

Kutztown University

Eating Disorders in Marginalized Communities

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Preface

From an early age on, I discovered a correlation between people's political affiliations and their general perception about life and the world around them. Growing up with politically progressive parents, I saw how their open-mindedness reflects both their personalities and view of today's political system. Their general tolerance and desire to learn makes them accepting people who are willing to help marginalized groups. My parents always strive to help those in need—even while they endured their own hardships. Growing up, my father struggled to hold a steady job, which exposed me to a life of financial ups and downs. Despite my father's work instability, my mother, who is a school teacher in Atlantic City, New Jersey, has always provided for her students in times of disaster. After Hurricane Sandy struck South Jersey in 2012, I watched my mother provide her entire first grade class with pajamas and underwear to help them cope with the loss of their belongings. This selfless act opened my eyes to what was taking place around me—income inequality, uneven wealth distribution, discrimination, home foreclosures, and a great deal of poverty. As casino after casino filed for bankruptcy, I started to understand why and how South Jersey became so poverty-stricken. I became passionate about helping those around me, thus guiding me toward the line of work I look to participate in for years to come: civil liberties.

My high school peers also taught me about the social inequalities present within my own community. Growing up with friends whose parents were immigrants, friends whose sexualities were constantly under societal scrutiny, has made me more sensitive to and aware of the maltreatment of marginalized groups. I witnessed a high school teacher use derogatory language toward one of my friends of color. Homophobic rhetoric forced my friend to prematurely come

out as a gay man. These forms of malice and hate helped me realize that discrimination and oppressive behavior is as close to home as it is far beyond my own life and geographic boundaries. I found myself researching political groups that worked to stop oppressive rhetoric, hate crimes, and marginalization such as the Black Lives Matter movement, American Civil Liberties Union, and He For She. Not only did I distance myself from friends who spewed this kind of rhetoric, I also began to actively defend those who were belittled or discriminated against for their race, sexuality, or gender in front of my eyes. I remember watching a girl bullying a Muslim student for her religion both on the internet and in person—I was overwhelmed with anger and sadness—so I confronted the bully at lunch, which stirred commotion. She retaliated and we began arguing in the cafeteria. At the principal's office, I told the administration about what was going on so they could step in. Looking back, it's clear to me that this experience stuck with me in the long run—although it may be difficult to speak up, it is extremely important for me to put an end to any hate speech or oppressive actions around me.

In high school, my love for literature and English grew. I became absorbed in classic novels that depicted different time periods and eras. Harper Lee's *To Kill a Mockingbird* became the first foundation for my future plans to become a civil liberties attorney. Atticus Finch's character is still one of my role models to this day for his persistence and integrity; I, too, strive to speak out for social justice. While applying to colleges my senior year, there was no hesitation when it came to what I should study—I wanted to concentrate in an English-related field.

Majoring in English has provided me with much more than an understanding of great literature. In college, English-based courses such as World Literature II, Literary Theory, and Women's Writing/Rhetoric exposed me to progressive writers such as Edwidge Danticat, W.E.B.

Du Bois, Alifa Rifaat, and Virginia Woolf, who put my thoughts on social injustices into words. Woolf's *Orlando*, specifically, is the first work I've read that challenges the gender binary. After reading Judith Butler's gender theory, I began to see a connection between theory and literature. I developed a deeper understanding for works that shed light on the LGBTQ, Black, feminist, and class issues around the world. American Literature introduced me to a plethora of incredible slave narratives. Reading the struggles of Frederick Douglass and Harriet Jacobs opened my eyes to American history in ways in which my public school education prior to college could not. These readings have given me insight on how and why diversity in literature is important; by reading other styles and areas of the world, I have discovered the perspectives of other cultures outside of my own surroundings. For example, Danticat's *Krik? Krak!* opened my eyes to Haitian refugees and world literature in general. With my experience as an English major, combined with my experiences with witnessing oppression growing up, I am able to further empathize with the issues various marginalized groups face.

Despite my positive experience with the English department and course load, I battled with my own internal struggles. I felt an immense amount of pressure put on myself—which led to negative body image. My sophomore year was my breaking point. I developed what started out as abnormal eating habits and quickly snowballed into a crippling case of bulimia nervosa. My mental health deteriorated, causing me to take a leave of absence from Kutztown University. I started understanding my brain as my own internal oppressor, so I sought help from different therapists and medication. My own insecurities mixed with societal pressures led to poor body image—slowly, then all at once, I began to binge and purge high calorie food 10 to 20 times a day. This uncontrollable eating disorder took a toll on my academic, social, and physical success.

