

Sociocultural Factors in the Development of Anorexia Nervosa in a Black Woman

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ABSTRACT

Background: In an earlier study, we found that anorexia nervosa (AN) does not occur among Black women on the Caribbean island of Curaçao.

Method: A case report is presented of a Black Antillean woman with AN, who was referred to a center for eating disorders in The Netherlands. In Curaçao, our patient succeeded in gaining weight to become more attractive. Due to subsequent problems in the relationship with her partner, she deliberately lost weight to become less attractive.

Results: After immigrating to The Netherlands, she adopted the Western cultural ideal of thinness and developed AN.

Conclusion: This case illustrates the role and possible effects of sociocultural factors in the development of AN. © 2006 by Wiley Periodicals, Inc.

Keywords: anorexia nervosa; sociocultural factors; ethnic groups; migration; acculturation

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Introduction

For decades, anorexia nervosa (AN) was considered a disorder of Western societies, although reports of AN in non-Western countries have been published since the 1980s.^{1,2}

Although binge eating and purging behavior are reported among Black women at least as frequently as among White women,³ AN is rarely found among Black women.⁴

In a comprehensive epidemiologic study conducted on the island of Curaçao,⁵ every observed case of AN occurred among White women or among women of mixed ethnic origin. No cases of AN were found among Black women. However, recently, a Black woman from Curaçao was referred for AN to an eating disorders treatment program in The Netherlands. The woman gave written informed consent for a case report on her story.

Case Report

A 30-year-old Black woman was referred by her social worker to an eating disorders center in The Netherlands. At the time of referral, she met the diagnostic criteria for AN, restricting type. She was underweight (42 kg, 1.63 m, body mass index [BMI] 15.8) but considered herself to be too fat.

She regularly measured her waist and hips to keep her body shape “under control”, and she wanted her belly to be absolutely flat. As she was extremely anxious about gaining weight, she avoided foods containing fat. She also did not want to eat late in the evening because she believed that that would make her fat. She forced herself to do aerobics until she was exhausted, usually after 2 hr of exercise. After seeking help, she agreed that it was necessary to “regain some strength” but remained very afraid of becoming fat.

She grew up in the Black community of Curaçao. In her youth, she never thought of dieting or losing weight. Speaking about this period of her life, she said: “I didn’t know what calories were.” When she was 18 years old, she entered into her first serious relationship. She wanted to become more voluptuous, which is considered desirable in the Caribbean culture, especially by men. She describes the Caribbean beauty ideal as follows: “A woman can almost never be too fat. Even if I had weighed 80 kilos, men would have found me more attractive than if I were thin.” She started to eat more to gain weight. Her weight increased from 57 kg (BMI 21.5) to 60 kg (BMI 22.6). She received a lot of positive feed-

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back from people who told her that she had a beautiful figure, and her body shape made her more popular. Her partner liked to boast about her being so good-looking.

When she was 20 years old, she moved in with her partner. She soon became pregnant and gave birth to a child. In subsequent years, her relationship with her partner deteriorated. She wanted to leave him, but was too scared to do so, as he threatened her with physical violence. She then decided that she would try to lose weight to become less attractive to him. She started dieting and lost weight. Her plan succeeded: Her partner told her she was no longer attractive and he lost interest in her.

When she was 24 years old, she decided to leave her partner because of sustaining abuse, and flee to The Netherlands with her child. Soon after she arrived, she lost more weight due to pneumonia, until she weighed 51 kg. Mainly through television, she noticed that in The Netherlands being thin is considered attractive and that many Dutch women diet. She, therefore, decided that she did not want to gain weight again. She tried to avoid fatty foods, and ate less and less, until she weighed a mere 45 kg. She also became very critical of her body shape. For example, she watched herself in shop windows, and whenever she believed she looked "too fat in these pants," she would go home to change. As a result of her weight loss, her periods became very irregular. She then met a new partner and wanted another child. She gained some weight, and became pregnant again. During her pregnancy, she forced herself to eat and gain weight by thinking, "The food is for the baby." After her pregnancy, she judged herself to be too fat and so she started slimming until she weighed a mere 42 kg.

When her second child was 1 year old, she was referred to an eating disorders center and diagnosed as suffering from AN. She was treated successfully in a day treatment program and succeeded in gaining weight (60 kg, BMI 22.6) and reestablishing a normal eating pattern. After discharge, she succeeded in maintaining a healthy weight, managing her family, and starting occupational training.

Conclusion

This case report illustrates the influence of socio-cultural factors on weight change behaviors in one woman. Living on Curaçao, this Black woman gained weight to become more attractive according to Antillean standards, then she deliberately lost

weight to become less attractive to her abusing partner. After immigrating to The Netherlands, she wanted to lose weight because she discovered that in her new country, being thin is considered attractive.

Reviews of the literature have shown that AN among Black women seems to be extremely rare.^{1,2} In an epidemiologic study in the United States of 985 White women and 1,061 Black women aged 19–24 years, no cases of AN were found among Black women, whereas 15 White women met the lifetime criteria for AN.⁴

In 1998, the first published report on AN on Curaçao⁶ showed that cases of AN on Curaçao existed. In a second more comprehensive epidemiologic study including interviews, Hoek et al.⁵ found no incident cases of AN among Black women on Curaçao, whereas the incidence among the minority mixed and White population was similar to that of the United States and The Netherlands. In a case-control study of the incident AN cases, they described themselves as not "typical island women." They were of mixed race, were more highly educated, and had lived overseas, all of which made them quite different from the Black majority on the island.⁷

The illness history of our case illustrates that her ethnic background did not protect her from developing AN. It highlights the contribution of socio-cultural influences in the form of local norms regarding body size and shape to the development of AN. Moving from a country where being voluptuous is considered attractive to a country where being thin is desirable changed the way this patient perceived her body. Watching television seems to have further contributed to her perceived ideal weight and thus had a negative impact on her eating behaviors. This effect of television on disordered eating has been reported before.⁸

Our findings are consistent with the assumption that acculturation plays a role in the development of eating disorders and that women in ethnic minorities are at greater risk of developing eating disorders when they identify more with White, middle-class values.^{1,7,9}

This case report shows that, under the right circumstances, Black women who are vulnerable to AN do indeed develop the disorder. It illustrates that the internalization of the Western thinness ideal can play an important mediating role in diet restriction, leading eventually to AN. In this case, acculturation seems to have played a key role in the development of anorectic behavior.

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