be like 'this Black person' or putting down the community in general; anti-fatness, the ways we ate, how much we ate was a big part of that, to distinguish ourselves." – **Grace**

Cultural narratives are largely learned and maintained through mass media, social networks, and large institutions (Hasford, 2016). A factor that creates a barrier to accepting and developing our racial identity in Black communities is the lack of representation in media. Although there is a lack of research to specifically address Black Canadians' representation in media, the National Research Group found through their #RepresentationMatters research that two in three Black Americans do not see themselves represented on screen. This perpetuates the silencing of important diverse stories that speak to the realities of Black experiences. In media depictions of Black communities, a commonly embedded narrative is that of Black youth living in families without a father present, having a propensity for violence, and being underachievers (Hasford, 2016). Media often portray Black youth being primarily successful in sports, entertainment or crime, without acknowledging other areas of high achievement. Adaptive responses to these harmful narratives are seen through various forms of resistance such as liberation and empowerment. However, these cultural narratives can also result in maladaptive responses such as complex mental health challenges that include eating disorders and disordered eating.

Myths and misconceptions

> "Knowing from a bottom-up approach why we have diet culture and fatphobic beliefs in the first place, and how controlling food intake becomes a way for people to gain control in their lives. For me, controlling food wasn't just to be thin; it was a way to have control in my life. Why that is a method we use is connected to those frameworks." – **Grace**

Eating disorders and disordered eating are often misunderstood, with a common misconception being that they are just about food. Many individuals who experience these challenges may have heard from others, "just eat", "who doesn't like food?", or "it's not that hard". While some aspects of eating disorders and disordered eating can be easily observable, such as food-related behaviours, as discussed throughout this resource, the internal struggles are much more complex and may involve aspects of trauma, unmet needs, significant stress, and comorbid mental health disorders. Persistent societal narratives that eating disorders and disordered eating only affect women – particularly white women – erase the experiences of Black individuals of all genders who struggle with this daily. This relates to the common myth that we can see if someone has an eating disorder by looking at them. It is important to understand that eating disorders and disordered eating can affect any individual and do not discriminate based on race, gender, or body size/shape. As the behaviours do not always change an individual's body, it is harmful to make assumptions solely based on what we observe.

Stereotypes

> "Being small, being feminine, pursuing white femininity was how I internalized anti-Blackness from society and my parents, and something that fueled my desire to restrict my diet and be thin." – **Grace**

Stereotypes are judgements that we make about people, things, or the world. These mental "shortcuts" allow us to navigate the large amounts of information that we receive daily; however, assumptions can cause harm. The Strong Black Woman (SBW) stereotype is a pervasive narrative that is shrouded in superficial empowerment, while simultaneously exploiting Black women and maintaining racism in our society. This stereotype acknowledges the complex emotions and acculturative stress that Black women endure on a daily basis, while praising them for suppressing these experiences so that others are not impacted. The SBW stereotype also exploits our communities' resilience and portrays a myth of independence (Stewart, 2020, 32). Through this narrative, many Black women learn to struggle in silence because we are taught that our resilience overpowers our need to ask for help. Furthermore, the "Jezebel", stereotype is also harmful to Black women due to the undue portrayals of Black women as seductive, hypersexual, and only valued for their sexuality.

Other pervasive stereotypes such as the "Mammy" and "Uncle Tom" caricatures sought to legitimize the institution of slavery through Black people's "apparent" contentment to serve and the need to gain approval from white people. Among these widespread narratives is the underlying judgement that Black people are lazy or threatening, entangling us in a harmful cycle of overworking to prove that we are "enough" and suppressing injustices as a result of being dismissed or invalidated. Hester and Gray (2018) found that taller Black men specifically are stereotyped as threatening which subjects them to harmful and violent interactions with law enforcement, and maintains overall negative sentiments towards Black men. Many of these stereotypes are maintained and compounded in media through narratives and portrayals of Black characters and people in narrow and assumptive ways.

Body image

> "From LGBTQIA bodies, to fat bodies, to women's bodies, we live under systems that force us to judge, devalue, and discriminate against the bodies of others." – **Sonya Renee Taylor, *The Body Is Not An Apology***

Body image is a perspective that includes our thoughts, feelings and behaviours related to our appearance. To fully understand how body image develops in Black people, it is important to consider the framework of "-isms" (racism, sexism, classism, heterosexism) and the history of slavery (Awad et al., 2015). Black bodies were routinely violated throughout the slave era for profit and pleasure, while stereotypes such as the Jezebel emerged to exploit Black people for labour, sexual purposes, or breeding. Eurocentrism in mainstream media, weight stigma, and objectification negatively impact Black community members daily.