I remember accidentally missing multiple classes because I would be throwing up for hours. I knew I needed to leave school. My psychologist became my saving grace; we discussed literature, politics, and art, and how these correlated with the struggles I faced. Works such as Naomi Wolf's *Beauty Myth* highlighted how the societal pressures women face can lead to eating disorders and other harmful behavior. This book accurately portrayed how I felt the pressure to be perfect, which I recognized as the media and society's problematic expectations of men and women. Even while I was absent from school, literature still played a vital role during my recovery. I realize societal constraints marginalized people face are not at the same capacity as my own mental health struggles, however, having something like an eating disorder physically hindered my life, and ultimately helped me to sympathize with someone who is unfairly treated due to their gender, sexuality, race, or class.

While away from school, I traveled to Europe for the first time in my life. My uncle knew I needed to get away from my surroundings, so we packed our bags and visited Spain for three weeks. It was the first time I witnessed different perspectives and culture outside of the United States firsthand. The language, art, history and politics gave me a surreal experience that has stuck with me. At The Prado Museum in Madrid, I saw Diego Velázquez's "Las Meninas," which is an oil painting depicting a painter and other commoners in the presence of a royal family. Because the painting purposely neglects to focus on the royal family, it has become a widely known political art piece. Seeing and learning about this piece stuck with me—the idea of portraying more than just the upper class in the art world makes this such an incredibly progressive piece. Other progressive aspects of Spain gave me a positive experience; the political atmosphere changed my perspective on how revolution and the art of protest can spark

conversation and change—at the time, Barcelona pushed to extricate its affiliation with Spain. I witnessed protests, organization, and unity, which up until that point in my life, I had not experienced. From what I have witnessed, Americans tend to look down upon protests. When people gather to revolt and protest in the streets after a hate crime or social injustice occurs (police brutality, sexism, racism, homophobia, shootings targeted toward marginalized groups, etc.), some will often label activist groups as “rioters.” My time in Spain became eye-opening when I realized such a taboo subject in my home country is encouraged and generally supported in Europe. Upon my arrival back to the United States, I began to understand how important protests and unions are.

My time of self-reflection gave me the mental and physical stability to return the following Fall semester. With a clear and focused mindset, I studied diligently while simultaneously accepting myself. I enjoyed many liberal arts-focused courses: Law & Society and Criminal Justice concentrated on social injustices in America, which rekindled my desire to become a civil liberties activist and ultimately led me to the decision of wanting to become a legal aids lawyer.

As an English major, I am given an advantage—critical thinking skills play a crucial role in the world of law. My ability to analyze and evaluate text, draw conclusions, and develop theses are all embedded in me; with this, law school directly relates to my undergraduate studies. These structural forms of composition pair greatly with the aforementioned humanistic connections that literature has given me, thus preparing me for success as a legal aid attorney.

When I returned to school, I promised myself I would become an active and involved student on campus for my remaining semesters at Kutztown University. The Campus Call Center

promoted me from a Student Caller to a Team Lead position in which I now train and help students with their tasks. I have connected with students and stepped out of my shell because of this position. Because my job is people-oriented, I converse with people of different backgrounds and areas in the United States, which I hope to do as a lawyer. Additionally, I joined clubs that help me reach new potentials in the literary world. As an editor and writer for Her Campus, I practice both conventions of grammar and creative nonfiction writing. This club has taught me to become selective and conscious of diction; I developed the ability to actively think about my audience. While holding a writing position, I am given the opportunity to write about what is going on in the world around me; with that, I can even discuss my own thoughts and “world.” For example, I wrote a piece about being a college student with bulimia entitled “ED Coping: My Experience as a Student with Bulimia Nervosa.” Publishing pieces that address injustices and my own internal battles with recovery from an eating disorder works in both therapy and writing experience.

