A Phenomenological Study on Trauma and Binge Eating Disorder Among African American Women in the State of Virginia

Vester Appiah

Department of Community Care and Counseling,Liberty University

A Dissertation Presented in Partial Fulfilment

Of the Requirements of the Degree

Doctor of Education

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APPROVED BY:

Dr. Mollie Evans Boyd-Committee Chair

Dr. Angel Golson-Committee Member

ABSTRACT

The primary goal of this research was to investigate trauma and binge eating disorders among African American women. This study is related to numerous research assessments on disordered eating even though they have majorly focused on binge eating among European American women, thus ignoring the African Americans. However, the investigation aimed to build on the previous research studies by conducting a more in-depth exploration of the adverse impact experienced by the minority groups and how traumatic events contribute to the situation. Besides, culturally specific models of binge eating among African American women were conducted in trauma survivors and possible mechanisms through which exposure to trauma is related to the symptomatology of binge eating disorder. The researcher hypothesized to determine whether there is a relationship between trauma and binge eating disorder. Trauma and binge eating are linked in such a way that individuals who experience adverse historical experiences turn to food as a coping mechanism for their emotions. Further, the researcher recommended additional research on this topic to fill the existing gap about the prevalence of binge eating in society, particularly among ethnic minority groups.

Keywords: Trauma, Binge eating disorder, African American women, symptomatology, binge eating.

Dedication

This manuscript is dedicated to my God, my Abba and Yahweh. I dedicate this to my deceased father (Felix Appiah), thank you for speaking into my life. I still hear you saying, “You are tough, you can do it.” I hope you are proud of me, Mr. Appiah.

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I would like to thank God for giving me the grace, strength and will power to embark on this journey. The scripture upon which I stood throughout my education was Romans 8:18 "consider that our present sufferings are not worth comparing with the glory that will be revealed in us." This scripture carried me through nights that I wanted to give up.

I want to acknowledge my mother, Anna, thank you for the many times you prepared food and mailed it to me from Connecticut to Virginia. I appreciate your kind words and encouragement throughout these years. To my twin sisters, Francisca and Francista, I am truly honored to have sisters like you. Thank you for checking on me, advising, and praying for me. To my little sister, Milady, all your random text messages, voice notes and calls to remind me that I can make is appreciated. To my fiancé, Evans, thank you for being part of this chapter of my life. Thank you for listening to me and always telling me that "you will be fine babe." I am grateful to God for bringing you into my life.

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List of Abbreviations

American Psychiatric Association (APA)

Binge Eating Disorder (BED)

Diagnostic and Statistical Manual of Mental Health (DSM)

Eating Disorder Not Other Specified (EDNOS)

Food and Drug Administration (FDA)

Field Artillery Battalion (FAB)

Other Specific Feeding or Eating Disorder (OFSED)

Post-Traumatic Stress Disorder (PTSD)

Institutional Review Board (IRB)

CHAPTER ONE: INTRODUCTION

Overview

Numerous research explorations show that bingeing is present mainly among White American women. However, current scholars have investigated the topic and revealed that similar prevalence rates of binge eating disorders significantly affect Black American woman in equal measures. This section will provide the research background, statement of the problem, purpose statement, the study significance, the research questions, definition of terms, and the research summary concerning the current research topic. This study is essential as it focuses on enlightening healthcare professionals to enable them to acknowledge the existence of binge eating disorders among African American women and other minority groups in the United States because disordered eating has recently been a significant problem in all Americans. In addition, this section will discuss the historical and theoretical background of trauma and binge eating disorders.

Background

The current primary disordered eating recognized by the American Psychiatric Association comprises binge eating, anorexia nervosa, and other specific feeding or eating disorders (Backholm et al., 2013). The increasing research evidence has challenged the perception that trauma and eating disorders are predominantly European American young women. Similar preference rates of trauma and binge eating have been found in racial and ethnic minority women. Researchers have extensively emphasized the significance of conducting research studies on the American population from diverse communities. According to Salami et al. (2019), African American women and other marginalized communities might be predominantly vulnerable to the growth of uncontrolled eating behaviors. The research among

African American women has continuously remained sparse despite the extensive findings. According to Grilo et al. (2012), some scholars have indicated that most African American women consistently experience post-traumatic stress disorder and binge eating due to increased racism compared to other minority communities in America.

The history of trauma and binge eating disorder among African American patients merits attention. Scientists do not know precisely how binge eating and trauma are linked to one's body weight, shape, or appearance (Gerhardt, 2021). However, both conditions are associated with boosting of emotions through brain chemicals and attempt to improve stress hormones. The research also shows that body genes can help determine whether one can be affected by trauma and binge eating disorders (Coker, 2018). For years, scientists have been investigating the association between binge eating disorder and post-traumatic stress disorders, which may arise after an individual has experienced violent or life-threatening events that include sexual or physical assault, war or terrorism, witnessing a serious crime like rape or murder, and experiencing a life-threatening accident. The first mention of binge eating disorder was noted by psychiatrist Stunkard in 1959 who pronounced the condition as the pattern of food consumption marked by increased intake of large amounts of food at irregular time intervals (Fairburn & Stunkard, 2002). According to Stunkard (2002), some episodes of binge eating are associated with night eating. Eventually, the term binge eating caught on. It was occasionally used to describe eating episodes not connected to overnight hours or sleep.

In 1987, binge eating disorder (BED) was mentioned by the American Psychiatric Association in its Diagnostic and Statistical Manual of Mental Disorders (DSM) (Goode et al., 2020). Binge eating condition was recorded in the features and criteria of bulimia during the time, since bulimia is an eating disorder categorized by binge eating syndrome and purging

cycles. The inclusion of binge eating in the DSM was essential because it increased the disorder awareness and the legitimacy of mental disorders. Before being included in the DSM, receiving treatment for binge eating syndrome was difficult for American citizens. However, the full recognition of binge eating disorders in the DSM was in 2013 after the American Psychiatric Association unveiled a revised edition of the DSM known as the DSM-5 (Mandl, 2019). The novel arrangement encompassed frequent episodes of binge eating, distress associated with eating behaviors, purging behaviors or absence of restricting common with bulimia or anorexia, frequency of bingeing at least once a week and associated with consuming foods rapidly or feeling guilty. The DSM-5 declared binge eating as a disorder, allowing people to get treatment under insurance plans. The choice to incorporate binge eating disorder as a recognized diagnosis of DSM-5 did not lack controversy (Lie et al., 2021). Before being identified as a binge eating disorder, researchers had defined BED as compulsive overeating or pathological overeating syndrome.

Today, with binge eating documented as a type of disordered eating, most researchers have paid attention to the topic. Additional investigation is being conducted on its prevalence in the diverse American population. The Food and Drug Administration officiated the use of lisdexamfetamine dimesylate (Vyvanse) as a treatment for binge eating disorder in January, 2015 (Lie et al., 2021). The drug safety and efficiency were assessed, and reports indicated that most patients who used reported reduced or total cessation of bingeing. The comprehensive examination of the lifetime occurrence of binge eating disorder and post-traumatic stress disorder in the United States recorded statistics ranging from 0.1 to 0.3% for men and 0.9 to 2.2% for women (Salami et al., 2019). The association between binge eating disorders and trauma is more consistent among such patients. The present examination explored the history of binge eating

disorders in individuals with a lifetime history of trauma. Specifically, the study investigated if the association between trauma and binge eating disorders differed among African American women with a history of eating disorders.

The theoretical explanation underlying various factors associated with trauma and binge eating is of paramount interest for the recent investigation. Early stressful actions may be linked to consequent eating disturbances (Brody, 2015). Nevertheless, limited researchers have explored the type and prevalence of the frequency of binge eating disorders among African American women. For years, the increasingly available literature has demonstrated that the frequency of binge eating disorder is a problem linked to European American women, with fewer cases related to the minority groups in America. The early foundation of research studies focused on binge eating among European American women paying no or less attention to African American women. Numerous researchers have demonstrated that many individuals with disordered eating report a history of childhood assault or abuse, thus linking childhood trauma with binge eating.

The psychological effect of post-traumatic stress disorder often persists into adulthood. Childhood trauma has been reliably linked to various long-term severe psychiatric sequelae comprising eating disorders, personality disorders, depression, anxiety disorders, and drug abuse. Studies show that post-traumatic stress disorder leads to the advancement of eating psychopathology, which is defined as the clinically appropriate constructs or emotional personalities among people with eating disorders (Marcin, 2016). Numerous researchers have targeted childhood trauma, particularly emotional, physical, and sexual assault, as the predisposing risk factors that contribute to the growth of eating disorders among individuals.

The etiology of binge eating has been the question of plentiful assumption but diminutive agreement. Various theories exist, highlighting the primary mechanisms that propel the development and preservation of binge eating disorders. The main etiological theories used to inform the research explorations and analysis of binge eating disorders consist of bingeing as a result of dieting or caloric restriction, binge eating as an addiction, and bingeing as a way to regulate a person's emotions, which comprises of bingeing to relieve negative emotions immediately (Gray, 2020). Binge-eating syndrome can contribute to the advancement of an undesirable state of mind since recurrent bingeing can exponentially breed harmful feelings and lead to weight gain that is challenging in a society that values slimness. The three etiological theories have evolved as research linked to binge eating, and other feeding and eating disorders have provided evidence in backing and evidence against the three etiological theories (Edwards, 2013). Etiological theories occur alongside each other because the underlying binge eating disorder mechanisms may apply to some people and not others. Some scholars have warned against relying on one etiological theory while conceptualizing the drivers or causes of binge eating. Holding that binge eating is a complex behavioral pattern and accounting for it by reference to one reason can be misleading or futile.

Emotions, particularly negative emotions, affect, or mood, is mainly referred to as the precursors to binge eating. Women with binge eating disorders are more likely to experience negative emotions than those without binge eating (Assari, 2018). Some research studies have revealed that the more influential the undesirable feelings were felt among the overweight people with binge eating disorders, the more likely increased frequency of binge eating episodes with the individuals reporting the feeling of disinhibition around eating. The primary assumption in emotional regulation theory is that as a person feels traumatized, has negative emotions, or

experiences negative moods, they become incapable of regulating or adaptively calming themselves, prompting them to turn to binge eating to make them feel better. The immediate consequence of binge eating disorder is an impermanent reprieve from harmful thoughts or emotions. The model emphasizes that the strengthening situations are established for the binging behavior and maintains the binging series.

Although various studies generally hold that terrible feelings can act as preconditions or precursors to binge eating, there are varied perceptions concerning how binge eating enhances the harmful mood of people with binge eating disorders. Binge eating did improve mood temporarily (Lie et al., 2021). However, researchers do not entirely acknowledge the hypothesis that binge eating behavior in people with disordered eating is reinforced by relief from severe feelings after bingeing. The behavioral maintenance theory of binge eating was established in relation to bulimia, which comprises purging and other compensatory behaviors of post-bingeing. Compensatory behaviors are essential in the reinforcement and maintenance of bulimia since they can often relieve severe feelings due to binge eating. Negative emotion was a proximal precursor to binging behavior among females with binge eating disorders and bulimia (Marcin, 2016). The consequences of bingeing cause mood deteriorations rather than improved mood. Individuals who binge eating can experience mood relief or a reduction in undesirable emotions than those with bulimia because people with binge eating disorder do not utilize purging symptoms after bingeing. This shows the limitations of using only a single emotional regulation theory while conceptualizing binging maintenance for binge eating disorders. Bingeing often does not offer relief or improve mood for individuals with binge eating disorders.

Situation to Self

This study on trauma and binge eating among African American women was inspired through my interaction with most African American young women attending higher education institutions. Through my observation, I realized that most young African American women find it difficult to control their food consumption. Besides, others could buy food and eat in isolation even if they were to eat as a group. This was due to feeling ashamed of their eating behaviors while in public. Most could turn to food to manage their anger after engaging in a disagreement with their fellow students. They were not ready to talk about their bingeing condition. However, the few who could discuss cited the difficulties they were experiencing due to the situation and hinted at having experienced traumatic events in the past and discrimination from their European American counterparts. Therefore, I decided to conduct this study to unearth the vivid situation experienced by African American women with binge eating disorders and determine the prevalence rate compared to European American women.

Problem Statement

Due to the increasing interest of research scholars on trauma and binge eating among African American women, the consistently increasing examinations have challenged the viewpoint that binge eating, and other feeding and disordered eating mainly occur among European American women. This called for current research explorations among diverse populations. The current emerging research explorations revealed similar rates of trauma and binge eating disorder across European American women and women from ethnic minority groups. It has been shown that African American women are predominantly susceptible to the development of binge eating disorders than was earlier believed. The increased experiences of

racism by African American women contribute to the deficit in the emotional and intellectual judgment of self-worth, leading to higher incidences of binge eating.

Although there has been continuous evidence showing increased cases of binge eating among African American women compared to European American women, there is still an inadequate exploration of trauma and binge eating among women in the marginalized American communities (Brody, 2015). In addition, there is little knowledge about trauma and binge eating among African American women. Access to treatment against binge eating has also faced a backlash due to increased racial disparity experienced by women from minority groups. This study sought to address the existing gap in the literature since focusing on the investigations on ethnicity about trauma and binge eating can help create awareness of the rate of binge eating disorder and other disorders in the diverse American population. The problem is the lack of research exploration on trauma and binge eating among African American women. The current study also aimed to investigate the existing gap in the treatment of eating disorders due to ethnic differences, risk factors, and predictive factors in the future.

Purpose Statement

This phenomenological study aimed to explore the rates of trauma and binge eating among Black American women. At this stage in the research, binge eating was generally defined as part of the eating disorder characterized by consuming large quantities of food in a short period. The theory that guided the study was emotion regulation theory, which posits that individuals with binge eating disorders experience more intense emotions and more significant difficulties in regulating their emotions than those without binge eating disorders leading them to turn to food to help them regulate their emotions.

Significance of the Study

Due to the increased comorbidity between binge eating disorders after a traumatic experience, it is significant to understand the relationship between the two and their impact on African American women. The increasing amount of literature from various scholars suggests that most American women with eating disorders have reported a history of psychological trauma (Coker, 2018). However, not all post-traumatic stress disorder survivors have reported binge eating disorder, and not all individuals with binge eating have a history of trauma. The known relationship between trauma and binge eating has prompted the current research. Trauma and binge eating might impact the self-worth and self-esteem of an individual. A thorough investigation of trauma and binge eating disorder pathology among the African American population can help healthcare professionals provide appropriate care to the diverse American population since disordered eating affects marginalized communities more than it was earlier believed.

Empirical Significance

The prevalence of binge eating and binge eating disorder varies across racial differences. This study aimed to respond to the knowledge gap regarding the relationship between trauma and binge eating disorders. Lydecker and Grilo (2016) examined the rates of trauma and binge eating among European American women compared to African American women. the prevalence of binge eating disorder in obese women is higher, with estimates indicating that more than 30% of African American women with obesity report binge eating disorder. Prior studies on female athletic populations revealed that about 20% to 60% of women seem to have pathogenic weight control behaviors. Pathogenic weight control is a harsh weight loss method that includes diet pills, diuretics, laxatives, induced vomiting, and excessive exercise (Kirk, n.d). Besides, women

athletes feel pressured to strive for low body weight to please their coaches and maintain a competitive edge on the team. For years, scientists have focused on the relationship between bingeing and traumatic events (Brody, 2015). Individuals exposed to trauma often binge eat and have a hard time focusing on the present and the future due to their preoccupation with trying to avoid traumatic reminders.

Practical Significance

The current study is significant in examining the frequency of trauma and binge eating among African American women compared to European American women. Most ethnically diverse obese patients from minority groups seeking treatment have been mostly ignored by healthcare professionals because African American women have large bodies and thus are considered not vulnerable to disordered eating (Gerhardt, 2021). This study is essential to the entire American population and other regions globally as it aims to advocate that among the ethnically overweight women with binge eating disorders who seek treatment in the healthcare facilities or the primary care settings, trauma is common and is linked to increased psychiatric comorbidity, heightened disordered eating, and reduced mental functioning. The study will help healthcare providers to give equal priority to African American women seeking treatment associated with disordered eating and create awareness among the general population about the research topic.