Eurocentric models of beauty

Many of the images that appear in media and are accepted as the ideal beauty standard are viewed through a lens shaped by European culture. Characteristics such as longer and straighter hair, fair skin tones, and thin bodies are often associated with femininity and beauty. As a result of displacement and forced enslavement, along with the other atrocities of the slave era, Black peoples' identities have been influenced structurally through repeated misrepresentation. Darker-skinned peoples are not commonly afforded the same opportunities, and being "too natural" is often interpreted as neglecting to take care of themselves or being "ghetto". Society has repeatedly shown discomfort with Black women who appear confident in their bodies; people who do not conform to the dominant Eurocentric appearance standard are not "supposed to" take pride in their looks. Black women who embody the characteristics of the Eurocentric model are deemed to be more sexually attractive and visually appealing (Jackson, 2022).

Unrealistic standards and weight stigma

Weight stigma and fatphobia are pervasive in North American society, continuously harming individuals living in larger bodies and especially Black people who are characterized as being "curvaceous", or "thick". Weight shaming occurs constantly in Western culture — in all types of media, and settings from healthcare to workplaces to athletics. It is profoundly damaging when individuals are targeted by friends and family with the use of stigmatizing language to describe larger bodies, discussions of dieting, and commentary about eating habits or food choices. Fatphobia has roots in racism, dating back to the slave era; Black people were stereotyped as being prone to gluttony and their love for food

made them fat. Colonists claimed to have more self-control and to value moderation which made them "superior" (Strings, 2019). In the beginning stages of the slave trade, colonists could determine whether a person was a slave by their skin tone; however after years of close proximity and sexual relationships between slaves and slave owners, this was no longer an accurate status indicator. Body size and shape were adopted as indicators of whether a Black person was enslaved or free, and larger bodies were "deemed undeserving of freedom" (Crane et. al., 2022). Unfortunately, these ideas have influenced modern medicine and doctors are often perpetrators of weight discrimination. Intense shame can be a primary contributor to the development of eating disorders and disordered eating, which is maintained through interactions within our society.

Objectification, self-surveillance, and self-objectification

Objectification of Black people has been repeatedly maintained through history and is described as any interpersonal experience in which the individual is treated like an object and sexualized in media. As a result, we have learned to internalize the observer's perspective, which alters our perception of ourselves. This self-objectification can unfortunately lead to mental health challenges that include eating disorders and behaviours such as self-surveillance. These perceptions also contribute to the belief that one is less competent, less worthy of moral consideration and treatment, responsible for being subjected to sexual assault, and deserving of maltreatment (Anderson et. al., 2018). Experiencing consistent dehumanization and objectification creates a persistent feeling of fear and threat to safety. Many Black community members live in a state of hypervigilance in an attempt to keep themselves safe.

Colourism and shadeism

Colourism, also referred to as shadeism, is a prejudice based on an individual's skin tone and is another harmful remnant of colonialism. It is a pervasive belief that plagues our communities and affords more opportunities to lighter-skinned people. Desirability is also connected to this concept, with lighter-skinned people being deemed as more attractive and deserving of romance. This discrimination has resulted in systemic unfair treatment of darker-skinned people, which is reflected in incarceration rates, employment rates, and experiences of violence, to name a few. Colourism directly stems from the Eurocentric model of beauty and the overwhelming preference for these characteristics in society, which deeply affects the way that dark-skinned Black individuals think about themselves and others (Awad et al., 2015). It echoes the persistent invalidation and anti-Black racism that is experienced by our communities.

Food and culture

Food and connection

> "Food is not only a form of love but also a way of building and protecting culture." – **Wallace (2021)**

Coming together to share food and eat together is a practice that has fostered deeper connection in our communities for thousands of years. As many of us have experienced, Black elders do not give us recipes — they pass down their knowledge as we help them prepare meals and relive memories of how meals stimulated our senses. The smells of the kitchen, the sound of pots and pans, and the taste of different spices all come together to emphasize the importance of food in our community. Soul food describes food commonly eaten in North American Black households with origins in the southern United States. During the slave trade, Black people were given meagre quantities of food that were often low in nutritional value and poor quality. To survive they adapted with what they had and utilized their knowledge of traditional African recipes to create what we classify as soul food dishes, such as rice, collard greens, fried chicken, and cornbread (Hayford, 2018).