During Winter Break of my senior year, I was granted another opportunity to visit Europe—this time, I visited Italy for three weeks. With a passion for traveling, culture, and art, I could not help but fall in love with Europe all over again. Thinking about my post-grad future, I looked into something I had not considered in the past: teaching abroad. All my life, I dreamt about living in Europe for at least a small portion of my life. While visiting abroad, I quickly realized this dream could easily become a reality, and the gap before law school would be the perfect time to do so. I researched reliable and available apartment complexes in Rome, compiled a list of English teaching programs which heavily rely on United States citizens and

looked into the legal proceedings to work overseas. I feel incredibly lucky to experience such a fulfilling life at my age, and I hope to gain a lot from this experience.

As I reflect on my years at Kutztown University, I cannot help but feel as though I owe all my aspirations to the English program: a combination of liberation-based course offerings, humanistic readings, and supportive professors. I feel confident in my abilities to eventually work as a legal aids attorney. A majority of the works I have studied these past four years have focused on social issues—especially feminist issues—which will help me empathize with future clients. Because of my time as an English major, I have progressed as a feminist myself. However, it is clear to me that different feminist voices advocate for different groups of people. For example, a feminist voice from the upper class may not relate or help women in poverty. When I am an attorney, I hope to see how class and race issues correlate with different parts of the feminist movement. My research into eating disorders in black women and the inequality of treatment will help get me started on this journey.

Eating Disorders in Marginalized Communities

Although the feminist movement's strive for equality is both needed and important, throughout time, different feminist groups have silenced marginalized voices in order to advocate for an agenda only pertaining to privileged groups. While feminism works to achieve gender equality, white women and upper class women generally have an advantage over women of color. Race and class issues within the feminist community have been addressed by feminist activists which helps dismantle these issues; however, there is still some work to be done. For example, most of the research and statistics recorded on women of color and mental health related illnesses are difficult to record or cannot be found at all. When specifically looking at eating disorders, the data behind how many women of color struggle with anorexia and bulimia nervosa is nearly impossible to find. In fact, the National Eating Disorders Association (NEDA) is unable to find any accurate records on the subject: "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). With NEDA being one of the leading organizations in eating disorder prevention in the United States, the lack of data for women of color is startling. This, along with stigmatization, makes it difficult for marginalized groups to speak out when suffering from these disorders; with this, a feminist voice that advocates for marginalized women is more effective than a voice that only supports equality for white, upper class women. While eating disorders in general are stigmatized, women of color often face further complications and marginalization when seeking recovery for these mental illnesses, which impairs these women from speaking out and receiving help. Eating disorders, which often correlate with issues relating to body image, are stereotyped as an illness found in

white women. This biased view ostracizes women of color who are in need of recovery for these eating disorders.

Many feminists work to address race and class inequalities within the feminist movement. Feminist activist bell hooks discusses the difference between white women's inequality vs. women of color's in *Feminism is for Everybody*. She specifically addresses the media's misrepresentation of color in her "Race and Gender" chapter: "All white women in this nation know that their status is different from that of black women/women of color. They know this from the time they are little girls watching television and seeing only their images, and looking at magazines and seeing only their images" (55). Representation is crucial because it correlates with identity. Because women of color are taught from an early age on that beauty is found in the media—which seems to only broadcast white models and celebrities—society is essentially teaching young women of color that they are not as beautiful as the white woman. In hooks's book on media theory, *Reel to Real: Race, Sex, and Class at the Movies*, this lack of representation is addressed: "Representation is the 'hot' issue right now because it's a major realm of power for any system of domination. We keep coming back to the question of representation because identity is always about representation" (174). Media becomes problematic when certain identities are not depicted on screen because these marginalized voices are silenced. With a lack of diversity in popular culture, identities other than white women are ostracized.

Magazines are a prime example of white men and women being the dominant beauty standard in the media. *Cosmopolitan*, a popular women's beauty magazine, is familiar with this discrimination as they have published microaggressive articles in the past. One article from 2015

titled “21 Beauty Trends That Need to Die in 2015” displays side-by-side pictures of which beauty trends are outdated and what is currently trending. Of the twenty-one pairings, only four photographs of women of color were used—and all four were displayed in the “R.I.P.” category. *Cosmopolitan*’s failure to represent women of color in a positive light reinforces the white beauty standard ideology which ostracizes women of color. This systematic racism is harmful to young readers; if young women of color see images of famous women of color in the negative category, they see themselves in a negative light. In *Feminism is for Everybody*, hooks further addresses the lack of attention women of color receive when facing sexism: “Biased feminist scholarship which attempts to show that white girls are somehow more vulnerable to sexist conditioning than girls of color simply perpetuates the white supremacist assumption that white females require and deserve more attention to their concerns and ills than other groups” (59). hooks addresses and criticizes the idea that white women are considered more important than other races when scholars see sexist conditioning—such as societal pressures and beauty standards—as a white issue. Essentially, these biased groups only view white women as the victims, which may be a contribution as to why women of color are silenced when it comes to body image and mental illnesses.