Traumatic events cause side effects that transcend other parts of people's lives, affecting them in different ways. Studies have shown that individuals who have experienced traumatic events engage in destructive behaviors such as binge eating (Vanzhula et al., 2020). People who have suffered from traumatic events are more likely to develop an eating disorder than those who have not. Patients who had trauma and binge ate to deflect the stress and desire not to remember

by focusing on eating. Binge eating is a way of maintaining control while distracting themselves from the pain. This study examined the correlation between trauma and binge eating disorders among African American women. Understanding the association between the two is essential to conceptualizing a person experiencing those stressors. Not all survivors of trauma have eating disorders, and not all individuals with eating disorders have a history of trauma. Eating disorders can be devastating and fatal if left untreated. The study results can help doctors deliver better treatment to patients.

Theoretical Significance

The immediate consequences of bingeing include temporary relief of negative thoughts or emotions. The emotional regulation theory assumes that individuals feel stressed or cannot regulate themselves adaptively and turn to binge to feel better. The theory of caloric restriction or dietary restraint intends to restrict food for weight loss and maintenance. Studies indicate that while dieting may be a precursor to bingeing for individuals with bulimia, there is limited evidence of whether the strategy holds for individuals with binge eating disorder (Edwards, 2013). The dietary restraint model came into being for binge eating disorders. Still, the authors stated that the model might not be suitable for binge eating disorders as various traumatic incidences seem to play a solid etiological role (Rosenbaum & White, 2013). The theory of addiction to food as a mechanism for the maintenance of binge eating disorder draws similarities between the excess use of drugs and excess food consumption. However, addiction theory for binge eating disorder can be a controversial perspective. Pellegrinin et al. (2021) pointed out the dangers of the lack of evidence to support the theoretical framework of addiction. Several surveys have measured that numerous programs for treating eating disorders and clinicians use addiction-based psychotherapies to treat eating disorders.

Research Questions

This phenomenological qualitative study on trauma and binge eating disorder among African American women aimed to explore people's lived experiences and focus on how the target population experiences a certain phenomenon. This research exploration aimed to respond to the following research questions:

RQ1: What is the relationship between trauma and binge eating disorder?

RQ2: How does the ethnic disparity affect African American young women from seeking treatment for trauma and binge eating disorders?

RQ3: What are successful methods for treating binge eating disorder among African American women compared to European American women?

Definitions

1. *Post-Traumatic Stress Disorder (PTSD*) - is a psychiatric syndrome that may develop in some people who have faced scary, shocking, or dangerous events (Brody, 2015).
2. *Binge eating disorder* - is a deadly, severe, and controllable eating condition categorized by repeated incidents of consuming large food quantities and to the point of embarrassment due to the feeling of shame and guilt (Mandl, 2019).
3. *Bulimia Nervosa* - is an eating disorder where an individual meets the criteria for bulimia but involves purging or binging behaviors for a limited period or at a lower frequency (Lie et al., 2021).
4. *Anorexia Nervosa* - is a type of disordered eating characterized by loss of weight or lack of appropriate weight gain among growing children; difficulties

maintaining a suitable body weight for age, height, and stature among individuals with distorted body image (Marcin, 2016).

5. *Other specific feeding or eating disorder (OFSED)* - is an eating disorder classification for individuals who fail to meet the diagnostic criteria for any other eating disorders (Grilo et al., 2012).
6. *Comorbidity* - is the co-occurrence of more than one disorder n individual patient might have other than the primary condition of interest at the same time (Gray, 2020).
7. *Eating disorders* - are potentially life-threatening or severe, and complex mental illnesses characterized by disturbances in behaviors, body shape or weight, attitudes to food, and thought disturbances (Assari, 2018).
8. *Depression* is also referred to as major depressive disorder, a common and severe medical disorder that severely impacts how one feels, thinks, and acts (Backholm et al., 2013).
9. *Self-esteem* - is an individual's external overall opinions regarding how they feel about their abilities and limitations (Gerhardt, 2021).
10. *Self-worth* - is an individual's internal sense of being good enough and worthy of love and belonging from others (Fairburn & Stunkard, 2002).
11. *American Psychiatric Association (APA)* - is a psychiatric organization that works together to ensure humane care and effective treatment for individuals with mental illnesses (Salami et al., 2019).
12. *Diagnostic and Statistical Manual of Mental Disorders (DSM*) - is the handbook containing symptoms, descriptions, and other criteria used by the healthcare

professionals in the United States and other countries globally to provide guidance to the diagnosis of mental disorders (Goode et al., 2020).

13. *Food and Drug Administration (FDA)* - is a federal agency of the department of health and human services accountable for protecting public health by safeguarding the security, effectiveness, and safety of human drugs, national food supply, biological devices, veterinary drugs, cosmetics, and radiation-emitting products (Marcin, 2016).
14. *Compensatory behavior* - are things done by individuals with eating disorders to make up for having consumed a lot of calories to erase anxiety, guilt, shame, or other bad feelings about the consumed food and the act of eating it (Edwards, 2013).
15. *Purging disorder* - an individual has recurring episodes of manipulative body shape or induces weight loss without binge eating (Salami et al., 2019).
16. *Bulimia* - is a psychological eating disorder where an individual has episodes of binge eating or consumption of large quantities of food in a single sitting (Coker, 2018).
17. *Eating pathology* - is any eating pattern such as bulimia, anorexia nervosa, and rumination disorder that contributes to possible compromises on a person's health (Salami et al., 2019).

Summary

This study investigated the prevalence of trauma and binge eating disorders among African American women. With the recent coronavirus outbreak, overweightness is a commonly pressing national health problem in the United States. Obesity imposes enormous costs on

society and the healthcare system since it is the risk factor for stroke, cardio-metabolic conditions, cancer, diabetes, and hypertension. The presence of obesity increases the risk factor for cardiovascular death. Furthermore, obesity is a significant contributor to the ethnic inequalities in American health system. African American women are at a 50% increased risk of obesity compared to European American women (Lie et al., 2021). Therefore, obesity is common among African American women and other ethnic minority groups in America compared to European American women.

Binge eating disorder is linked to obesity. The key diagnostic feature of binge eating disorder is recurrent and persistent binge eating episodes and the loss of control, leading to energy balance changes by increasing the energy input. Research explorations have revealed that binge-eating syndrome is more prevalent among women than men. Post-traumatic stress disorder can contribute to binge eating illnesses for African American women and European American women differently. Although eating disorders have long been regarded as a European American women's problem, the recent research explorations show that eating disorders are currently the major risk factors for African American women (Salami et al., 2019). Most African American women in the United States are often believed to be less susceptible to body frustration based on the perception that their culture embraces curvaceous or bigger body types than the dominant American culture. Although some studies show that anorexia nervosa is less likely to occur among African American women than European American women, repeated binge eating is higher among African American women than among European American women.

Challenging eating patterns can occur because of disturbing events. The existing binge eating can be worsened by stress. Numerous adverse life experiences like poverty, depression, sexual harassment, discrimination, microaggression, and stressors of racism are more likely to be

faced by African American women moreso than their European American counterparts. A study on trauma and coping behavior in adolescent African American and European American women found that those who reported higher depression levels were more likely to experience an eating disorder (Edward, 2013). Binge eating and overeating are often used to deal with difficult emotions or moods often caused by post-traumatic stress disorder. Therefore, domestic violence and foster care placements are traumatic since childhood neglect and abuse are traumatic. Traumatic events can cause lasting interpersonal problems since most African American women face multiple traumatic events in their lifetime.

Some scholars have reported increased cases of racism among African American women than in other minority communities in the United States (Marcin, 2016). The main pathway by which ethnic inequalities adversely impact poor physical and mental health results for African American women is coping behavior. Most traumatized victims may try to inhibit stress reactions through various coping strategies that can be harmful when faced with racially discriminative experiences. Despite the numerous increasing literatures signifying the significance of damaging states of emotion associated with trauma and eating pathology, limited research studies have explored how undesirable emotional states like depressing symptomatology can act as a mechanism between trauma and binge eating disorder (Goode et al., 2020). There is a need to provide equal attention to the prevalence of disordered eating among the diverse population in the United States to help healthcare professionals offer equal care to all people without any misleading assumptions.

CHAPTER TWO: LITERATURE REVIEW

Overview

Bingeing is a central feature of the presentations regarding eating disorders common to binge eating disorders, bulimia nervosa, anorexia nervosa, and other eating disorders (Richman, 2017). Binge eating is linked to significant physical and psychological health problems and impaired social functioning and life quality. It is also connected to other psychological illnesses like substance abuse, trauma, anxiety, temperament illnesses, and depression. Initially, binge-eating syndrome appeared as an authorized diagnosis in the fifth Diagnostic and Statistical Manual of Mental Disorders (DSM V), becoming an essential recognition in history (Hilbert et al., 2018). Despite the solid theoretical literature review devoted to the conceptualization of eating disorders, particularly bulimia and anorexia, there is scarce research on theoretical approaches relating to binge eating disorders. As per Munn-Chernoff et al. (2015), the present exploration intends to contribute to the literature by discussing the theoretical review of binge eating disorder through models like dietary restraint theory, feminist theory, systemic theory, emotional regulation theory, addiction model, affect regulation theory, cognitive-behavioral model, and schema theory binge eating. The related literature review on the topic and the summary of the research findings were provided in the current study.

Theoretical Framework

The evaluation of the theoretical framework of binge eating disorder is essential when considering the question of trauma and binge eating disorder. The etiological guidance on the advancement and preservation of binge eating disorders has raised considerable discussion and limited agreement. Even though substantial literature has been devoted to conceptualizing other disordered eating like bulimia nervosa and anorexia nervosa, research assessments on the

theoretical framework, particularly for comprehending the binge eating disorder processes, are limited (Munn-Chernoff et al., 2015). The literature questioning the function of binge eating is mainly centered on comprehending bingeing in bulimia nervosa. However, bulimia nervosa is related to the bingeing cycle and compensatory or restraint behaviors, but the cycles are not present in binge eating disorder. Bingeing or purging is a multifaceted pattern of behavior. Using one theoretical framework to appreciate its etiology and accounting for the disorder by a sole cause is most likely unsuccessful and ambiguous. Therefore, this section in the current study seeks to explain binge eating disorder theories to show that the disorder should not be generalized with other disordered eating behaviors.

Dietary Restraint Theory

The influential dietary restraint theory is partially a genetic clarification for binge eating patterns between obese and normal-weight individuals, focusing on the function of dieting as a causing factor in binge eating maintenance, signifying that the limiting food consumption to the point of becoming chronically starved made individuals more vulnerable to binging (Richman, 2017). Dieting or food restraint is preceded by the first episode of binge eating, and thus, restraining dieting triggers individuals to begin and endure binge eating. Dietary restraint theory holds that individuals engaged in binge eating are stuck in a pattern of restraining and then binge eating and restraining, continuing the cycle. Such individuals involved in constrained food consumption are then cognitively adapting to their binge eating behavior (Keel & Forney, 2013). They no longer depend on biological signals to eat. Their thinking is constrained by the black and white style associated with food consumption and the eating habit where stringent rules were set to dictate the kind of food to be eaten, at what time, and when. The rules were believed to make people susceptible to disinhibition, notably when a single rule was broken, which

undoubtedly contributed to the episodes of bingeing because of their rigid or uncompromising cognitive style.

According to Hilbert et al. (2018), research findings supporting dietary restraint theory originate from laboratory experiments investigating the counter-regulation phenomenon among restrained eaters. Dietary restraint theory hypothesizes that dieting causes hunger, making a person develop binge eating behaviors. Other contributing factors include negative mood and persistent attempts to control the intake of food and calories. Studies indicate that self-reported starving could potentially predict the beginning of bingeing in both samples of eating disorder patients and non-clinical samples (Slane et al., 2016). Additionally, evidence regarding the dietary restraint theory originates from numerous lab-based experiments that investigate the counter-regulation phenomenon, that is, consuming more food after eating food or meal rich in calories among the restricted eaters. Inhibited researchers measured eating by calculating the food amount consumed in a taste testing experiment among randomly allocated respondents to eat a preload before the actual taste test. Generally, the study results indicated that non-dieters appear to regulate their food intake and eat less food after a high preload of calories. However, dieters were found to consume more after consumption of the preload in relation to no preload consumption, showing a response to counter-regulation.

Various scholars have associated the impact of food reminders on cravings for food or people's desire to eat among restricted eaters versus unrestricted eaters. The study outcomes indicated that the restricted consumers were more reactive to food cues than the unrestricted eaters. Empirical support for the restraint theory is mixed (Noguchi, 2020). The support for restraint theory in bingeing among research respondents whose dietary behavior preceded binge eating has been recorded by some researchers. However, the results failed to support the theory

for individuals for whom binge eating preceded dieting. Independence from binge eating and dietary restraint has also been recorded. Some studies have suggested that the influence of restraint on binge eating disorders might depend on the order in which binge eating and dieting occurred (Keel & Forney, 2013). However, one criticism of dietary restraint theory for binge eating disorders incorporates the dieting role mainly. People with binge eating disorders seem to significantly exhibit lower dieting behavior than those with other eating disorders, making the resolution unproblematic. People with binge eating habits tend to follow more variable patterns.

Most research evidence regarding dietary restraint theory for binge eating disorder has been criticized for not being convincing and too narrow to explain binge eating pathology. Although most studies suggest that dietary restraint does not play an indispensable role in the trigger and preservation of bingeing behaviors, they do not explain the episodes of binge eating experienced by individuals who have never been involved in restricting their diet. It is essential to establish a more wide-ranging theory or model of disordered behavior that considers the behavioral or environmental, and psychological factors to understand and efficiently treat binge eating disorders.

Escape Theory of Binge Eating

Heatherton and Baumeister introduced the escape theory of bingeing in 1991 to act as a substitute for the dietary restraint theory. The theory suggests that people involved in binge eating are a result of trying to avoid self-consciousness (Noguchi, 2020). They hold high individual expectations regarding their body image, like shape and weight, wishing to be viewed favorably. They are uncomfortable and assume that others are judging them. Therefore, they seem to develop a cycle of increased self-criticism, self-awareness, and adverse self-assessment. The negative self-perceptions cause emotional distress, including low mood and anxiety, thus

attempting to escape such severe cognitive experiences by resolving binge eating behaviors (Keel & Forney, 2013). Binge eating escape theory holds that the episodes of bingeing offer reprieve from the negative internal experiences by concentrating the affected person's devotion on meek sensations and actions. Thus, the escape theory proposes that the central point to overwhelming binge eating is learning other coping techniques for adverse practices.

Due to high self-esteem and body image expectations, irrational thoughts and adverse effects emerge when the binge eaters fail to live up to their extremely high standards (Harris & Kuba, 2017). The unpleasant emotions more generally foster distress, prompting the person to attempt removing the troubling thoughts through cognitive narrowing, which focuses an individual's attention on the current or immediate environmental stimulus. This is done to avoid meaningful thoughts and maintain self-esteem relatively low. The binge eating evading coping approach occurs due to escaping from the negatively emerging emotions (Keel & Forney, 2013). Besides, the escape theory suggests that people may associate their undesirable emotions with the binge eating episodes rather than the primary source of their agony, thus maintaining the longer-term cycle of binge eating.

Escape theory application to the behaviors of bingeing through structural equation modeling was assessed in a non-clinical sample. The study outcomes indicated that the escape theory was appropriate to the data used in the study as it supports the model (Crowther et al., 2016). It was found that perfectionism solidly predicted the pervasive self-consciousness, which strongly predicted adverse effects, that suggestively projected avoidant managing tactics, which was found to predict the occurring episodes of binge eating. Additionally, studies examined the association between binge eating, dissociative experiences, and negative affect among African American females who met the standards for eating disorders that repeatedly engaged in purging

or binge eating. The research findings supported the escape theory of binge eating. They indicated that dissociation and the stages of harmful effects were expressively higher prior to the episodes of binge eating than a snack or a meal.