> "I had a friend who had an eating disorder and her doctor recommended community eating to her. We would meet up in the morning to eat breakfast together, or invite other friends and eat lunch. We started this practice of eating together to make sure that we ate." – **Grace**

For many individuals who struggle with eating disorders, eating with others can lead to intense distress and they may also categorize "safe foods" that they are able to tolerate. Foods could be categorized as safe for many reasons such as nutritional value or texture; those that are unsafe often evoke feelings of anxiety, fear, or disgust. These feelings often show an individual's disconnection with food or eating, however can also reflect the internal disconnection they are experiencing with their identity and the world around them.

Cultural food discrimination

> "A lot of people who are children of immigrants or immigrants themselves have experiences of going to school with their little lunch box, with their cultural food, and people like, 'ew, what's that?' I feel those experiences of racism can be deeply embedded in our relationships with food, as well as fatphobia, control, wanting to be thin, or using food to soothe." – **Grace**

Foods are often classified as "good and healthy" or "bad and unhealthy". While the rationale for these categories is rooted in nutritional value, foods are also classified based on what they represent and who has historically consumed and produced them. Although soul food represents the resilience and survival of Black communities, it has been consistently stigmatized as inferior throughout North American history. Culturally white foods are often positioned as "healthy", while foods that are culturally significant in Black and other racialized communities are deemed "unhealthy" (Fielding-Singh, 2021). Shame intersects with food for many Black and other racialized individuals when they experience situations where their cultural food is deemed smelly, gross, or unhealthy. Cultural foods are not often included in meal plans for intensive inpatient eating disorder programs and many folks struggle to categorize where their cultural food "fits". Black communities have many meals that can be hard to define, such as jollof, fufu, stews that include starch and meat, rice and peas, oil down, and pholourie.

Treatment options

"With my sister's support, I found a therapist – a white woman – who was very clinical and identified helping people with eating disorders. I didn't stay with her for long because she had me writing a food log and everything I ate, which I found very triggering. I was very anxious every time I went to see her and talking about myself and my cultural upbringing. I felt she was judging me somewhat and didn't feel comfortable in her space." – **Filsan**

Access and availability

Seeking treatment for eating disorders and disordered eating is a journey of healing that has many different paths. Access to treatment also ranges depending on location and affordability, which is even more challenging for Black community members who may be seeking treatment providers who display cultural competence. For those who are in life-threatening situations, accessing emergency services may be the best option. However, adjusting our expectations around the level of care that will be provided is important in creating a treatment plan that addresses our needs. Long wait times and staff shortages are common in emergency rooms, impacting the level of care an individual can receive. Walk-in clinics can also be harsh environments, especially in more rural communities. A current challenge that is occurring in the healthcare system is access to a primary care provider such as a family doctor, which has left many folks without reliable medical care or a point of contact for referrals to specialty services.

Treatment barriers

"I felt the biggest thing was that mental illness was unacknowledged in my community. It was seen as mainly a Western problem; I bought into that and believed that. We often talked about it that way at home growing up. Mental illness was a joke, almost; I remember people joking about things like a person being 'crazy' when referring to their mental state. I bought into that and there was the stigma about mental illness." – **Filsan**

Given Black communities' history of being abused, mistreated, and under-treated by healthcare professionals, many Black people are understandably hesitant to seek treatment. Professionals that exhibit compassion, and that use anti-oppressive, anti-racist, and trauma-informed frameworks, are extremely important in creating a safe environment. Everyone deserves access to treatment that embodies these characteristics.

One of the main barriers for Black people seeking mental health treatment for eating disorders is an understandable mistrust of treatment providers. As discussed previously, many Black people have experienced a lack of cultural sensitivity and competence from healthcare professionals. Psychotherapy is also rooted in Western medicine that has garnered its evidence mainly from data on white individuals. This creates challenges with diagnoses and, for non-Black therapists, can lead to suboptimal approaches to interacting with Black clients and pathologization of Black families because they can be structurally different from white families. Intensive treatments for eating disorders are often not affordable to those in lower socioeconomic environments, which further maintains the cycle of generational trauma and lack of proper care for Black individuals. Because of our communities' turbulent history with healthcare, many members prefer to see a Black therapist. A lack of Black clinicians specifically trained to work with eating disorders and disordered eating is another barrier that makes it challenging to access care. This includes Black dietitians, nutritionists, psychiatrists, therapists, and social workers. Many treatment environments avoid discussing fatphobia and how this is connected to colonialism and white supremacy, which can be extremely invalidating for Black clients.