In Sirena J. Riley’s “The Black Beauty Myth,” this discrimination correlates with issues such as negative body image. Riley addresses the fact that body image is now a well-known, openly discussed subject, but some voices go unheard: “Unfortunately, the most visible discussions surrounding body image have focused on white women. As a result, we presume that women of color don’t have any issues when it comes to weight and move on” (357). Although body image issues and dissatisfaction between young women and their bodies have become an

openly discussed topic, marginalized women are often removed from the conversation. Riley mentions the differences in research available for women of color and eating disorders:

Whenever body image was researched and discussed as a project, however, black women were barely a footnote... many white feminists had failed to step out of their reality and see beyond their own experiences to understand the different ways in which women of color experience sexism and the unattainable beauty ideals that society sets for women.

(363)

Because the white beauty standard has such a strong presence in the media and popular culture, statistics on black women and their body image issues are difficult to gather. Although this beauty standard essentially revolves around white women, Riley also discusses the differences in popular culture between races: “Unfortunately, black women have their own beauty ideals to perpetually fall short of. The representation of black women in Hollywood is sparse, but among the most famous loom such beauties as Halle Berry, Jada Pinkett Smith, Nia Long...” (364).

Riley continues to list a plethora of famous actresses and models of color. “Granted, these women don’t necessarily represent the waif look or heroin chic that plagues the pages of predominately white fashion and entertainment magazines, but come on. They are still a hard act to follow” (364). Although white women are typically the face of unattainable beauty standards in society, the women of color who are represented simply create their own impossible set of standards for the black community. Riley mentions the objectification of black women in popular culture by the glorification of their curves—specifically the behind:

There’s a whole new crop of ass songs like ‘Shake Ya Ass,’ ‘Wobble Wobble’ and everyone’s favorite, ‘The Thong Song.’ But did anyone actually notice what the girls in

the accompanying videos look like? Most of those women are models, dancers and aspiring actresses whose full-time job is to make sure they look unattainably beautiful. So what if they're slightly curvier?

Although the black community in popular culture glorifies curves while white women's beauty standards are depicted as skinny, both standards are still impossible to obtain. The beauty industry creates one commonality in all communities: standards solely based on outer beauty. With a society obsessed with how women look, it is no surprise that negative body image is a common occurrence in young women. These unattainable beauty standards lead to detrimental mindsets. Negative body image, which stems from the unattainable beauty ideals, can eventually develop into an eating disorder. These disorders are depicted as a white woman's issue and misrepresents women of color.

Eating disorders, in general, are a common mental health related illness in the United States. According to the National Eating Disorders Association, millions suffer from eating disorders at some point in time: "In the United States, 20 million women and 10 million men suffer from a clinically significant eating disorder at some time in their life, including anorexia nervosa, bulimia nervosa, binge eating disorder, or EDNOS" (NEDA website). The National Association of Anorexia Nervosa and Associated Disorders, otherwise known as ANAD, says that "Eating disorders have the highest mortality rate of any mental illness" (ANAD website). Although these organizations work to spread eating disorder awareness, it is concerning to see negligence to recognize these eating disorders in all communities—especially within those who are marginalized. As mentioned before, it becomes difficult for leading eating disorder awareness organizations to find data on eating disorders in women of color due to the historically

biased view that white women are the sole sufferers. Because eating disorders are common and fatal, it is unsettling to see the lack of statistics for women of color who suffer from these disorders. The social stigma against mental health related illnesses is another issue to consider—although the stigma has dismantled over time, there is still room for improvement. According to Zhi-xia Chen and WS Chandrasekara's case study, *The Psychological Mechanism of Stigmatizing Attitudes toward Help Seeking Behavior for Mental Health Problems*, mental health is often depicted as a taboo subject with great judgment: "Mental illness stigma involve views that mentally ill people are a) accountable for their illness, b) they are weak, c) they are incompetent, d) they are dangerous, e) they are violent, and f) they should be separated from others," (721). Because of these judgments and assumptions, people often have a difficult time asking for—and receiving—help for their mental health related illnesses. If there is a general stigma against mental illness, the idea of speaking out and seeking recovery becomes increasingly overwhelming and difficult to address. The stigma becomes toxic when people feel judged or as if their problems are miniscule, because this often silences their calls for help.