There is limited empirical evidence on escape theory. Brownley et al. (2016) found that cognitive narrowing, negative affect, negative self-awareness, and perfectionism led to binge eating that, even though maladaptive, episodes of binge eating offer individuals' imperative functions. Besides, some researchers show that binge eating disorder is linked to dissociation experiences showing that bingeing offers an escape from negative emotions by permitting a person to dissociate. Although research findings supporting the escape theory as an impartial description relative to binge eating etiology is, to a certain degree, inadequate, there are numerous likenesses with other theories associated with binge eating as an emotional regulation and distress tolerance mechanism.

Cognitive-Behavioral Theory of Binge Eating

Cognitive theory focuses on individuals having distorted perceptions like the belief that "I should become thin." The theory describes influencing factors of individuals with binge eating as introverts, perfectionist standard holders, high achievers, and emotionally sensitive individuals (Slane et al., 2016). Such people become depressed and withdrawn, most likely contributed by an external situation. Their belief is developed through the society or family members and the media that losing their weight minimizes distress and thus prompts them to engage in behaviors like exercise or dietary restrictions to achieve their desire. The cognitive-behavioral theory emphasizes the significance of body weight and shape as the primary maintaining factors and judgments concerning food consumption as subordinate. The belief and values regarding shape

and weight cause the observed behaviors of limiting caloric consumption as either an amplified recurrence rate or evasion of weighing.

A pervasive fatness fear, a dichotomous or rigid thinking style, and over-valuation of self-control and thinness were presented in the cognitive processes (Brownley et al., 2016). The cognitive-behavioral theory emphasizes the propensity for people to judge their self-esteem based on their body image, weight, eating behaviors, and control over these aspects. The self-assessment style was believed to be associated with reduced self-worth, perfectionism, and aversive self-evaluations. The theory accounts for the episodes of binge eating that arise among people with other eating disorders like bulimia nervosa due to their dichotomous, rigid intellectual with respect to their food consumption behavior (Cronce et al., 2017). The extreme anxiety regarding their shape and weight makes them assume strict and most impracticable regulations about food consumption. Besides, researchers show that when such persons diverge from their self-induced regulations, they develop a feeling of failure, weakness, and lack of self-control. They thus unrestrain all control over their food consumption habits and begin an episode of binge eating. The central cognitive disturbance is said to be maintained by binge eating episodes by working to amplify an individual's concern regarding their capacity to control their weight, shape, and eating pattern.

As a result, Clark and Winterowd (2012) stated that binge-eating episodes are believed to strengthen individuals' engagement in the restraint of their diet, thus increasing the chances of bingeing episodes in the future. The dietary restraint theory and the cognitive-behavioral model present a brutal pattern whereby dietary restraint and binge eating episodes trigger the disordered eating behaviors and the associated compensatory habits among people with disordered eating, mediated by the beliefs concerning their control body image and weight, and eating.

Additionally, the cognitive-behavioral theory suggests that bingeing episodes are more likely to happen when individuals have low moods, with the state of emotion believed to undermine the ability of a person to maintain their strict control over their food consumption. Individuals use binge eating as an arrangement of attitude regulation while engaging in binge eating to neutralize their negative mood state (Pike et al., 2016). Studies have also emphasized the function of compensatory behavior like misuse of diuretics or laxatives, self-induced vomiting, and intense exercise after bingeing, proposing that people with binge eating disorders utilize compensatory behavior to reduce the dangers of weight gain after bingeing. Therefore, the main barriers to overeating are eliminated. People become trapped in a vicious cycle of purging and bingeing that later minimizes self-worth ad strengthens the binge-purge cycle.

A cognitive-behavioral treatment program was developed based on binge eating theory. The program was recommended as the initial-line treatment for individuals with binge eating syndromes and was found to have a remission rate in 50% of the cases (Thein-Nissenbaum et al., 2011). Cognitive-behavioral treatment was then compared with interpersonal psychotherapy, initially developed for depression treatment. A randomized control trial of patients with disordered eating who had received the treatment was followed up for one year and then given a post-treatment. The study results indicated that cognitive-behavioral treatment is superior to interpersonal psychotherapy treatment at eradicating binge eating (Franko et al., 2007). However, despite the observed reduced occurrence of binge eating, the core psychopathology of binge eating, like the worry concerning shape and weight, was not significantly eliminated. The investigation on the effectiveness of cognitive-behavioral treatment found that reduced dietary restriction arbitrated the decrease in binge eating. The measures of mid-treatment of self-worth relative to binge eating behavior, body shape, weight, and negative affect were linked to

post-treatment results (Salas-Wright et al., 2019). Although cognitive-behavioral treatment for individuals with disordered eating demonstrated encouragingly good results, with most patients ceasing to involve in binge eating, a significant proportion of the population remained symptomatic after the treatment. The approach has effectively demonstrated binge-eating abstinence rates when modified to treat binge eating disorders. However, studies have indicated no difference between cognitive-behavioral treatment and interpersonal psychotherapy treatment in long-term change maintenance. According to McElroy et al. (2016), about 40% of the participants continued engaging in binge eating. This shows that cognitive-behavioral treatment and the theory based on cognitive-behavioral theory require additional development to appropriately understand and address the factors that persist in maintaining binge eating etiology in almost half of the cases in the experimental samples.

Emotional Regulation Theory

The escape theory and affect regulation theories theorize that bingeing in binge eating disorder can be triggered by negative moods. However, most research explorations regarding the theories are not specific to binge eating disorders. Additionally, the theories fail to address why patients with binge eating disorders seem to experience relief from adverse effects after bingeing. Cronce et al. (2017) stated that the increased focus is centered on emotional regulations across all eating illnesses. Researchers have shown that extreme emotions play a primary role across all eating disorders, proposing that disordered eating constrain individuals' experiences of adverse feelings.

In their study, Thein-Nissenbaum et al. (2011) stated that emotional regulation theory postulates that people with binge eating disorder develop extensive difficulties regulating their emotions, including poor emotional consciousness and intelligibility, limited impulse control,

and lack of emotional control mechanisms. Binge eating has been viewed as serving the functions of minimizing awareness of negative states of emotion but can also provide a mechanism to cope with stressors. The predisposing factors include eating problems, adverse family history of weight, negative family circumstances emphasis on physical appearance in the society, and the dependence on external ideals to critic self-confidence. Such predisposing factors contribute to diminishing interpersonal effectiveness of a person and the sense of character leading to loss of control and a sense of ineffectiveness over their body.

Binge eating disorder is stimulated by significant life events related to loss, significant life changes that make people experience negative affect or be self-critical, sexual conflict, and other adverse life events experienced by a person. Patients with binge eating disorder lack alternative coping skills when distressed, thus turning to restrictive food intake or bingeing to regulate their emotional state, including anger or distraction from loneliness or boredom (Meany et al., 2014). Therefore, binge eating disorder is sustained by the consequence of adverse effect reduction. In eating disorders, symptom clusters are a more clinically helpful technique to comprehend the eating disorder process because of the increased inconsistency between individual cases presenting with similar diagnoses. Thus, bingeing should be understood based on symptoms. Binge eating is triggered by dieting or food cravings, but it does not seem to be the case for all people with binge eating disorders. Restraint theory does not explain the binge eating phenomenon sufficiently since it fails to consider bingeing episodes experienced by individuals who did not constrain.

Numerous research explorations have presented many investigational findings supporting the emotional regulation theory (Jennings et al., 2015). For instance, the laboratory-based assessment showed that inducing negative moods in women identified to have developed binge

eating disorder contributed to bingeing episodes, and reducing adverse effects resulted in binge episodes. Further, a systematic review of investigational studies examining the emotional regulation theory in binge eating disorder and obesity held that the study results from the reviewed studies sported the theory that undesirable feeling was a precursor to binge eating for patients with binge eating disorder. Richson et al. (2020) showed that temporary mood enhancement was experienced among the research respondents after food intake in obesity and disordered binge eating groups. The observational and naturalistic studies with the experimental samples supported the emotional regulation theory.

In other studies, researchers have shown that binge eating disorder among patients is generated by failure to regulate emotion. An apparent discrepancy in the emotional regulation approaches in patients with binge eating syndrome than healthy controls has also been identified (Braun et al., 2019). Although a deficiency in the ability of emotional regulation has been experienced across various eating disorder diagnostic groups like anorexia nervosa, bulimia nervosa, and binge eating disorder, as well as other psychological conditions like major depressive syndrome and borderline temperament disorder, studies have demonstrated that the profile of emotional regulation varies across diverse eating syndrome diagnostic groups. It is vital to note that some researchers have doubted the objectivity of emotional regulation impact of binge eating. Increased rates of the adverse effect that preceded bingeing episodes have been recorded, but there is a lack of evidence to show that bingeing efficiently alleviated pervasive effects (Grilo et al., 2005). The inefficiency of the studies is due to the failure to assess the changes in effect during the episodes of binge eating. Binge eating likely offers an instant emotional regulation outcome that is time limited.

Brody (2015) acknowledged that dialectical behavior therapy has been utilized in treating binge eating based on emotional regulation theory due to its function in promoting emotional regulation. Its efficacy in its potential to lessen binge eating regularity among people with binge eating syndrome provides evidence for emotional regulation model validity for binge eating. Researchers show that people who binge eat have faced certain influencing factors, including low self-worth, ineffectiveness, life dissatisfaction, desire for control, and a history of trauma that makes them more susceptible to experience psychological challenges (Jennings et al., 2015). Food craving as a trigger for binge eating is related mainly to the predisposing factors of social pressure to be thin and the need for control. The need to escape from adverse effects and aversive self-awareness as a binge eating trigger is linked to numerous predisposing factors like poor coping skills and low self-esteem (Keel & Forney, 2013). The outcomes of binge eating include an immediate decrease in adverse effects and hunger accompanied by lasting consequences of experiencing a deficiency of control and unease regarding weight gain, strengthening low self-worth, and increasing determination to control weight and eating.

Researchers found that women with binge eating disorders show an increased negative pattern of daily emotions. In addition, emotions linked to association with others appeared to be more relevant, for instance, the feelings of loneliness, hurt, and disappointment, and the feelings of being bored proposing dissatisfaction in association with others and life or selective processing of daily events. Compared to men, women are more likely to engage in binge eating due to aversive emotions (Munn-Chernoff et al., 2015). The commonly identified negative emotions include sadness, disappointment, guilt, hurt, and anger. The emotional regulation theory does not provide a definitive explanation for bingeing. However, it can be appropriate in trying to shed light on the emotional process of people with binge eating disorders. The wide-

ranging studies show that binge eating incidents are activated by unbearable states of emotion or hunger cues. Bingeing is upheld by the immediate impacts of involving in episodes like food cravings and reducing negative affect. Longer-term impacts are believed to aggravate some of the primary generators that strengthen and maintain the sequence of behaviors.

Addiction Model

The addiction model is another influential binge eating disorder theoretical model. Many researchers suggest that bingeing can be better considered an addiction, thus drawing parallels between binge eating and addiction. Numerous patients with binge eating disorders are believed to share resemblances with those having addictive illnesses (Brody, 2015). Prevalent factors described by binge eaters and individuals addicted to alcohol and drugs include preoccupation with food or substances, loss of control, and secrecy from others as a way to regulate effectively. Commonly, cravings and lack of feeling in control resulting in food preoccupation causing futile attempts to control or stop the behaviors have been reported among binge eaters (Adamus-Leach et al., 2013). Similar to substance addicts, guilt, shame, anger, and other adverse social and psychological consequences can happen due to their actions

Some studies have indicated that some people may experience bingeing as a form of addiction. In contrast, others suggest that for individuals who meet the criteria for binge eating disorder, their bingeing behavior fulfills the DSM-5 standards for addiction (Lee-Winn et al., 2014). Perhaps, the growing interest in a novel diagnosis of food obsession is a convincing argument in favor of the perspective of the addiction model of binge eating disorder. However, the food addiction putative diagnosis remains controversial, and correspondingly, the addiction model value for binge eating disorder remains unclear.

Psychodynamic Theory

Psychodynamic theory is relevant since it provides a relational explanation model centered on the historical impacts of binge eating (Moerdijk et al., 2017). It views binge eating behavior and the food itself as accomplishing an intrapsychic objective and expressing or communicating the underlying issues. In general, this theory holds the perspective that when the needs are unmet in the development of human beings, they result in maladaptive functions. According to Napolitano and Himes (2011), maladaptive functions are due to serving as a developmental deficits substitute and protection against the resulting frustration, anger, and pain. However, they do not resolve the underlying deficits, and thus a person who did not learn how to self-soothe can turn to food as a way of comfort, leading to binge eating when faced with a frustrating situation. However, this might perpetuate a situation where they cannot learn how to comfort themselves.

Also known as psychoanalytic psychotherapy, psychodynamic theory helps people understand their unconscious behavior patterns and emotions. Psychodynamics influence individuals' feelings, thoughts, and behaviors affected by eating disorders (Striegel-Moore et al., 2011). The psychodynamic domain of influence is considered to rest within a biopsychosocial context for binge eaters. Psychodynamic theories posit that the occurrence of binge eating is triggered in response to a particular relation deficiency, particularly among individuals associated with providing care to young children. Therefore, psychodynamic theories of binge eating disorders differ from other theories that consider the role of distal influences, particularly in problematic associations with providing care during childhood. Although this idea is essential, researchers have not empirically tested it to determine whether it is the predictor of binge eating disorders among individuals.

Transdiagnostic Cognitive Behavioral Model

The transdiagnostic theory of binge eating posits that all eating disorders share similar core psychopathological procedures, particularly cognitive. The theory emphasizes the need to isolate disordered eating into diagnostic or distinct clinical presentations that call for specific treatment (Dubosc et al., 2012). However, the transdiagnostic model is fixated on standard psychopathology processes to maintain all eating disorders. This transdiagnostic model embraces a wide-ranging maintenance mechanism and can be utilized to formulate all eating disorders. The model accounts for increased binge eating and dietary restraint variation compared to other models. Besides, a structural equation modeling in large clinical binge eating samples showed that different models of eating disorders provide an excellent fit for the data (Garrusi & Baneshi, 2012). Still, the transdiagnostic model provided greater explanatory power, which accounts for more significant variations in disordered eating symptoms than the primary cognitive-behavioral model.

An enhanced cognitive-behavioral transdiagnostic treatment program was established based on the transdiagnostic model. Mandl (2019) stated that numerous clinical trials assessed the efficiency of cognitive-behavioral transdiagnostic treatment across various diagnostic groups. Significant differences were recorded between pre-and post-scores across different outcome measures, incorporating stress and anxiety scores, reduced depression, improved life quality and self-esteem, and a significant decrease in the psychopathology of eating disorders and symptoms. This comprised a significant decrease of patients involved in the episodes of binge eating between pre-and post-treatment.

The transdiagnostic cognitive-behavioral model views the core psychopathology of a person's propensity to judge their self-esteem based on weight, shape, and ineffectiveness to

control as the central significance in maintaining an eating disorder. The extreme evaluation of alleged lack of control, shape, and weight has also been presented among patients with bulimia and anorexia. This model proposes the existence of sub-groups of patients across all eating illnesses who share specific symptoms like interpersonal difficulties, low self-esteem, clinical perfectionism, and low mood (Longmire-Avital & Finkelstein, 2021). According to the model, binge eating behavior is considered a response to food restriction. It holds that bingeing behavior occurs when a person finds it difficult to adhere to restrictive food regimes or strict diets. Therefore, purging behavior maintains the core psychopathology of the excessive worries of a person concerning weight, control, and shape.

Due to the quite diminished lasting efficiency of the most effective accessible treatment for binge eating, various studies have examined potential predictors of outcomes of cognitive-behavioral treatment for binge eating illness, including the presence of comorbid psychological disorders, the severity of the eating disorder symptoms, duration of the disorder, and the higher frequency of binge eating during pretreatment. They have been displayed to predict worse outcomes for cognitive behavioral transdiagnostic treatment. As Afari et al. (2021) argued, numerous research studies have supported transdiagnostic theory holding that it is common for people with eating disorders to move between various diagnoses of eating order. However, others argue against the transdiagnostic model that all eating disorders are variants of a single disorder with common maintaining factors and casualty. Although some researchers have criticized the model, it is still considered the dominant model in treating eating disorders.