Types of treatment

Inpatient

Individuals who are in crisis or are experiencing significant life-threatening factors as a result of their eating disorder may require intensive treatment that involves a stay in a residential facility or hospital. This setting is also recommended for those who have complex diagnoses which may be acute mood disorders, obsessive compulsive disorder, personality disorders, and medical complications. Inpatient services may have longer waitlists and an extensive intake process that involves sensitive questions related to medical history, eating habits, and suicidal ideation. A significant benefit of inpatient treatment is access to a full care team which usually consists of a psychiatrist, medical doctor, nurse, dietitian, and therapist. The ultimate goal is to stabilize individuals with medical and therapeutic interventions so they are able to further their healing journey through outpatient services.

Outpatient

Creating a care team in the community can be difficult and treatment can look different for each person. Each professional that is included in a person's care team may work independently, however may need to communicate with each other at different stages in a person's treatment to work cohesively. Outpatient care can vary in intensity and can include day programs, individual psychotherapy, group psychotherapy, somatic-based practices, and support groups. These options may be helpful for those transitioning out of an inpatient setting that are looking for consistent, long-term support. Intentionally seeking out Black, Indigenous, and/or People or Colour (BIPOC) spaces that are inclusive of family and encourage building community is an important aspect of the healing journey.

When seeking individual or group psychotherapy, there are multiple approaches that can facilitate trauma processing from a cognitive, somatic, or experiential perspective. Cognitive approaches focus on identifying harmful thoughts or behaviours that are maintaining the eating disorder or disordered eating. Somatic and experiential approaches include dance movement therapy, music or art therapy, and yoga. Movement is a vital part of Black communities' histories and can promote connectedness to members' culture and ancestors. A common experience of those navigating an eating disorder is the feeling of pain and suffering, which can create isolation. There are often deep-rooted beliefs that "nobody will understand me" or "I will never get better", which further maintains isolation. Peer support groups are another way of seeking community, if you are feeling misunderstood and disconnected from those closest to you.

"I would say you're on a healing journey and it's okay if you fall into thoughts and patterns that don't align with your values, or what you want for yourself, because we are in a world that's very much entrenched in this. We've grown up entrenched in this. So be patient with yourself. Stay connected to people and spaces, and with treatment if treatment is affirming. You deserve inclusive treatment and communities that don't enforce these restrictive ideas." – **Grace**

Harm reduction

Reducing the harmful effects or behaviours of an eating disorder can be an alternative strategy to abstinence and provides individuals with choice in how they would like to pursue recovery. The vast majority of treatment providers practice from a lens of abstinence or refer to harm reduction as a last resort. However, one approach may not fit with every individual's situation and eliminating specific behaviours may impact their overall feelings of fulfilment in their lives. Harm reduction can also destigmatize eating disorder recovery, acknowledge power differences in the therapeutic relationship, and lower barriers of access to support. Examples include:

- Not making weight loss or gain a requirement in treatment
- Incorporating check-ins with medical professionals who are aware of the goals to not entirely eliminate eating disorder behaviours
- Exploring improvements in nutrition intake
- Implementing pauses or breaks from eating disorder behaviours
- Being mindful of fluid and electrolyte intake
- Attending medical appointments on a regular basis
- Incorporating strategies to help with digestion such as stretching, warm drinks, or heat packs
- Practicing oral care after purging, such as rinsing with a baking soda and water solution
- Communicating changes you are noticing to members of your care team who are are aware of your harm reduction goals

Navigating existing treatment environments

Existing treatment environments may not be entirely inclusive or understanding of how Black people experience eating disorders. To limit potential harm and navigate these spaces, it is important to consider a few strategies:

- Prepare questions to ask treatment providers about their rationale for their recommendations, treatment side effects, or alternative options
- Request to work with a clinician who identifies as Black or BIPOC
- Bring a supportive friend, family member, or case worker
- Communicate any changes in your wellbeing to your care team
- Request to be referred to another clinician who may be better suited to meet your needs
- Communicate concerns or fears of engaging in treatment
- Ask your clinician if they are comfortable discussing topics related to colonialism, capitalism, white supremacy, and racism
- Request copies of your medical records