Furthermore, the stigma against mental health recovery is a general factor as to why marginalized groups may further feel the need to stay silent when struggling with depression, anxiety, eating disorders, etc. Because society fails to discuss mental health in the same light as physical health, it is difficult for those who are suffering to voice their concerns and be taken seriously by those around them. Mental illnesses are often stereotyped or viewed as fabricated, which leaves those who suffer feeling ostracized and unable to speak out. Financial issues and societal discrimination contribute to this stigmatization against people of color. Black women, specifically, suffer multiple levels of oppression race, class, and gender all contribute to this

intersectionality, which further hinders these women from seeking help while suffering from a mental illness. While this stigma in society already ostracizes people with eating disorders, people of color are further misrepresented and marginalized by these mental illnesses.

Stephanie Armstrong's memoir, *Not All Black Girls Know How to Eat: A Story of Bulimia*, is a direct example of a woman of color's silence and oppression while struggling with bulimia nervosa. Because Armstrong is a black woman who grew up poor in inner-city Brooklyn, Armstrong does not fit the stereotypical patient with an eating disorder. Armstrong grew up with body image insecurities throughout her adolescence and adulthood, which developed into an eating disorder. In her introduction, Armstrong gives the reader a play-by-play of a typical bingeing and purging episode that she would endure, followed by what she faced in the mirror after these episodes: "A dizzy spell causes me to grip the sides of the sink. In the mirror i stare at the chocolate brown. It is me, only different. My eyes are bloodshot and watering, my normally high cheek-bones are puffy, deep lines are etched into bags under my eyes, and I look a mess" (x). This imagery shows how real and unsettling bulimia nervosa is. She then wonders how she became this sick, reminding herself of her own background as the "same little black girl who grew up in the Bedford-Stuyvesant section of Brooklyn, living far below the poverty line" (xi). Obviously, financial instability contributes to the lack of marginalized women seeking help for mental health related illnesses. When people live below the poverty line, issues such as mental illness go untreated. Furthermore, bulimia nervosa is an expensive eating disorder to have—large amounts of food are going to waste in a short amount of time. This bingeing and purging becomes an addiction and becomes uncontrollable. She discusses her struggle to reach out for help as mental health disorders are not accurately portrayed and represented in the black

community: “Where I come from, only the clinically diagnosed crazies went to therapy. Besides, who could afford it? Normal black women were born equipped to deal with the stress of their lives, and I decided I would be no different. I would be strong, just as I was expected to be” (118). Armstrong felt as though she could not reach out for help because of financial and social reasonings. Instead of admitting she had a problem, she internalized her bulimia nervosa and suffered for years before receiving the proper care and treatment. Here, Armstrong feels silenced when admitting she needs help with her mental health, which is something that is not openly welcomed and supported within the black community. This memoir works as a literary and informative example of marginalization within the black community at the expense of the stigma against eating disorders.

Riley also discusses her experience as a black women with bulimia nervosa in “The Black Beauty Myth.” She discusses her negative body image mentality as an adolescent and how her eating habits became abnormal during her first year as a college student and eventually developed into an eating disorder: “I had a stint with bulimia during my second semester of my first year away at college. But I never got to the clinical stage... I’d eat two bowls of Lucky Charms and the next thing you know, I’d be sticking the spoon down my throat” (362). Bulimia nervosa—a common eating disorder in young women—developed after Riley lost weight during her adolescence: “Ironically, it wasn’t being overweight that really screwed up my body image and self-esteem, it was *losing* weight. All of a sudden I was pretty. No one had ever really told me I was pretty before. So if I was pretty now, then I must have been ugly then” (360). Perhaps if Riley had a positive view of her physical self during her adolescence, her mental health may have stayed in a healthy state. Riley mentions feelings of isolation during her recovery period: “I

was in three body image and eating disorder therapy groups with other young women on my campus. I was always the only black woman... Looking at the other women in my therapy groups, I had to wonder if I was an anomaly” (363). Although she visited multiple recovery groups, Riley consistently found herself as the only black woman in these therapy sessions. This contributes to the idea that white women are the ones who suffer from these eating disorders. In general, women who suffer from eating disorders already feel isolated from society, so to be the only woman of color in recovery groups only enhances these feelings of isolation.