Feminist Theory

Conceptualizing disordered eating as a personal medical issue depresses the examination of socio-cultural impacts on eating illnesses and obscures the association between the eating

experiences of women and their living conditions. Feminist theory posits that eating illnesses are a pathology of the contemporary cultures where some obsessions do not preoccupy fewer women with the food consumed or their body (Hall et al., 2015). It offers a social-cultural explanation concerning eating disorders. Feminist theorists argue that the obsession with shape and body weight and the consequent disordered eating face a normative discontent about weight and shape for most women, stating that it does not affect a small number of women as suggested by the DSM classification system (Thompson-Brenner et al., 2013). Besides, the addition of disordered eating conditions in the DSM classification system offers validity to the widespread beliefs regarding the significance of body shape and weight for women, the frames of women's bodies, and experiences as pathological.

Studies and research explorations regarding fat studies perspectives assume a fundamental stance on the obesity epidemic, suggesting that weight is increasingly regarded as a straightforward proxy for both mental and physical health in a move that is pathologizing fat people, particularly women, for cultural reasons (Maguen et al., 2012). Feminist explantions for disordered eating prioritizes media influences, inequality in the distribution of power, identity, and role conflict problems, being female, a patriarchal society, and the role of societal pressure concerning body shape and weight. In contrast, feminist theorists focus on political, social, and familial aspects of women's lives concerning the medical models of eating disorders.

The role of internalized weight bias for individuals with binge eating disorders includes predisposing individuals to bingeing (Mama et al., 2015). Therefore, feminist theory also suggests that positioning an eating disorder as a possible cultural artifact is a socio-cultural explanation for binge eating disorder with binge eating, which is the characterized definition of binge eating disorder positioned as pathological because of the cultural emphasis placed on

appropriate weight and food control. The critiques of feminist theory and fat studies emphasize the failure of other models to consider socio-cultural factors. The factors are likely to be essential, provided that binge eating disorder is influenced by cultural factors and is normative for some populations.

Systemic Theories

According to systemic theories, individual mental phenomena should be understood systemically. It should be regarded as essentially originating from and best comprehended based on the societal systems in which people live (Kupemba, 2021). Occasionally, the family setting has been considered a fundamental causative factor for different eating illnesses, incorporating binge eating disorders. Historically, restricted parental contact during anorexia nervosa treatment was essential to avert the parent from triggering an eating disorder (Maguen et al., 2012). The family role was later reframed and referred to as a psychosomatic family, emphasizing the pathological familial procedures in developing eating disorders. However, most researchers criticized the model. An effective way to treat anorexia nervosa was suggested by altering the family structure through family therapy. However, the efficacy of the psychological family model had no identifiable type of familial pattern associated with eating disorders. Studies recorded limited supportive evidence that families cause eating disorders.

Although the family's perspective regarding the causation of eating disorders has been challenged, various scholars have persistently studied familial factors linked to eating disorders (Moerdijk et al., 2017). Families with binge eating disorders are more conflictual, disorganized, less honest with their feelings, and less cohesive. The family environment was considered a significant contributing factor to the onset and maintenance of binge eating disorder, with suggestions stating the worth of systemic approaches and family-based treatments. Obese women

with binge eating disorders faced parental rejection, particularly paternal, and needed nurturance and affection during child-parent association (Goode et al., 2020). Emotional unresponsiveness from parents and weight-related teasing was also linked to binge eating among children aged 12 years.

The current family or systemic treatments were started in London, England at the Maudsley Hospital and are built on the inclusion attitude with family regarded as the possible resource in therapy to lessen parental guilt (Marques et al., 2011). Therefore, the focus of family systems theory was to help a family develop skills that can help facilitate communication and emotional literacy, navigate attitude differences and opinions, and recognize how behavior rigidity and emotionality can be linked to disordered eating. Family models of disordered eating also suggest that family members are systemically interconnected, with every member influencing the entire family, developing interaction patterns that can be less or more useful. The approach acknowledges that every family member might differently experience the associations and their attached meanings.

There is still limited research on systemic theories, notwithstanding the extensive history of systemic techniques on eating syndromes and the impact of family-based treatments. Little evidence suggests that the Maudsley approach and family-based treatment for treating eating illnesses are extensively effective on other eating disorders (Rostami, 2020). However, there is a lack of extensive research on their effectiveness in treating binge eating disorders. Binge eating disorder is usefully conceptualized as a relational issue whereby feelings of rejection because of weight are linked to having an identity dictated by an individual's body weight and image. Theories and studies on eating syndromes broadly posit that families play a crucial role in the etiology and maintenance of eating illnesses. Although there is scarce research on family-based

and systemic models of binge eating disorder, there is ground that systemic theories can be perfectly applied to the case of binge eating disorder.

Related Literature

Binge eating disorder is the most prevalent disorder in the United States, affecting about three percent of American adults, thus becoming more prevalent than other eating disorders. According to Clark and Winterowd (2012), the American Psychological Association announced the inclusion of binge eating disorder as a formal eating disorder in i DSM-5. This changed the previous status of binge eating disorder from being a provisional diagnosis that necessitated additional research (Hall et al., 2015). In DSM-5, the diagnosis for binge eating disorder outlined by APA included a person having repeated binge eating episodes where the food amount consumed is larger than what most people eat in a similar situation. An individual experience marked distress and loss of control from the binge eating episodes. Similar prevalence rates of the symptoms associated with eating etiology have been recorded in a diverse population. In the study by Harrington et al. (2010), the research on eating disorders among African American women has remained extremely low despite the findings showing that they are equally impacted as European American women. Increasing research findings have challenged the beliefs that eating disorders primarily affect European American women, thus emphasizing the significance of empirical research among diverse populations.

Eating Disorders

DSM-5 includes various eating and feeding disorders and their respective subtypes. According to Marques et al. (2011), the prevalence rates for everyday eating and feeding disorders range from 0.4 to 1.6 percent and are reported to affect more than 30 million Americans. However, the overall prevalence rate of Otherwise Specified Feeding and Eating

Disorders remains unknown, making many cases go unreported and undiagnosed. Different eating disorders include binge eating disorder, bulimia nervosa, anorexia nervosa, and other specified or unspecified eating disorders. As per Fichter and Quadflieg (2016), the lifetime prevalence rate for anorexia is 0.9%, 1.5% for bulimia, and the significant prevalence rate is recorded for binge eating disorder at a rate of 3.5%. The most significant contributor to bulimia nervosa and anorexia is dissatisfaction with one's body image.

Anorexia nervosa is an eating disorder characterized by restricting food intake to attain reduced body weight due to the intense fear of gaining body weight or becoming fat and how one perceives their body shape or weight. The dissatisfaction experienced by individuals regarding their body image is because of self-evaluation leading to reduced self-worth (Sala et al., 2015). The American Psychiatric Association further distinguishes anorexia into two subtypes. The two subtypes of anorexia nervosa include binge eating or purging type and restricting type. In the purging or binge eating type, a person engages in binge eating and then purges to compensate for the consumed calories through induced vomiting or misuse of laxatives (Echeverri-Alvarado et al., 2020). In the restrictive subtype, a person achieves weight reduction by restricting food intake but does not experience purging or bingeing episodes. The point prevalence or the new cases of anorexia occur during young adulthood or adolescence at a higher rate. The condition also affects more females than males.

Bulimia nervosa consists of recurrent binge eating, inappropriate compensatory behaviors at least once a week to avoid weight gain, and undue influence on body image and self-esteem. The episodes of binge eating are similar to a binge eating disorder, where an individual consumes a large amount of food in a given period (Braun et al., 2019). Individuals affected by bulimia nervosa might feel out of control over their eating, making it impossible to stop the

behavior. The main difference between this type of disordered eating with other eating disorders is that an individual fears weight gain and feels guilt due to binge eating behavior. The person compensates for binge eating behavior, a condition referred to as purging (Ross, 2019). Some purging behaviors include excessive exercising, diuretics, fasting or extreme dieting, laxatives, and vomiting. The highest bulimia nervosa prevalence rates occur in young adulthood or late adolescence, affecting females ten times more than males.

Assari (2018) demonstrated that bulimia nervosa is further distinguished by two sets of specifiers that include the current severity level and status of remission based on the number of episodes every week that the affected individuals are involved in inappropriate compensatory behaviors. The diagnosis of bulimia nervosa was initially distinguished based on purging and non-purging subtypes. However, some scholars are not sure whether the non-purging subtype of bulimia nervosa better aligns with binge eating disorder than the bulimia nervosa diagnosis because of similar characteristics and eating disorder symptomatology.

Binge eating disorder incorporates episodes of recurrent bingeing at least once a week. A large amount of food intake characterizes the episodes of binge eating, more than an average person can consume in a similar circumstance and within a specified period (Sala et al., 2015). In a given episode, individuals binge eating feel out of control concerning their eating period. The person typically gets traumatized while bingeing but does not engage in inappropriate compensatory behaviors to avoid weight gain as those involved in bulimia nervosa would. The attributes considered to categorize individuals as having binge eating disorder include having a more rapid eating behavior than usual, one eats until feels full, one consumes large food quantities when not physically hungry, experiencing shame or guilt about oneself after engaging in episodes of recurrent eating, and eating in private because one feels embarrassed for

consuming large quantities of food than an average person would consume (Santomauro et al., 2021). Like bulimia nervosa, binge eating disorder is distinguished by two sets of specifiers that include a current severity level and status of remission, which is grounded on the episodes of binge eating the affected person engages in. The limited research concerning binge eating disorder specifiers is due to its recent inclusion in the DSM-5.

Otherwise Specified Feeding and Eating Disorders (OFSED) are characterized as eating disorders. An individual does not fully meet the criteria for the outlined disorders when diagnosed but experiences symptoms that can contribute to significant distress or impairment in their life (Moerdijk et al., 2017). These disorders affect an unspecified or unknown percentage of the population due to their numerous presentations. Due to the historical ambiguity related to the diagnosis, OFSED was shifted from the former Eating Disorders Not Otherwise Specified. According to Duarte and Pinto-Gouveia (2017), there is limited literature assessing its treatment and prevalence. Healthcare providers must note why patients' symptoms fail to fit into eating disorders. This might include purging to reduce weight without binge eating, being of average body weight in Anorexia, and lowering purging or binge eating frequency.

History of Binge Eating Disorder

The symptoms of binge eating disorder were initially described in 1959 by Stunkard, who described the episodes of binge eating as an orgiastic experience where individuals consume large food quantities at irregular intervals in a short period, particularly when a person is stressed (Braun et al., 2019). Stunkard believed that binge eating frequently appeared to have a personal and symbolic meaning inducing negative feelings like severe discomfort, self-condemnation, distress, and guilt, that individuals encountered after bingeing (Ambwani, 2015). Until the 1980s and 1990s, various researchers proposed its inclusion in DSM-IV since its diagnostic criteria

offered distinct disorders (Fichter & Quadflieg, 2016). In 1994, American Psychiatric Association included binge eating disorder in Appendix B of the DSM-IV as a provisional eating disorder, Eating Disorder Not Other Specified (EDNOS), which required additional definition.

Binge eating disorder was formally recognized in the DSM-5 in 2013, the first time it was acknowledged as a separate disorder from other types of eating disorders (Trottier et al., 2016). Due to the empirical evidence, the DSM-IV diagnostic criteria implemented two main changes in the DSM-5, changing the frequency of binge eating from two days a week to once a week. The severity criteria were also applied and associated with episodes of binge eating frequency. Currently, binge eating disorder is defined as excessive and abnormal food consumption patterns linked to recurrent, uncontrolled, and persistent bingeing without weight control. Researchers argue that binge eating disorders have numerous parallels with conventional addiction disorders (Lee-Winn et al., 2014). DSM-V defines binge eating disorder by two properties: eating in a short period and consuming a considerable amount of food that is considerably greater than what most individuals would consume in the same period under the same period situations. Compared with non-binge eating disorder counterparts, laboratory-based studies have shown that individuals diagnosed with binge eating disorder seem to have higher caloric intake and a large amount of food consumption, even in non-binge eating episodes.

The Food and Drug Administration approved a new drug to treat binge eating disorders in 2015 (Badrasawi & Zidan, 2019). The drug known as lisdexamfetamine dimesylate was sold under Vyvanse prescribed to treat moderate to severe binge eating. It helps individuals control bingeing by maintaining a steady supply of the neurotransmitter dopamine in the brain because bingeing and overeating are associated with the reward centers in the brain. This was a massive step in treating binge eating disorder because it was the first drug prescribed explicitly for binge

eating disorder. A significant milestone has been achieved, and the treatment is psychologically gentle and offers the highest level of care outside the hospital setting (Badrasawi & Zidan, 2019). Effective medication developed by the researchers has been due to the prior developments that have enabled professionals to differentiate between obesity and binge eating disorders. However, as (Saltzman & Liechty, 2016) pointed out, Vyvanse might not be an effective treatment for individuals with recurrent substance abuse behavior due to the possibility of addiction when taking Vyvanse. Researchers and medical professionals are currently investigating how binge eating disorder affects different people to develop effective treatment options for every individual.

The Role of Trauma in Binge Eating Disorder

Dingemans et al. (2017) concluded that traumatic stress refers to psychological and physical reactions occurring in different degrees after a traumatic experience, categorized by symptoms that include numbness, avoidance, nightmares, the acute burst of panic or fear, anhedonia, and emotional blunting that led to changes in the eating behaviors. Researchers focused on addressing eating behavior among individuals affected by past traumatic events posit that symptoms of post-traumatic stress disorder are linked to consumption of fast food, soft drinks, and unhealthy eating behaviors (Lee-Winn et al., 2014). Eating habits is an extensive term that comprises feeding practices, eating-related problems, dieting, and food choice and motives representing an essential element for the promotion and maintenance of good health in the entire life of individuals. Traumatic experiences can be the risk factors for developing eating disorders. The history of trauma and childhood trauma is associated with increased symptoms of eating disorders. Patients with post-traumatic stress disorder report increased symptoms of eating disorders compared to those without any history of traumatic experiences.

Emotional eating and regulation difficulties are proposed as mediators in the relationship between post-traumatic stress symptoms and binge eating symptoms. Emotional dissociation and dysregulation have been suggested as the mediators between eating psychopathology and childhood trauma. Many individuals have been reported using disordered eating like binge eating as a short-term means to relieve adverse effects associated with trauma (Kathryn & MacDonald, 2017). Stress has been found to minimize behavioral and emotional control and increase impulsivity, thus contributing to overeating. Emotionally conditioned eating is also a perceived stress regulator. The brain expresses a strong desire to eat and minimal capacity to inhibit eating when stressed. Sweets and food can be easily accessed and make a person feel more comforted or relaxed, leading to less stress and a better mood. However, while chronic stress strengthens the desire for sweet and tasty foods with high-fat content, acute stress can, in turn, minimize appetite.

Differentiation between and possible overlap with eating disorders and food addiction has received considerable attention from various researchers. Studies have shown that increased levels of post-traumatic stress disorder symptoms are related to increased levels of food addiction (Trottier et al., 2016). Childhood trauma is associated with addiction to food and binge eating behaviors. Besides, a higher prevalence rate of food addiction is recorded among individuals with disordered eating habits. From various studies, the main themes originating from individuals who expressed their experience with traumatic stress and its impact on their eating habits included experiencing a lack of appetite and reduced ability to plan and prepare meals, experiencing stressful and emotionally controlled eating behaviors, experiencing addiction to sweets and food, and experiencing eating habits as their coping mechanism (Auxéméry, 2012). Binge eating increases the intake of salty snacks, sweets, fast food, restrictive

eating, and controlled eating due to fear and a strong urge to avoid or regulate discomfort associated with emotions and stress.