Coping strategies

Community care and group support

Community support is an integral part of the healing journey and there are numerous organizations creating safe spaces for Black folks to access alternative methods of healing, reclaim language, and speak to the importance of challenging systemic harm occurring in many industries. Alternative methods of healing can involve somatic practices that incorporate creativity, dance, and singing. The following are a few options:

Body movement groups emphasize developing and exploring your relationship with your body to encourage more connection between the mind and the body. This can include dancing and yoga to express yourself when describing your emotions through words is challenging.

Peer support groups include individuals who have lived experience with eating disorders and want to share their story. These groups are often facilitated by a clinician who helps establish a level of safety for participants and may introduce themes and information to foster connection and deeper discussion.

Art therapy is a creative form of psychotherapy that can be tailored to each individual and utilizes activities and exercises to explore emotions and body image, enhance self-acceptance, and challenge negative beliefs.

The fat liberation and body positivity movements have been reclaiming language that has previously been used to harm individuals, including Black individuals, in bigger bodies. The fat liberation movement focuses on deconstructing systems that have denied fat people full participation in society, which we see in healthcare, apparel, transportation, building accessibility, and many other contexts. Reclaiming the word "fat" is an important part of this movement to promote fat acceptance. The word "fat" has been taught to many of us to only be used to shame or mock others; however, by reclaiming this word, we can move toward appreciating that bodies come in many different shapes and sizes. All bodies deserve equal value and treatment.

The Association for Size Diversity and Health [ASDAH] (2013) defines health through a holistic lens — health lies on a continuum that can change depending on time and circumstance with each person. Their Health At Every Size® (HAES®) principles and frameworks embody a weight-inclusive approach that promotes health equity, supports ending weight discrimination, and improving access to quality healthcare regardless of size.

Body neutrality

This concept focuses more on being at peace with one's body rather than "loving" or feeling positive towards it. We often feel hatred towards our bodies when we notice limitations or when it does not have characteristics that are desirable to society. Body neutrality dismantles the idea that if our body does not look a certain way, it means that we are not enough or lacking. To move towards accepting our bodies, it can be helpful to focus on its functionality. For example, instead of focusing on the size of our stomach, we can acknowledge that the stomach digests food so that we can have adequate energy throughout the day. We may not always admire our bodies, however creating a feeling of respect for our bodies may help us to separate our worth from how our body looks. Body neutrality can be more realistic for folks who find themselves expecting to love their body or feel happy about the way they look, and instead observing one's body without judgement (Haupt, 2022). A few ways to begin practicing body neutrality include:

- Focusing on the function of your body
- Challenging negative thought spirals by asking yourself, *"Are these thoughts helpful to me?"*
- Choosing outfits that you feel comfortable wearing rather than tighter clothes to force your body to look a specific way
- Considering exercise as movement that helps maintain your body's functions rather than a way to lose weight or burn calories
- Spending less time looking in the mirror and reducing fixation on parts of your body that you deem are "problems"
- Distancing yourself from environments or conversations that promote dieting or are focused on bodies
- Being mindful that body neutrality may take time – healing is a journey, not a destination

Self-compassion and caring for the self

Having compassion for others often comes more easily than having it for ourselves. We tend to be our own worst critics and do not show ourselves kindness for many reasons. Common misconceptions of self-compassion are that our emotions will become worse, we will let ourselves get away with too much, or that we do not deserve it.

Compassion starts with noticing that we are suffering. We cannot show kindness towards our own pain or someone else's if we deny that there is pain in the first place. When we acknowledge pain and suffering, we may feel a desire to help or support that person in some way. Offering kindness and understanding of this pain despite failure and mistakes helps us realize that suffering is a shared human experience. Self-compassion is deliberate action directed towards ourselves during times of discomfort, challenge and pain. Instead of ignoring our experiences, validating and acknowledging our issues is a core emphasis of self-compassion practices. Dr. Kristen Neff discusses three important elements of self-compassion:

- The first is self-kindness versus self-judgement: Recognizing that being imperfect is inevitable and through fighting this reality, we create more pain internally.
- Second is the idea of common humanity versus isolation: This describes how the belief that we are the only one suffering or that no one can understand us, creates isolation. Instead, it may be more helpful to recognize that pain is a part of the human experience, and our reactions to this are all unique.
- Lastly, mindfulness versus over-identification: This emphasizes the importance of observing our negative thoughts or emotions with curiosity and openness.