Because there is evidence that women of color suffer from these illnesses, it is important to consider health care options and how mental illness treatment varies in each community. In general, insurance companies neglect to cover mental health care, which contributes to the aforementioned stigma against mental health related illnesses. According to Hans Wijbrand Hoek and Daphne Van Hoeken in “Review of the Prevalence and Incidence of Eating Disorders,” the lack of mental health care leaves those with eating disorders suffering:

Whereas eating disorders are rare in the general population, they are relatively common among adolescent girls and young women. Unfortunately, only a minority of the people who meet stringent diagnostic criteria for eating disorders receive mental health care.

This means that the majority of persons with a severe eating disorder lack adequate treatment. (393-394)

This lack of healthcare is detrimental as so many diagnosed women are unable to receive proper help. Furthermore, the costs of accomplished treatment facilities tend to be expensive. According to a Women’s eNews article titled “Treatment Limits Hobble Eating Disorder Centers,” common eating disorder facilities charge more than the average person can afford: “Effective eating

disorder treatment is simply out of financial range for most lower and middle-income Americans, who must depend on inadequate insurance benefits, relatives and second mortgages to heal their loved ones at private clinics,” (Martin). The article mentions the average cost of treatment: “The National Association of Anorexia Nervosa and Associated Disorders in Highland Park, Ill., estimates the average cost of private inpatient treatment at \$30,000 or more a month,” (Martin). The Pew Research Center published a study on average household incomes based on race: “In 2014, median black household income was about \$43,300, while white household income was about \$71,300” (1). With the average black household making less than \$15,000 more than the average cost for monthly treatment at eating disorder recovery facilities, it becomes essentially impossible to seek treatment. When facilities charge an outrageous amount for treatment, many people are unable to afford care for their mental health related illnesses. This correlates with the aforementioned intersectionality in women of color—because these women are often faced with class issues in addition to race and gender based discrimination, women of color are unable to receive treatment for their eating disorders. Upper class women have a direct advantage over lower income households in the sense that their finances allow them to access more facilities that work with patients suffering from mental health related illnesses.

Possible changes include lowering the cost for admission into these facilities. These facilities—which cost close to the average annual family income for one month of treatment—are nearly impossible to pay unless the individuals suffering come from a wealthy, upper class household. Unless health insurance companies begin to recognize the importance of mental health coverage, or begins to value mental and emotional health to the same degree as physical health, people will continue to suffer without the proper aid available. Again, this

correlates with the general stigma against mental health related illnesses. The American Psychology Association's "Internalized Stigma of Mental Illness: Changes and Associations With Treatment Outcomes" addresses this internalized stigma which deters individuals from receiving the proper recovery for mental health related disorders: "This form of stigma is particularly insidious, because it also contributes to and exacerbates existing psychological issues including low self-esteem, reduced self-efficacy to achieve goals, hopelessness, and impaired social and occupational functioning" (2). It becomes difficult for suffering individuals to reach out and receive care when their illnesses are not properly recognized. Financial aid is another option—if rehabilitation facilities compensated based on the household income of patients, more people may be willing to seek professional help instead of internalizing these issues and trying to work through the disorders themselves. An even playing field will benefit all communities who wish to seek help from these disorders.

The general stigma against mental health related illnesses—along with the societal treatment of marginalized communities—makes it difficult for women of color to receive help for eating disorders. While societal isolation and misrepresentation in the media contribute to negative body image and eventually lead to self-deprecating eating disorders, the stigma against mental illnesses through insufficient health care and failure to value these illnesses to the same degree as physical illnesses causes women to feel isolated and unable to receive the proper care for these disorders. In addition, the aforementioned unrealistic beauty standards pressure women into looking a certain way; when women of color are not considered the face of beauty in the industry, further ostracization occurs. If society works to accept the idea that a certain size or look does not determine beauty, negative body image will deteriorate. Furthermore, if society

works to help marginalized women with these disorders, many of these undocumented cases of eating disorders within these communities will be treated. Intersectionality between race, gender, and class are crucial to consider when observing mental health in these marginalized communities.

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