Besides, eating situations or specific food types triggered traumatic memories and provided feelings of bad conscience, leading to increased anxiety. Post-traumatic stress disorder has been found to create difficulties in the sustainability of varied diets, causing increased food intake (Lee-Winn et al., 2014). Individuals develop eating behaviors to avoid panic, fear, anxiety, or negative conscience. Restrictive and controlled eating behavior can be described as when a person avoids eating some food types, eats unprocessed food, or engages in unhealthy overeating. A person might be scared of eating more than an average amount.

In contrast, others hold that unhealthy eating or overeating negatively affects their body image or can cause the hypo-arousal feeling that triggers traumatic experiences. The motive to suppress emotions surpasses the urge to consume average food (Kathryn & MacDonald, 2017). Although it is considered a medication for negative thoughts or unfavorable feelings, it is not viable.

Ramirez et al. (2017) found that most people turn to disordered eating coping mechanisms for their painful experiences. Both eating disorders and post-traumatic stress disorder have high dissociation rates; a person feels disconnected from oneself. People suffering from both disorders potentially attempt to use their eating habits to disconnect from traumatic emotions and memories. People might severely restrict their food consumption or restructure their exercise routine to regain a sense of control in their lives (Lee-Winn et al., 2014). Trauma often leaves individuals with a feeling of powerlessness, while disordered eating behavior provides a false sense of achieving power over an incidence that can be controlled. However, these disorders become uncontrollable, thus overpowering the initial intention of making a

person's life dominated by weight and food. Any trauma or abuse can trigger eating disorders (Acle, et al., 2021). They include bullying, sexual abuse, emotional abuse, and physical abuse. Although it might not be possible to state that trauma causes eating disorders directly, it is a stronger risk factor contributing to an individual's disordered eating.

The relationship between the psychopathology of eating disorders and sexual assault has been extensively explored, but the subject remains of debate. Studies show that approximately 30% of eating disorders have experienced childhood sexual abuse or sexual trauma (Braun et al., 2019). However, there is a complex relationship between the inherent issues in self-regulation, the type of trauma, and other risk factors that contribute to challenges in pinpointing the actual effect of sexual assault on the risk of eating disorders in the future. Individuals who experienced sexual assault are slightly more likely to develop bulimia nervosa than binge eating or other eating disorders. Some research studies theorize that being abused sexually can contribute to disordered eating behavior. Therefore, individuals can control their lives but find the turmoil of sexual trauma and the outlet of emotional pain. In the case of binge eating, the inherent symbolism in the etiology of the disorder is its ability to help an individual purge the adverse feelings linked to traumatic stress. In contrast, food consumption helps to occupy an emotional void.

Although not like conventional eating disorders, researchers have found interesting facts about trauma and eating behaviors and how they can develop during childhood (Badrasawi & Zidan, 2019). Some children consider eating snacks when confronted with stress, while others lose their appetite. The parents recognized the actions and monitored their children's responses after being anxious or upset. Emotional overeating or undereating among children can potentially contribute to disordered eating.

Ethnic Minorities

In the growing literature, researchers acknowledge that females identifying as sexual minorities across different racial groups are at an increased risk of developing binge eating habits. There are increased bulimia, anorexia, and Other Specified Eating Disorders among people who self-identify as African Americans, Hispanic, Caucasian, and Asian Americans (Garrusi & Baneshi, 2012). Binge eating is believed to be common in marginalized groups, particularly the African American community. The inadequacy of the research exploration on the topic has made it difficult to acknowledge the actual status of the health professionals. Race has been posited as the potential stressor contributing to the development of eating disorders among African American women because they lack opportunities associated with European American women (Fichter & Quadflieg, 2016). African American women are more likely to suffer from eating disorders than women from other minority groups.

The prevalence rates of binge eating habits are more frequent among African American women than Caucasian women. Greater frequency of binge eating, diuretic use, induced vomiting, laxative use, and fasting is more common among African American women than among Caucasian origins (Kathryn & MacDonald, 2017). However, the cultural norms can protect African American women from disordered eating habits since they report lower diet pills and purging rates. Besides, lower cases of caloric restriction and reduced anorexia rates have been reported among African American women than in other ethnic minority groups. Researchers have demonstrated Asian American females are less likely to engage in binge eating than African American and Caucasian women. This supports the belief that Asian American women have a lower risk of disordered eating than other marginalized communities.

Race-Related Stress and Eating Disorders

Some scholars have noted that African Americans report increased racism experiences than other marginalized communities in the United States. Thein-Nissenbaum et al. (2011) stated that African Americans have been found to experience increased discrimination rates across the socioeconomic status level, age, and gender than European Americans. The main pathway through which discrimination based on race adversely affects poor physical and mental health outcomes for African Americans is through coping behaviors. According to empirical and conceptual research, some people might try to dampen stress reactions by using helpful and unhelpful coping mechanisms when faced with racially discriminative experiences (Polychronopoulos, 2017). Stress coping mechanisms might incorporate seeking social support, praying, developing poor eating behaviors, taking substances or drugs, and embracing racial identity or pride. However, chronic exposure to stress from ethnic discrimination may deplete the adaptive psychological resources of individuals equipped with effective psychological tools, thus increasing health problems through insidious processes that contribute to poor health behaviors.

Maladaptive eating like excessive dietary restrictions and significant overeating may happen due to exposure to racial discrimination and a way of coping with racial-related stress using unhealthy behaviors (Moore, 2021). Obesity and disordered eating behaviors can occur due to poor eating habits like increased consumption of calories in response to stress. African American women have disproportionately experienced increased obesity rates than other racially marginalized groups in the United States. Stress and bad eating habits can heighten the risk of obesity. It is vital to assess how racial-related stress is associated with eating disorders within African American population, particularly women.

Race-related influence on eating pathology can be well understood through a transactional model of stress and coping. The model focuses on psychological stressors like discrimination based on race and can contribute to stress-coping responses and appraisals that can harm an individual's health condition. The coping mechanism associated with eating disorders is bidirectional and can cause some people to reduce food consumption during stress (Lee-Winn et al., 2014). Besides, the meaning and value assigned to stressful stimuli, such as racial discrimination, can be discussed through the transactional model of stress appraisal, determining how detrimental a stressor can be and how much it can impact a person's behavioral health. The stress appraisal process is also consistent with the risk factor model. The socio-cultural values are associated with eating disorders in European American women alongside discriminatory stressors experienced among African American women (Badrasawi & Zidan, 2019). Such values and stressful events impact emotional and cognitive appraisal processes that make individuals develop eating disorders.

The standards of beauty and media messages are the fastest contributors to stress among women since they contribute to body dissatisfaction experiences and involvement in poor eating behaviors to reduce weight and attain discrepant ideals of the body. Besides, the transactional model of stress and coping also proposes that an individual's appraisal of stressful events plays an essential role in the degree to which adverse states are experienced in response to the events. Studies have shown that appraised stress temporarily preceded purging and binge eating behaviors (Kathryn & MacDonald, 2017). The pessimistic view and interpretation of traumatic events can lead to aversive emotional responses that enhance maladaptive coping behaviors. Negative affective states like hostility, anxiety, and depression are viewed as mechanisms between unhealthy coping behaviors and racial discrimination. Substance abuse or use is

considered the primary harmful coping behavior many individuals use in response to stress. There are limited studies on which adverse affective states like depressive symptomatology can link eating pathology and stress due to racial or ethnic discrimination.

Trauma and Binge Eating Among African American Women

Trauma is defined as a situation where a person experiences severe bodily threat or injury followed by intense helplessness, fear, or horror (Garrusi & Baneshi, 2012). An individual might experience numerous challenges like depression symptoms, eating problems, substance abuse, anxiety, and post-traumatic stress disorder after getting exposed to trauma. Binge eating is one of the most common problems for individuals affected by trauma. Although the rates of binge eating are not well known among the African American women survivors, binge eating disorder seems to be a widespread issue among marginalized communities in the United States. Recurrent binge eating is linked to aversive consequences that include increased risk of obesity and its medication sequelae, impaired interoceptive awareness, and comorbid psychological issues (Lee-Winn et al., 2014). It is essential to understand the problem of trauma and binge eating among the diverse American population, given the increased rates of exposure and bingeing among African American women.

The literature review conducted by Rosenberger and Dorflinger (2013) showed that recent studies have indicated that trauma and binge eating among African American women are considerably related. Exposure to trauma or distress is a significant predictor of binge eating severity among African American women and other marginalized groups. However, trauma has not been found to significantly predict the psychological function of eating. Historically, the “strong black woman” ideology is a salient cultural symbol relevant to African American women's trauma recovery and binge eating (Linardon et al., 2016). The symbol began as a

justification or rationalization for slavery since African American women were flaunted as psychologically and physically more substantial and more resilient than European American women. The image was later appropriated within the African American community in response to derogatory images of African American womanhood. The image incorporates numerous positive attributes, engenders self-efficacy for confronting the challenges, imbues pride steeped in a historical legacy and rich culture, and offers encouragement in misfortune situations. The belief that African American women are inherently resilient and strong is one of the strong black women ideology tenets.

Due to the pressures of living up to the ideal of superwomen, low self-esteem, guilt, shame, and depression easily preoccupy the African American women when they perceive themselves as failing to attain such a goal (Lipson & Sonneville, 2019). The ideal form of the image does not permit African American women to express or experience distress or vulnerability and may deny or reduce the struggles they experience, thus depriving them the permission to break down and feel the stressed struggle or pain. The circumstance can be salient for the survivors of trauma because the extreme form of the symbol gives them a narrow range of responses to harsh conditions. This makes them avoid admitting the experience of a particular emotion or vulnerability to distress. The African American women who have strongly internalized the symbol of the strong black women ideology might cling to it more firmly as they struggle to find culturally sanctioned ways of dealing with traumatic situations.

The excessive or ideal form of a strong black woman ideology can be problematic for women prone to using eating as their coping mechanism for distress. The cultural pressures to embody control and strength and consequential prohibitions against vulnerability and weaknesses contribute to denial and erasure of pain, leaving many African American women

inclined to self-medication with compulsive overconsumption of food. The notion that the strong women ideology might be linked to binge eating and the recovery of trauma among African American women can be intriguingly possible, but it requires additional examination.

The study by Vanzhula et al. (2018) showed that recurrent binge eating is the primary behavior of binge eating disorder that is concurrently accompanied by the experience of loss of control and marked distress without inappropriate regular compensatory behavior for weight loss. Binge eating disorder is the most common eating disorder across all ethnic and racial groups in the United States, affecting between 0.8% to 2.6% of America's population (Polychronopoulos, 2017). Besides, binge eating disorder is always comorbid with numerous psychiatric and somatic conditions, including substance use disorder, metabolic syndrome, mood disorder, and obesity. Recent research explorations report similar or higher rates of binge eating disorder among the African American female population compared to European American women. In various studies, the prevalence of binge eating disorders among African American women was approximately 5% compared to about 2.5% of non-Hispanic white women (Vanzhula et al., 2018). Besides, binge eating among women with obesity is estimated at a higher rate of about more than 30% for African American women than European American women.

According to Lipson and Sonneville (2019), although there are multiple efficient behavioral treatments for binge eating disorders, for instance, behavioral weight loss, cognitive behavioral therapy, and interpersonal psychotherapy, African American women and other marginalized groups have lower access rates to the care of binge eating disorders than European American women. Binge eating and binge eating disorder can be more aversive among African American women who fail to access treatment. Early detection and intervention of binge eating

episodes among this population can be the essential step toward preventing and improving access to care (Trottier, 2020). The current study systematically reviews the empirical research investigations regarding African American women. It addresses the racial or ethnic differences, prevalence rates, the course of binge eating pathology, evidence-based treatments, and factors leading to the development of binge eating disorder.

Diagnosis and Severity Assessment of Binge Eating Disorder

The diagnosis of binge eating disorder involves clinical interviews by healthcare professionals, including clinical psychologists and physicians, to determine if the affected individuals meet the criteria laid by the DSM-V. Additionally, the severity assessment of the disorder can be done using different instruments. The instruments used in assessing binge eating disorder severity need to be examined to make appropriate changes since its inclusion in the DSM-V (Zelkowitz et al., 2021). This enabled the severity assessment to reflect the new criteria and cause formidable reliability and validity on the instruments' performed tests. Patients can also record daily binge eating diaries to determine the frequency of binge eating. This can provide reliable information since patients write detailed accounts of their food intake and indicate the type of food that is believed to consist of a binge. The clinicians can examine subjective episodes of binge eating recorded in the diaries to determine whether to classify them as objective binge episodes (Kathryn & MacDonald, 2017). The results are used to determine whether a person qualifies to have a binge eating disorder.

Risk Factors of Binge Eating Disorder

Binge eating disorder can affect both men and women irrespective of race or ethnicity. It commonly affects individuals in their late adolescence and early adulthood and is strongly associated with low self-worth (Trim, 2021). The exact cause of binge eating disorder is not well

known. However, environmental influences like body shaming, personality traits, and biological factors can trigger binge eating disorders. Numerous risk factors have been implicated in different eating disorders. However, little is known about the actual risk factors associated with binge eating disorders. In a community-based controlled study design, the primary risk factors were identified by comparing subjects with binge eating disorders with those without binge eating disorders, as the controlled cases were diverse. Molendijk et al. (2017) included vulnerability to obesity, parental depression, adverse childhood experiences, and recurrent exposure to opposing views about eating behavior, shape, and weight. Vanzhula et al. (2018) found that pronounced susceptibility to obesity and certain childhood traits distinguished individuals with binge eating disorders from other eating disorders. Individuals with binge eating disorders are reported to have more exposure to adverse comments about their body image and early childhood exposure when equated to other eating illnesses.

The study by Hoerster et al. (2015) showed that people with binge eating disorders come in all shapes and sizes since one can be a healthy weight, obese, or overweight and still have the condition. Binge eating disorder seems to be linked to obesity and psychiatric disorder exposure risk factors. The risk factors of binge eating are weaker and more circumscribed when compared with extensive risk factors for other eating disorders like bulimia nervosa (Jordan et al., 2015). Negative self-evaluation, pre-morbid perfectionism, and susceptibility to obesity appear to be categorized as other eating disorders. Furthermore, family history and genetics are other main risk factors. They can consist of a family history of mood disorder or depression, growing up with family members who display unhealthy and disordered eating habits, physical or sexual trauma in the home, negative situations involving trauma or loss of a family member, and emotional abuse and neglect.

Theoretical models suggest the inadequacy of clear empirical support in providing a pathway to understanding binge eating disorder risk factors. As per Baek et al. (2018), the literature has discussed numerous risk factors regarding binge eating. However, there is slight agreement over their implication. Different risk factors incorporate socio-cultural risk factors, particularly ideal body internalization, body mass, body dissatisfaction, the urge to be thin, negative affect, familial factors, and dietary restraint. Extensive literature is centered on how the cultural pressure to be thin effects eating disorder prevalence. Pressure to be thin has been considered the aversive factor linked to eating pathology by increasing body dissatisfaction among women. Researchers such as Iacovino et al. (2012) noted that pressure to be thin from the media, romantic partners, peers, and family could contribute to binge eating by increasing dieting chances. Generally, societal pressure of thinness appears to be the predisposing factor that can ultimately cause binge eating, an issue of a particular weight. It is a burden faced by numerous people and is possibly socially accepted or embedded.

Studies have also shown that ideal body internalization is critical in developing binge eating disorders. For instance, experimental reduction of an ideal body internalization contributed to decreased binge eating symptoms, negative affect, dieting, and body dissatisfaction (Vanzhula et al., 2018). Therefore, ideal body internalization seems to place people at risk for the onset of binge eating and can cause the advancement of binge eating disorder. Besides, dieting is a socio-cultural risk factor that predicts binge eating, as shown by the dietary restrain theory. According to systemic theory, the family environment has been a substantial causative factor for eating disorders such as binge eating. Depression, stress, and anxiety are the negative emotional risk factors contributing to binge eating. Wilson and Sysko (2009) indicated that low self-esteem has been frequently associated with the onset of binge

eating disorder and is conceptualized as a global negative perception of oneself. The studies on the risk factors of binge eating disorder are primarily associated with the history of dieting, factors associated with the feelings of a person's body image, and challenging family situations (Donofry et al., 2014). However, the research concerning such risk factorsremains scarce.