Consider these tips for practicing self-compassion:

- Acknowledge when you are having a difficult time.
- Approach negative thoughts and emotions with curiosity such as, *"How am I feeling right now? When have I felt this way in the past? What did I do to comfort myself? Who can I talk to for support?"*
- Be mindful that when practicing self-compassion for the first time, the pain may increase at first because we may not have acknowledged this before.
- Manage expectations about how you "should" feel. Rather than aiming to feel positive emotions all the time, consider that balance is important and self-compassion does not promise that you will never experience pain again.

Talking with loved ones

> "It wasn't easy talking to even my sister. The shame was a big factor. A lot of stories about folks that struggle with eating disorders, you see that they're teenagers to twenties. I was a grown woman. I felt like I should have my life in order and that stopped me from talking about it." – **Filsan**

Shame is a huge factor that maintains fear of disclosing or naming behaviours as an eating disorder or disordered eating. For many individuals, naming it for themselves can be the first step to contemplating change and a further step may be including others in their journey. As discussed, there are many factors embedded in Black communities that make this conversation especially challenging. The following are some strategies for creating a more helpful dialogue:

- Before disclosing your challenges, it may be helpful to express feelings of discomfort, guilt, or worry that you are bringing into the conversation.
- To cope with feelings of discomfort, consider having a support person with you during or after difficult conversations. This may be a friend, partner, spiritual leader, or healthcare professional.
- Be mindful of the difference between asking for help versus asking for support or validation. Asking for help may require more action such as finding treatment providers or accessing emergency services. Asking for support or validation may require your loved ones to acknowledge that you are suffering and doing the best that you can at the moment.
- Be as specific as you can with how you want loved ones to show up for you in times of distress – for example, you may want someone to eat with, someone to call on especially tough days, or someone to walk with.
- Manage your expectations around your loved ones' capacity to provide validation and understanding. Some may not be able to give you the support that you need, and that's okay.
- Implement boundaries with people and spaces that are invalidating or harmful to your healing. It's okay to not include specific loved ones in your journey.
- Be aware that their reactions may come from a place of fear and misunderstanding.
- Some teaching may be necessary to help loved ones understand what you are experiencing. However, you are allowed to not share aspects of your experience that you are still processing or working on understanding yourself.

Supporting a loved one experiencing an eating disorder

> "In our culture, relatives often greet you with a comment on your body and how you're looking. If you've gained weight, they'll comment on that; if you're looking skinny, they'll comment on that." — **Filsan**

It can be challenging to support someone you love who is experiencing an eating disorder or disordered eating. Observing their struggle may become overwhelming and can sometimes feel like stumbling around in the dark. Community is an essential part of the healing journey, both for the person experiencing an eating disorder and the loved ones supporting them. Here are a few considerations for approaching support in a compassionate and least harmful way:

- Ask how you can be supportive in their healing journey, without forcing them to accept your help.
- Avoid reducing their experience to a single cause or reason. Do not make their experience something that is entirely because of you.
- Be mindful of the language you are using to describe bodies. Try to eliminate phrases like "too skinny" or "too fat" from your vocabulary.
- Be aware of the negative impacts of praising individuals for how much or how little they eat or how they exercise.
- Avoid offering simple solutions to complex problems. Advice like "just eat" or "just go for a walk" may be interpreted as, "if I do this one thing, then all of my problems should go away".
- Be open to having difficult conversations about food, fatphobia, and shame.
- Be aware of your own eating patterns or behaviours and discussions around dieting, which can further maintain a loved one's eating disorder.
- Check in with yourself to determine if you have the necessary capacity to support your loved one. It's okay to ask for space or to provide support by finding a professional who can address their needs effectively.
- Seek resources that help answer your questions if you are having difficulty understanding their experience.
- Prioritize implementing strategies throughout your day and week that recharge your energy. Include more activities that make you feel fulfilled on days that you feel especially worn out.
- Keep in mind that not taking care of yourself can harm yourself as well as the loved one you are supporting.

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Links to other resources that you may find helpful are available at https://nedic.ca/bipoc/black-community-members/

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