Treatment of Binge Eating Disorder

The most researched psychotherapy for binge eating illness is cognitive behavioral therapy, which is supported as the best treatment option for the condition. However, Araujo et al. (2010) noted that the first-line treatments are individual psychological therapy proposed for adults with binge eating disorders. Numerous approaches have been recommended to treat binge eating disorders based on individual situations. According to Guerdjikova et al. (2011), cognitive-behavioral therapy is a time-limited approach that centers on the interaction between behaviors, feelings, and thoughts. Its key treatment components include mindfulness, cognitive restructuring, self-monitoring of essential behaviors, regular eating patterns, and psychoeducation. Cognitive-behavioral therapy on binge eating disorders incorporates feared foods and dietary restrictions (Lydecker & Grilo, 2018). It addresses body image and weight issues and provides alternative skills to cope with and tolerate traumatic events. Cognitive behavioral therapy teaches individuals different strategies for preventing relapse from achieving behavior change but not focusing on weight loss. Cognitive behavioral therapy does not necessarily contribute to weight loss when treating binge eating disorders. Studies show that cognitive behavioral therapy can be helpful for individuals wanting to recover or abstain from binge eating.

There is also a short-term treatment of binge eating disorder, referred to as interpersonal therapy, which focuses on interpersonal issues. Another newer form of cognitive behavioral

therapy is dialectical behavior therapy, designed to deal with impulsive behaviors. As Guerdjikova et al. (2017) highlighted, scholars argue that persons with binge eating illness tend to face more interpersonal problems that can cause psychological distress in their feelings, thus triggering the onset of binge eating disorder. According to Pawaskar et al. (2016), although interpersonal therapy shows positive response in treating binge eating disorders, studies have indicated that it is less effective than cognitive behavioral treatment. Although there are too few studies to conclude the effectiveness of other psychotherapies like mindfulness, group therapy, and family therapy for treating binge eating disorders, they have been shown to promise favorable results (Reas & Grilo, (2014). Mindful eating blended with mindfulness-based eating awareness training with mindfulness strategies helps people become more informed of hunger cues and alter their eating behaviors to avoid binge eating. The potential efficacy of group therapy and family therapy treatment modalities has not been extensively evaluated.

The first Food and Drug Administration-approved medication for treating modest to serious binge eating illnesses among adults are Lisdexamfetamine dimesylate or Vyvanse, the medication for attention deficit hyperactivity syndrome (Guarda, 2021). Vyvanse is a stimulant that can be abused or habit-forming. It is believed to cause more severe side effects, but the common side effects include insomnia and a dry mouth. Other types of medication that are vital in treating binge eating disorders include antidepressants and topiramate. Antidepressants can minimize binge eating, but it is unclear how they achieve it (Schreiber-Gregory et al., 2013). However, they are associated with how they affect particular brain chemicals related to mood. Also known as Topamax, topiramate is an anticonvulsant utilized in controlling seizures but has been reported to decrease episodes of binge eating. The side effects of topiramate have been recorded as nervousness, dizziness, concentration trouble, and sleepiness.

Lifestyle and home remedies can effectively reduce binge-eating episodes. Typically, treating binge eating disorders is ineffective without seeking guidance from a healthcare professional (Guarda, 2021). However, individuals can reinforce self-care steps in their treatment plan for binge eating disorders. Individuals should stick to their treatment and never skip any therapy session. Unless supervised, dieting should be avoided at all costs. According to Scott et al. (2019), any dieting attempts can trigger more binge-eating episodes enhancing a vicious cycle that can be difficult to break. Researchers have shown that individuals engaged in binge-eating episodes skip breakfast. However, it is advisable to eat breakfast because it helps minimize the likelihood of consuming meals with higher calories later in the day. Furthermore, patients with binge eating disorders should strive for the proper nutrients since consuming many during binges does not imply consuming foods with the appropriate nutrients. Availability of certain foods can trigger bingeing; thus, their environment should be arranged to keep tempting foods out of reach by limiting their exposure (Towner, 2020). Living with disordered eating conditions is difficult since one has to deal with food daily. The potential risk of medical care should be discussed with the medical care professional to discuss suitable dietary supplements.

Summary

Zelkowitz et al. (2021) stated that the consequences of post-traumatic stress disorder can be severe, affecting individuals in behavioral, physiological, and psychological ways. Traumatic experiences affect individuals with disordered eating behaviors in numerous complex ways. Understanding the changes in individuals' eating behaviors with eating disorders can be helpful for health professionals dealing with eating disorder patients. Binge eating is associated with severe psychiatric and physical health conditions (Turton et al., 2017). This literature review has discussed numerous aspects concerning trauma and binge eating disorders. The current study has

shown that binge eating is solidly linked to obesity. However, numerous health care providers fail to recognize disordered eating in their obese patients. Individuals with obesity and with or without binge eating disorders experience numerous forms of anti-obesity stigma. Such adverse experiences might negatively influence compliance to treatment, patient-doctor relationship, and treatment-seeking. In their view, Salami et al. (2019) held that there is a greater need to create awareness about binge eating disorders. The potential challenging issue is that whereas overweightness is commonly documented as a chronic physical problem that calls for continuous interventions, the increasing literature about pharmacotherapy for binge eating disorder comprises entirely short-term trials testing acute treatment effects.

Binge eating disorder seems to be related to exposure to risk factors for obesity and psychiatric disorder. Reichenberger et al. (2021) showed that the risk factors for binge eating are weaker when compared to those of bulimia nervosa. This literature review describes the most prominent binge eating disorder theories and conceptualizes the disorder in its various presentation forms. Numerous theories focus on poor emotional regulation skills and the availability of adverse effects in the precipitation of binge eating (Lee-Winn et al., 2014). Similarly, the common ideas about most of the theoretical models discussed consist of the aversive core beliefs about self and reduced self-worth. Generally, it should be noted that cognitive-behavioral theory models have the most empirical evidence conducted by a huge body of researchers. This is because additional research published examining the related theories and the treatments of eating disorders based on the models.

Bingeing is a common aspect of eating illnesses and is linked with significant costs like comorbid physical and mental welfare complications, poor social functioning, and reduced life quality. An extensive research exploration concerning cognitive models of binge eating disorder

has emphasized the role of dieting or restricting behavior, low self-esteem, emotional regulation, severe effect, and preoccupations with body weight and shape, with much focus on compensatory behavior (Jordan et al., 2015). It is essential to understand explanations at social, relational, and interpersonal levels to comprehend the experience and purpose of bingeing. Little attention has been experienced to the impact of societal factors like body shape and weight on binge eating disorders. Therefore, this qualitative study has contributed essential efforts by analyzing the cultural and social context that potentially influences individuals affected by binge eating.

According to Lawless et al. (2020), binge eating illness is maintained due to its form of coping response to the history of food control and negative affect. While binge eating behavior might offer temporary relief, it promotes a sense of binge out of control and a negative mood around the food. Therefore, the triggers of bingeing become implicated as the maintenance aspects of binge eating disorders. Individuals can easily break from the cycle of bingeing if they get informed about the complex pattern of binge eating disorder. There is a need to support different theories of binge eating disorders to help understand how women experience their bingeing behavior. A holistic approach to dealing with or addressing the situation should help the target population succeed in dealing with binge eating or purging syndrome.

Cognitive behavioral treatment for binge eating illness has been shown to promise short-term success, indicating that researchers have not explored the maintaining factors in this treatment (Kathryn & MacDonald, 2017). Researchers such as Ambwani et al. (2015) called for intensified examination to improve the understanding of cognitive factors that maintain binge eating behavior. The initial step is to improve evidence-based treatments for binge eating. Research should focus on the maintaining belief or schemas that might be causative to the

regularity of post-treatment decline experienced among patients with binge eating. Theories concerning binge eating disorders have indicated promising preliminary evidence of their efficiency. Legenbauer et al. (2018) highlighted those long-term treatments effective for binge eating disorders should be investigated to enhance the effectiveness of the current treatments. Due to the increased prevalence of binge eating in the general community, mainly among the eating-disordered individuals, and the related costs of the condition experienced in society, attempts must be made to recognize the widespread issue and advance the treatment results. Researchers should consider paying equal attention to all ethnic groups without any assumptions to provide a clear picture of the prevalence rates of binge eating in the entire United States population.

CHAPTER THREE: METHODS

Overview

The study aimed to explore the lived experiences of African American women affected by trauma and binge eating disorder and the challenges faced when accessing treatment. This study employed hermeneutic phenomenology to investigate and describe the lived experiences of African American women regarding trauma and binge eating disorders. The literature review for this study demonstrated that post-traumatic stress disorder and other negative mood triggers contribute to binge eating disorder among women. The emergent nature of phenomenology and the experience between the researcher and the participants are fundamental in exploring the phenomena of trauma and binge eating disorders among marginalized communities. The section serves as an outline of the research design and strategies for collecting and analyzing data. The descriptive information regarding the research participants is explained. Also presented are the research design, research questions, hypotheses, research respondents, instrumentations used to collect data, data collection and analysis procedure, and the chapter summary.

Design

This qualitative study utilized a hermeneutic phenomenology research design. The study is qualitative since it sought to understand and describe the essence of a given phenomenon. A purposive sampling research design was used in the sample selection. The researcher employed semi-structured interviews that were audio-recorded and analyzed. Phenomenology originated from "phenomenon," a Greek word that means something that shows itself and manifests that it can become visible by itself (Fricke & Føllesda, 2016). It is an umbrella that includes a range of research approaches and philosophical movements. As the literature review demonstrated, binge eating disorder is triggered by adverse life events. It is reasonable to consider post-traumatic

stress disorder in the responses of the research participants for the binge eating disorder. Phenomenology offers the exploration of the recovery journey for such responses and the impact of trauma on patients with eating disorders; thus, this qualitative method is well-suited for the study. Besides, a holistic approach to treating binge eating disorders includes finding a suitable way of dealing with traumatic events. This can help promote a deeper understanding of the recovery experience and help design patient-centered interventions that promote positive outcomes in recovery from binge eating disorder.

Qualitative Research

There have been many qualitative research studies exploring the efficacy of various treatments for different eating disorders. Most of the studies explored constructs like adverse behavior related to body image, dissatisfaction with one's body weight, and anxiety. However, limited research studies qualitatively explored the lived experiences of African American women exposed to binge eating due to trauma resulting from adverse life experiences. In this research, the phenomenological study was used to examine trauma and binge eating among African American women concerning European American women. A qualitative research design is appropriate for this study since the main focus is centered on the participant's narration of the lived experiences to help understand and identify the emerging themes to help in the interpretation of the situation and how to control it. The value of qualitative research in disordered eating is described by various researchers who hold that the lack of such research at the time was a challenge in developing the clinical practice and theoretical approaches.

Based on the rate of individuals from the marginalized community diagnosed with binge eating disorder, it is essential to strive towards an in-depth understanding of individual experiences, which is difficult to achieve through quantitative research techniques alone.

Although various studies have improved various treatments, the appropriateness of such treatment options for dealing with individual experiences has not been extensively explored. Such in-depth understanding and discovery cannot be inherent in quantitative research design. Thus, the current study strived toward this level of rigor and the depth to understand the lived experiences of African American women with binge eating disorders using a qualitative research approach, particularly hermeneutic phenomenology. The aspects of interest include racial discrimination and body image dissatisfaction that have not been qualitatively explored in a meaningful manner. Thus, it is essential to examine how African American women described their lived experiences to help understand how the recovery process of binge eating disorder can be achieved.

Phenomenology

According to Fricke and Føllesda (2016), phenomenology originated from "phainomenon," a Greek word that designates what appears to us. It is thus a qualitative research approach rooted in philosophy and psychology. It explores the experiences of individuals living a particular phenomenon, enabling the researcher to achieve a complete and deep understanding of the first-hand experiences narrated by an individual. However, phenomenology describes the lived experiences of numerous individuals; hence, it differs from a narrative study that focuses on a single individual. It assumes that lived experiences of people can help make sense and implies that practical experiential and intuitive understanding is more meaningful than abstract theoretical knowledge. The principal goal of phenomenological research is to obtain complex, vivid descriptions of the lived experiences encountered by an individual as it was lived in the context of space, time, and the association with others within a social context.

Through careful exploration, a phenomenological qualitative research design helps gain a vivid understanding of the events through the lens of the affected participants. The resulting research data from phenomenological research is detailed since the participants provide narratives of the account based on their knowledge and experiences concerning the study subject. Phenomenology does not generate theoretical or empirical observations but offers accounts of experiences as individuals live them. According to Nowell et al. (2017), phenomenology research studies phenomena, their nature, and their meanings. Its focus is on how things appear to individuals in consciousness or experiences, whereas phenomenological researchers aim to offer detailed textured descriptions of lived experiences. Some researchers define phenomenology as a discipline that focuses on individuals' perceptions of the world and what it implies. A qualitative research method is concerned with meanings and how they arise in the experiences.

The conceptualization of phenomenology as a philosophy is an overarching perspective and a research method from which all the qualitative research is sourced. The phenomenology of perception has prominent themes: essence, reduction, description, and intentionality. Description of the phenomena is considered the aim of phenomenology. Reduction involves bracketing or suspending the phenomena so that the incidences themselves can be returned. Essence is the core meaning of a person's experiences that accurately depict it. Intentionality is consciousness because people are always conscious of an event. Therefore, intentionality is the actual meaning of the idea or object that is always more than what is provided in the perception of a single viewpoint.

Hermeneutical Phenomenology

The standard definition of hermeneutics is that it is the art of interpretation. Hermeneutic phenomenology is a qualitative research method that enables educational agents to reflect on personal experiences and professional work to analyze important aspects of such lived experiences, providing them with the needed sense and the essence of the phenomenon (Sloan & Bowe, 2014). The relationship between education and phenomenology is established based on the perspective of sense, considering that education is the transmission from society to its members based on the sense that the culture has offered to its relationship in the world. It is feasible to find the compilation of reality acquired by society as perceived by the sense transferred by education. Education is essential in the phenomenological method since it helps interpret, understand, and make sense. In phenomenology, the experience of achieving the subject-object dualism of modernity is the foundation of all knowledge. For modernity, the world consists of facts, where a person is a fact among others, and reality is recognized as the aspect outside the consciousness of human beings.

The hermeneutical phenomenology research method is oriented toward the description and interpretation of significant structures of lived experiences and recognizing what the pedagogical value of the experiences means. In this study, the phenomenon was the prevalence of binge eating disorders among African American women. The target population was African American women who have experienced binge eating disorders due to traumatic events. The researcher then selected the desired sample based on the number of the required participants to be recruited for the study. The phenomenon is shown in an individual's consciousness and significance to the lived world. Phonology does not discard anything represented in the

consciousness but prioritizes what is presented because people can only speak what they experience. Therefore, human behavior is defined by their experiences.

Phenomenology is a human science delimited as a natural science since lived experiences are the objects studied. Human science is essential because it allows people to internalize and comprehend the real situations of others and explain their daily life. Moreover, it describes the characteristics of the approach explaining a phenomenon represented in a person's consciousness. This enables revealing the nature and structure of the experience without generalizing it (Sloan & Bowe, 2014). Hermeneutical phenomenology prevents conceptualizing or categorizing how individuals experience the world by giving reflective character to daily activity. This makes an individual understand the meaning of uniqueness and knowing oneself. Phenomenology explored the experiential realities concerning binge eating that are less communicable among African American women. Therefore, it is vital to have a systematic and detailed description reflecting all the factors contributing to binge eating among the affected participants. Interpretive understanding can be used to access the non-observable realities displayed by the research participants to reveal the underlying structure that gives meaning to the phenomenon being studied.

Hermeneutic phenomenology rejects the idea of suspending personal opinions and then turn for interpretive narration into descriptions. It puts the effort to determine subjective experience and find the genuine objective nature of perspectives realized by a person based on the premise of impossible reduction and acceptance of endless interpretation. Hermeneutic phenomenology is centered on a person's subjective experience and groups. It attempts to unveil the world experienced by individuals or groups through their life-world stories. It holds that

interpretation is what is present, and description is an interpretive process. This study design proposed using the hermeneutic cycle to generate the best interpretation of the phenomena.

Strategies in Phenomenology

According to Elida and Guillen (2018), phenomenological description entails four strategies: intuiting, bracketing, analyzing, and describing. This study employed these strategies to achieve the researcher's desired goal appropriately. The strategies in phenomenology are described below.

Intuiting

Intuition is a phenomenological research process involving thinking through the data to develop an accurate interpretation or properly comprehending what is meant in a given description. In this strategy, the researcher becomes absorbed in the phenomenon, looking at it from a newer perspective without layering it with what had been bracketed out. The process of intuiting requires maximum concentration since it requires intense researcher involvement. Intuiting leads to the common understanding of a particular phenomenon being explored (Elida & Guillen, 2018). This enables the researcher to understand the phenomenon of trauma and binge eating as described by African American women. The researcher can encourage knowledge generation during data collection through facilitative techniques like refraining from leading questions but focusing on asking open-ended clarifying questions.

Bracketing

Bracketing is the process of holding assumptions and preconceptions in suspension to improve the research rigor (Sloan & Bowe, 2014). This implies that the researcher examined the assumptions and presuppositions to keep them in suspension or set them aside but not conceal them to avoid causing interference with the respondent's provided information. Throughout the

study, the bracketing strategy or process is essential, particularly during the analysis of collected data. It requires the researcher to avoid bias and remain neutral regarding the belief or disbelief in the presence of the phenomenon being studied. In this study, the researcher identified any preconceived ideas about African American women who have been affected by disordered eating, particularly binge eating disorder. In addition, the history of participants concerning trauma was considered. The process helped prevent the information from interfering with the recovery of pure phenomenological description. It allowed trustworthiness and accuracy to prevail and determine the validity of the research outcomes.

Analyzing

In phenomenological analysis, the essence of the phenomenon being explored is identified according to the presented collected data. The researcher pays close attention during the analysis process while listening to the participants' descriptions (Nowell et al., 2017). Comparisons and contrasts of the description regarding the phenomenon being studied were also conducted. Close attention is necessary to help identify the repeating themes and interrelationships at this stage. Common essence or themes begin to emerge in this process when the researcher listens to the descriptions and experiences of African American women affected by trauma and binge eating disorders.

Describing

Describing aims to communicate and distinctly describe verbally or in writing. Describing is the final critical element of the phenomenon since it communicates or delivers information to others about the researcher's findings. A premature description of the phenomenon by the researcher should is not encouraged. Therefore, premature descriptions should be avoided since it is a standard methodological error linked to the research type.

Phenomenological description in this study involved classifying the essences or all the crucial elements common to the lived experiences of binge eating disorders and describing the essences in detail.

Research Questions

RQ1: What is the relationship between trauma and binge eating disorder?

RQ2: How does the ethnic disparity affect African American young women from seeking treatment for trauma and binge eating disorders?

RQ3: What are successful methods for treating binge eating disorder among African American women compared to European American women?

Setting

The participants were recruited from the Transformative Counseling Center and online social media platforms. The rationale for site selection was through purposive sampling. Participants from the Transformative Counseling Center received a recruitment letter and asked to respond if they were interested in participating in the study. Participants from Facebook were sent a link inviting them to participate in the interview. The contact was provided for them to reach out to the researcher to schedule the interview. The data collection sites were selected for ease of access to participants. Besides, the settings had diverse groups of people, making it possible for the researcher to find the appropriate responses. The study interviews were conducted in an audio-recorded format via Zoom, whereby the researcher planned the sessions at the participant's convenience.

Participants

The sample population comprised young African American women. The population is defined as the entire set of people with some common characteristics as defined by the sampling

criteria designed for the study (Uriegas et al., 2021). The population for this study comprised young African American women from whom a sample was selected. The researcher set in place specific inclusion and exclusion criteria. Only individuals identified as African American young women were recruited from healthcare centers, and social media platforms were included in the study. The selection criteria for the participants was to self-identify as African American. Participation was voluntary, and there was no incentive provided. Males and other races were excluded since the focus was to determine how binge eating disorders are experienced among African American women. The study respondents were considered representative of the population. Purposive sampling enabled the identification and selection of research participants. This technique was vital as it enabled the researcher to use her discretion to select suitable participants for the study based on their knowledge. Additionally, snowball sampling was employed in the recruitment of the participants. The recruited participants helped the researcher identify other potential subjects that could provide first-hand experience of the phenomenon under study.

The study comprised a sample size of 10 participants. The sample size was determined by the finding and access to the participants. In the inclusion criteria, the factors considered included being a woman self-identified as African American, 18 years and over, and having a history of post-traumatic stress disorder. The sample used in the study comprised participants from Transformative Counseling Center, and participants were recruited from the online social media platforms. Possible participants were identified through snowball sampling.

Since the study involved human subjects, the researcher sought IRB approval from the educational institution to conduct the research. The IRB approved the project before the start of any activities. This project required IRB review because it involved human subjects from whom

the researcher obtained data through interaction with the individual as well as identifying private information. Furthermore, the participants were required to sign a consent form before participating in the study. The intent of the informed consent was that the participants entered the research voluntarily with full information about what it means for them to be involved in the study and that they give consent before taking part in the study. The informed consent documented the procedure, including the risks and benefits of the study, the time commitment of the respondents, and the confidentiality of the data that was gathered. Participants were informed about the aim of the investigation, the right to respond to the research, and the free will to withdraw from the participation without penalty.

Procedures

Informed consent was provided to the research participants prior to the actual data collection process. The research participants received a complete outline of the exploration endeavor for them to be as unbiased as possible. However, there was no particular method for objective control. The informed consent documented the procedure, including risks and benefits of the study, time commitment of the respondents, and the confidentiality of the information that was to be gathered. The interview dates were provided to the participants through telephone calls and data. Data were collected through voice recording and note-taking. Pseudonyms were used to conceal the names of the participants.

The research participants were required to sign an informed consent form before the interview. This provided complete assurance of the confidentiality of their responses, and it only applied to the respondents willing to provide their views and insights about the research topic (Nowell et al., 2017). Data were collected through questionnaires and recording techniques.

After each interview, the data were reviewed, analyzed, and interpreted into themes and meaningful concepts.

The Researcher's Role

The role of the researcher in this study was to attempt to access the feelings and thoughts of African American women experiencing trauma and binge eating disorder. The researcher strived to get a closer relationship as possible with the participants to get richer and more authentic data. In phenomenological research, the researcher focuses on gaining insights into the feelings and opinions of individuals to provide the basis for future stand-alone qualitative studies. This is a tiresome task since it involves conducting interviews and asking people about things that might be very personal to them. Yet, the experiences under examination might be new to the mind of the participants, and it cannot be easy to relive the past experiences. However, the researcher is primarily responsible for safeguarding the research respondents and their data. The mechanism for such safeguarding was articulated to the participants before the study began.

Data Collection

The pilot study was conducted before the actual data gathering process by distributing the survey questionnaires to some respondents. However, these participants were not included in the actual study. Potential participants were approached in the field and asked their willingness to participate in the study. The data collected through the pilot study made available the difficulties that might be encountered by the researcher during data collection process. The selected sample aimed to collect the target samples' expectations, perceptions, and beliefs.

The primary criterion variable was binge eating symptomatology, while the estimation of weight status was the primary predictor variable. Based on these variables, binge eating behavior was determined from the eating attitude test. Moreover, the responses regarding weight

perception were collected with the purpose of assessing weight status estimation. The researcher used a questionnaire to acquire basic personal, previous history, and demographic data. The information gathered included age, ethnicity, sex, history of the post-stress traumatic disorder, lowest and highest weight, height, mental weight, and ideal weight. As per Uriegas et al. (2021), mental weight is the perceived weight of a person if they do not consciously attempt to control their weight. For instance, people may tend to think that if they do not eat healthily or exercise to control weight, they might weigh more. The elimination of behaviors like exercising and healthy eating can contribute to the feelings like gaining an unrealistic amount of weight.

According to Pacheco (2012), healthcare professionals use the tool to identify people at risk for eating disorders and start an appropriate treatment plan. The eating attitude test symptom checklist is a self-reported measure that provides information concerning pathogenic behaviors or the frequency of the symptoms. This tool is the most widely used screening measure for eating disorders. In this study, the research participants were directed to respond to various items based on a 6-point Likert scale based on the self-report instructions. The response options ranged from "never" represented by the numerical value of 1 to "always" represented by a numerical value of 6.

The data collected on the predictor variable was the estimation of weight. The response comprised five response weights: very overweight, slightly overweight, about the right weight, slightly underweight, and very underweight. In various studies, researchers measured weight perception with similar or identical response scales with every answer associated with the categories that include overestimation of weight status, accurate estimation of weight status, and underestimation of weight status. The relationship between the response and perceived weight status was based on the body mass index (Pacheco, 2012).

Interviews

This study utilized semi-structured interviews since they were designed to exchange information with informal characters, conversing for a goal. Semi-structured interviews are characterized by open-ended questions with an interview guide that defines broad areas of interest. The predefined topics for this study were derived from the literature review. At the start of the data collection, the researcher adapted and improved the process after gaining more insight into the participants. The questionnaires were administered to the study participants with a sample of questions designed by the researcher.

Document Analysis

Thematic analysis was appropriate for this study since it involves reading through the dataset, like interview transcripts, and identifying the patterns in meaning across the collected data to derive the themes (Kiger & Varpio, 2020). It involves an active reflection process. Thematic analysis was used in this study to identify the patterns in the data provided by the research respondents. Besides, this approach is flexible as it allows the researcher to generate new concepts and insights derived from the gathered data. The researcher reviewed the data to ensure each theme was distinct and has enough data to support them (Lester, 2012). Similar themes were merged, and those without enough data to back them up were eliminated. After wholly thought out themes, the researcher then communicated to the readers about the analysis or the validity.

In this phenomenologically based research, conversations and analysis of personal texts were employed. Since the conversation was constrained with time and the opportunity to balance focusing on the research goal and avoiding undue interference by the researcher, various instruments were used to record and store the provided information for future reference.

Interview notes and voice recording techniques were used to ensure accuracy during data analysis. Establishing a good level of rapport and understanding was vital while interacting with the participants to help the researcher gain in-depth information.

Data Analysis

The data analysis process is discovering meaningful categories, patterns, coherent themes, and new ideas to better understand the phenomenon (Kiger & Varpio, 2020). In this study, the researcher utilized thematic analysis. After the collection of data, the information was categorized with the objective to recognize any patterns representing the perceptions presented by the participants during the collection of data. Data were organized into logical categories, summarizing, and making sense of the notes recorded. While identifying the emergent themes, the researcher developed specific codes to help in identifying the concepts into meaningful themes. This also served to identify the sub-categories not recognized in the initial advancement of the study.

The purpose of conducting interviews is to find out what others think. This helps the researcher to find out what cannot be observed. After the interviews, data is reviewed, analyzed, and interpreted into themes and meanings. The thematic analysis involves categorizing, synthesizing, and analyzing the qualitative text data through describing (Nowell et al., 2017). The data analysis process is described as looking for patterns to explain the goal of a phenomenon being studied. Data analysis was conducted using the responses from the interviews and the administered questionnaires. The emerging themes from the sources were then categorized according to the indicators from the literature.

Trustworthiness

Trustworthiness in qualitative research concerns establishing credibility, dependability, conformability, and transferability. Since the qualitative nature of this research did not use instruments with established metrics regarding validity and reliability, it is vital to address how the researcher developed credible, confirmable, transferable, and dependable study findings (Sanjari et al., 2014). Trustworthiness, or study rigor, is the degree of confidence in the research method, data, and interpretation of findings to ensure quality is achieved. Procedures necessary to make this study worthy of readers' consideration were established by the researcher. Trustworthiness requires establishing these four concepts, the criteria established for qualitative researchers as described below.

Credibility

Credibility is how confident the researcher is in the truth of the research findings (Connelly, 2021). The researcher ensured that the results were true and accurate in this study by employing the triangulation technique, which involved analyzing every participant's views independently concerning their experience with trauma and binge eating disorder. Additionally, multiple data collection methods like observations, note-taking, and recording of the occurrences during the discussion were employed.

Dependability and Confirmability

Dependability is the extent to which when other researchers repeat the study, the generated findings will be consistent (Busetto et al., 2020). The researcher ensured that enough information is generated during the studyand is useful in helping other researchers who want to replicate the study obtain similar findings. Dependability can be achieved through conducting an inquiry audit. Confirmability is the degree of neutrality in the researcher's conclusions. The

researcher ensured confirmability by providing an audit trail highlighting the data analysis steps used in the study to justify the decisions. Confirmability was vital in this study since the findings were based on the responses of the participants. Therefore, this minimized any potential researcher bias.

Transferability

Transferability is how confident the researcher demonstrates the applicability of the study findings to other contexts (Connelly, 2021). Other contexts can imply similar situations, similar phenomena, or similar populations. For instance, the study on binge eating among African American women should confidently be applied to other minority communities. The researcher can use descriptions to show the research findings applicability to other contexts in this study.

Ethical Considerations

The in-depth nature of the study process in qualitative research makes the ethical considerations have a particular resonance. Protecting human subjects by applying appropriate ethical principles is crucial in research studies (Sanjari et al., 2014). Ethical issues were more salient in this study when conducting one-to-one interviews with participants vulnerable to trauma and binge eating disorder. Various ethical issues are considered when the researcher interacts with the research participants. The participants' anonymity and confidentiality are preserved by hiding their identities and names during data collection, analysis, and reporting of the research findings. The researcher ensures that the privacy and confidentiality of the research respondents are well managed during the interview and discussion sessions. This enables participants to provide the needed information to the researcher freely.

Informed consent involves the free provision of the consent and the subjects to understand what the researcher requires. This implies that the participants should be adequately

informed about the research, understand the information, and have the freedom to decide whether or not to participate in the study voluntarily (Sanjari et al., 2014). The agreement with the participants to take part in the study was obtained only after a thorough explanation of the research process. The potential participants were privately approached and provided a description of the aim of the study and the data collection procedure. The voluntary nature of the research allowed them to withdraw from the study as it did not affect the process. An explanation was provided to potential participants to withdraw from the study at their convenience after signing the consent form.

Before starting the research exploration, ethical approval was sought from the respective authorities. Some modifications along the study period were done when necessary, since obtaining ethical approval is not a straightforward process. The researcher ensured that the participants' data was well protected and collected information was stored in protected data storage devices. The interview transcriptions, including the signed consent form and the responses from the research participants were stored in a sealed wrapping and stored in a locked cabinet. The first point of contact was through a phone call to confirm their availability for participation. The study was conducted with the selected participants for confidentiality. The identities of the research respondents remained confidential, and their names were not directly associated with any data. All the collected data were stored in safe and secure storage space for a specified period. According to the data protection procedures, a safe and secure disposal method was used. Identifiable data were destroyed as soon as the researcher considered them unnecessary.

Summary

Literally, phenomenology is commonly understood as an exploration of phenomena, the experiences of things as they seem in our collective experience. It examines the conscious experiences as undergone from a first-hand perspective (Fricke & Føllesda, 2016). This study aimed to determine the prevalence rate of trauma and binge eating disorder among African American women as compared to European American women. In this chapter, the research methodology that was employed in the study, that is, the hermeneutic phenomenological study was discussed. The described method was used to determine the relationship between trauma and binge eating disorder, show whether there is a relationship between ethnic disparity and the search for treatment for trauma and binge eating disorder among African American women, and whether binge eating disorder is more common among African American women than European American women. Utilizing thematic analysis in the hermeneutic phenomenology study provided an overview concerning the experiences of African American women with binge eating disorders.

In addition, this section provided a discussion concerning the participants and the recruitment setting grounded on the researcher's inclusion and exclusion criterion. The discussion included the research instrumentations and procedures. Thematic analysis was the proposed data analysis approach in this phenomenological study. The information for the data analysis that consists of identifying themes from the responses about the experiences of trauma and binge eating disorders provided by the African American women incorporated in the study were also discussed. Data confidentiality and informed consent for the study participants were also presented in this chapter.

CHAPTER FOUR: FINDINGS

Overview

This phenomenological study on trauma and binge eating disorders aimed to investigate the lived experiences of Black American women when seeking treatment for eating disorders, how ethnic disparity affects their life, and the successful methods in treating their condition. The study focused on the experiences of Black American women compared to European American women. The purposive sampling technique was used in selecting the sample participants to enable the researcher to describe the major impact of the study findings on the population under study (Palinkas et al., 2015). The purposive sampling technique allowed the researcher to gather qualitative responses to discern meaningful insights and more precise research outcomes. In this study, interviews were conducted with 10 eligible participants. Potential participants approached before the actual data collection to seek their consent to participate in the study were recruited from Transformative Counselling Center and Facebook. The information collected from the participants includes age, sex, marital status, profession, history of trauma, and their experience with binge eating disorder. The researcher designed open-ended interview questions to guide and define the broad areas of interest.

Culturally, racism exposures and other stress-related eating habits are essential for tackling eating disorders. Other health-related inequities among Black American women. Studies show that it is important to highlight different developing and more complex models to understand the impact of trauma on binge eating among people of color due to the elevated risk of obesity and overweight that are considered normal in this population (Risica et al., 2022). Assessing the impact of stress and emotional eating on weight change among Black American women is vital and culturally tailored to establish weight control programs and measures to

address eating disorders in society. Post-traumatic stress disorder may play an essential role in racial and socioeconomic inequities in binge eating. It may particularly be helpful in investigating the potential determinants of effective eating disorder management in Black American women. The measures can also be effective in weight management among the affected population. Exposure to stressful events can explain the differences in obesity between ethnic groups.

The participants comprised only Black American women aged above 18 years and over, identified to have experienced post-traumatic stress disorder and regularly resolve to food as their coping mechanism. Most African American women were reported to use food to cope with stress, a criterion used by the researchers to establish obesity and overweight (Woods-Giscombe et al., 2021). The open-ended semi-structured interviews were designed to begin a dialogue about the experiences of bingeing and its impact on the participants' overall well-being. This qualitative study is important particularly to the women of color and the entire American population, as it helps to understand the special needs of the population under study by exploring the lived experiences of bingeing as compared to European American women. Particularly, the study helps identify ways Black American women can deal with traumatic events without developing binge eating disorders and eliminate the historically held myth that binge eating is normal behavior among Black women, which leads them to develop obesity.

This chapter presents the research questions, information about the participants, data collection, analysis of the collected data, and the research findings. The information mainly consists of a detailed description of the research participants and the findings from the study interviews. The study consisted of Black American women who were willing to share their personal experiences with binge eating disorder after experiencing a traumatic event caused by

racism, physical abuse, or any other assault that contributed to their situation. Thematic analysis of the interview transcriptions from the responses provided by the participants was conducted to identify the individual opinions of every participant. The written interview transcriptions are provided in this chapter using pseudo names of the participants aiming to address the study's leading questions, including:

RQ1: What is the relationship between trauma and binge eating disorder?

RQ2: How does the ethnic disparity affect African American young women from seeking treatment for trauma and binge eating disorders?

RQ3: What are successful methods for treating binge eating disorders among African American women compared to European American women?

Participants

Ten Black American women participants were included in this study. They were believed to have developed binge eating disorders due to food dependency to cope with stressful or traumatic events. The participants were selected from the Transformative Counselling Center and Facebook. Since purposive sampling was the rationale for selecting the study participants, the researcher selected sites for data collection due to ease of access to the participants. All the participants were willingly recruited for the study after the researcher addressed the main purpose of the research. It was noted that most individuals were willing to take part in the study to narrate their experiences and help others who might be in a similar situation. However, the recruitment allowed only 10 participants due to time constraints and to provide easy analysis of the collected data and generate the results as representative of the entire population. Participants were interviewed through Zoom and self-identified to the researcher, who in turn determined who would meet the inclusion criteria. Each participant was supplied with the study details

through email once they met the screening criteria. The ease of access to participants made it possible to find appropriate responses that could provide potential insights into the study.

The researcher conducted interviews with the potential participants, which took approximately two weeks. The confidentiality of the participants was upheld by using pseudonyms to conceal and protect the identities of the individuals who took part in the study. The information gathered about the participants determined their ethnicity, age, profession, history of traumatic events, and marital status. Participants with post-traumatic stress disorder were mainly considered for this study since trauma was identified as the leading cause of eating disorders among Black American women. According to Carter (2021), Black American women experience more racism throughout their lives which is considered a significant threat to their perceptions and can hurt their long-term well-being. Black women who experience increased incidences of racial discrimination tend to have more response activity in their brain regions linked to vigilance and being concerned about the future threat. Racism has a trauma-like effect that, if experienced regularly, can tax essential body regulation tools worsening a person's health. This study is relevant because Black American women continue to experience such incidences of brain-threatening responses that increase mental health issues. Most of them seek different coping techniques and thus develop eating disorders. Below are the narratives of the study participants.

This qualitative inquiry enabled me to engage with the study participants to investigate the phenomenon surrounding how they experience trauma and binge eating disorder. I used pseudonyms provided by the participants at the end of the interview to conceal and protect their identities. Each narration is supported by the respondent's words quoted directly from the audio transcript. The descriptions in this study are offered as a representation of the participants'

voices. The participants were asked to provide their preferred pseudonyms to be used for the purpose of this study.

Saint Sister

Saint Sister is a 25-year-old African American woman who self-identifies as a mother. She was recruited from the Transformative Counselling Center. When asked about the specific traumatic incident that deeply affected her life, she asserted that:

> *Saint Sister:* Yes. The tragic deaths of my sons. One of my sons was murdered, and the other son committed suicide. My life has forever changed. I am grieving. I find myself crying out of nowhere. Thoughts, pictures, reading old texts, and listening to old voice messages can trigger many emotions. I think of them often. Also, the death of my brother and my husband on all four of these deaths have been very traumatic in my life.

Sister Saint states that her eating habits are controlled by what is happening in her life. She also stated that she does not have control over what she eats. She says:

> *Saint Sister:* My eating habits. Depending on what is going on in my life. I find myself eating emotionally. I find myself eating a lot. I find myself some days eating more than other days. But it has affected my life. Yes. I do not. Some days I overeat. Some days I eat when I am not even hungry. I eat late at night. I can eat at 11 and midnight. I just feel that I need to eat something. And I am always. And having something that, you know, I need to eat, and it is emotional eating it.

She acknowledged experiencing racial disparities and often confronts those who come up against her regarding racial injustices. She often shares her thoughts with those who discriminate against her, but then she has to resolve to eat something in a restaurant or fast food to cool down her temper. She asserted:

Saint Sister: Yes, because right now, there is a lot of racial unjust. Depending on when I am out in public. Mm-hmm. Um. If people can, you know, come up against me. You know, I will talk to them about racial injustice. But then, I can find myself wanting to go out to a restaurant or pick up fast food or something. After I have talked to people or shared things, I need something to eat to settle me.

Sister Saint stated that she is passionate about eating with others. However, although her experience while eating in groups is enjoyable, she sometimes hides food in her purse to eat at home while no one is watching her to avoid people's judgment on her eating behavior. She has never sought any medication for her eating disorder for fear of being judged. She stated:

Saint Sister: Oh, yes, I can. I can only eat when I am out with people. My experience with eating with others is enjoyable and, you know, good conversation. But sometimes I can hide my food in my purse and take it home. I, you know, just want something extra to eat. All the time. Yes. I find that when I go to a medical professional who judges me, they will prescribe something that is not helpful. I think they prescribe it so you can take it, not understanding the side effects.

Saint Sister admits feeling guilty or shame while eating with others and often binge eats to cope with her stressful experiences. Saint Sister stated:

Saint Sister: I do feel guilty. And I am sometimes ashamed when I am eating with others because sometimes, I tend to engage in more food than others. My plate is packed to the top. I tend to pile my food on my plate, and instead of having one plate, I can have like two or three, especially if I am eating at a buffet. So, I can binge eat. Like twice a week. I had to cope with it. If I am, you know, experiencing family members, overthinking

things, or personal matters, I can tend to eat more. And sometimes that happens like once or twice a week.

Crystal

Crystal is a 19-year-old African American female who is independent and works to pay her bills and afford to manage her health. She willingly responded to my Facebook request to participate in the interview. I asked her about her history of trauma and binge eating. She stated:

> *Crystal:* I would say the death of my father. And then the pandemic took a considerable toll on me in terms of, you know, just trying to find stable work, trying to make sure I survived through this pandemic and just being able to maintain my bills and my expenses and then also making sure that my health is in line. I feel like this pandemic has been weighing heavy on me. When you go through the pandemic, I feel like everybody went through the pandemic. But for some people like me, you experience a deep hardship. And the truth is, I was mentally in a very dark place where I could not go to the outside world. Every time I would leave to go outside. I would be in a deep fear that something would happen to me. Something was going to happen to a loved one at the same time. Just trying to make sure that I have a stable income coming in was very difficult. My job was laying off a lot of people. I was relatively new to the position, so I was on edge about, Am I going to have my job? Am I going to be able to pay my bills? Will I even survive? And I was just constantly feeling like I was overwhelmed. And this could be my last day.

I asked Crystal to describe her eating habit and whether she has ever experienced racial disparities in the United States. She stated that she does not have control over what she eats. She often ordered food on Uber Eats while at home alone to fill the void of loneliness and the stressful events she experienced. She said:

Crystal: During that time, I ate all the time. I felt like I was always eating, especially when I felt an overwhelming sense of sadness. I would eat so that I could feel better. And. It literally. I feel like every time I eat, I feel instantly better. And so, any time I felt sad, I will go ahead and eat again. And that was just a way that I was making sure I was not in this dark place, that only thing I knew how to do. In a sense, no, because I was doing Uber Eats, I was constantly ordering. There was nothing at home. I was doing Instacart, and I was just constantly eating. But in the sense that I was the one that was taking out the control, I lacked control and understood that I could not stop eating because I was trying to fill this void as a black woman. Racial disparity is a huge, huge impact, even in the workplace. My counterparts make more money than I. At first, I was made aware that my male counterparts were making more money than I. But then I discovered that not even my male black American counterparts but white women were making significantly more than me. And that is something I do not know how to talk to management about because I am afraid I will lose my job.

The racial disparity has had a significant impact on Crystal's eating habits. She works in a company until late hours to complete enormous tasks presented to her. She finds herself consuming a lot of food when overwhelmed with stress every time she thinks of traumatic events she must endure. She stated that she has never sought help for her eating disorder because she believes medication will not solve her problems. She also does not like eating with others because she feels guilty. She stated that her family members once commented that she had a lot of food on her plate. She occasionally binge eats. She stated:

Crystal: I do not like eating with others. I do not want my family to judge me. I do not want anybody saying that. That is a lot of food on your plate. So, I tend to go somewhere

> and eat before I go or wait until I get home to eat. Family members commented that there is a lot of food on your plate, or your arms are more extensive. And they mentioned my body and different aspects of my shape while eating. It makes me very uncomfortable, so I try to avoid it altogether. I do not believe in medication. I do not think I need medication. I just think I need to control my stress level. And once I can control my stress, I will not be as much. Okay, so maybe find some self-care? I do not know. That is what I am still trying to figure out. These days, it is a little less than when the epidemic first began, but it is pretty often. I find myself binging at least two to three times a day.

Fredo

Fredo is a 27-year-old who self-identifies as African American female who was traumatized from experiencing her first grief, ending up putting her frustration into ice cream consumption. Fredo said she had been in the Transformative Counselling Center for about one year. She does not have control over what she eats since she uses her eating habit to control her feelings. She stated:

> *Fredo:* That was my first grief. I went through a lot of trauma because I hadn't experienced that before. I ended up putting all my frustration into ice cream. Well, I am not somebody I care about either. I eat a lot, but I do not eat in a pattern. I eat day by day, but I eat a lot. I do not have control over what I eat. I just--It is just a way of escaping whatever I am feeling. Mm-hmm. At that time, I am just thinking about eating. I seem to forget whatever I am feeling. I just think I just put all the trauma inside to eat. Now I am on the case.

I asked Fredo about her experience with racial disparities in the United States. The experiences have not been favorable to her. She, at some point, felt she could leave the country due to the

fever she developed due to discrimination. She consumes a lot of ice cream to deal with the distressful situation:

> *Fredo:* Wow. But I find that I eat a lot of ice cream. Okay. But I find that I am scheming. I need to get some fake hormones. Well, I want to avoid it. Today, some of the same fever and things are getting away from the country. I am eating more because I do not like it when somebody previously owned things for something I do not like. I just like my other friends. The local plants kind of pop in my body. All right. Well, I tend to eat a lot right now.

Fredo described that she does not have a good experience eating with others. Besides, she stated that she sought medication for her disordered eating, but her experience with healthcare professionals was not good. She asserted:

> *Fredo:* I do not like it. I would not say I like eating with others because it tends to tell me that I overeat. Even with others, I will have to eat less, which I do not like, the more I prefer eating alone for personal satisfaction. Okay. I sought medication, but my experience was not that good. It was not that easy for me as well, because eating a lot is something that I am used to. As these professional doctors, I find that I eat less, which is not something I am comfortable with, or might experience.

Fredo expressed that she often feels ashamed while eating with others because she often binge eats to feel okay when stressed. She stated:

> *Fredo:* I do feel guilty when eating with others. I do. Some of my friends tend to call me glutton, which I do not like because I eat a lot and feel okay eating a lot. I feel humiliated when I eat with others. I feel like I cannot express myself. I cannot feel free to eat how I

want to eat. I eat as long as the food is available. I want to eat all the time. Well, from the morning to the evening, I could say maybe six times.

Ashley

Ashley and I had a phone conversation after our encounter through my Facebook request where I interviewed her on her lived experiences with trauma and binge eating. She is a 22-year-old self-identified African American female whose past traumatic event involved her grandmother's death. The close relationship they shared while her grandmother raised her makes her unfortunate passing 10 years ago trouble her. She stated that the passing away of her grandmother impacted her eating habit, where she found herself binging while trying to deal with her situation. She stated:

> *Ashley:* So, something that popped into me in the past is that with my grandmother's passing. She raised me pretty much, and I considered her one of my best friends. And unfortunately, about maybe 10 years ago and still in question, she passed away. So that was very traumatic because, you know, that was my best friend and not just the person that raised me. I know I overeat, and I think it is due to or from my grandmother's passing. And just because I do not know, let's count what we had in common. She would, you know, cook me dinner every day and things. I guess I am just trying to fill the void. So, I know for a fact that I do overeat and try not to, but, you know, it is what it is.

Ashley stated that she often feels out of control over what she eats. Besides, the incidences of racial disparity worsened her situation. Being a black woman, she has to endure a lot due to discrimination. The situation has affected her eating habits since no one cares about her situation. She stated:

> *Ashley:* So, I am stressed. I feel more and more out of control when eating. But if I am having an okay day at work or, you know, something positive that happens to me, I think I am better with, you know, managing what we are eating. I feel that binge eating and other eating disorders, um, I do not know. I feel like people primarily focus on people that are Caucasian. Mm-hmm. When it comes to, you know, being a black woman and having it like, it just does not link to African Americans. Um, racial disparity has affected my eating habit a lot. I feel I can cover up my binge eating, so I guess no one is looking, you know, in a generation just to cover it up.

When asked about her experience while eating with others, Ashley stated that she sometimes eats a little before eating with her others to avoid being ashamed of consuming a lot of food. She tried seeking medication for binge eating and was given prescriptions she never used. She felt like the healthcare professional seemed to judge her eating habits, but she feels their judgment makes them understand how binge eat. She stated:

> *Ashley:* When I am eating with others, what I will do is I will try to eat before I like it. If I am going out with my girlfriends, I will try to eat a little before I eat with them. So, they are not kind of like looking at me funny. I feel ashamed sometimes, so I typically eat before going out. So, I know I am not, you know, I am still eating. It is more just like, um, embarrassment. Like, you know, you go to a family cookout, and I go back for a second plate, and I feel like everyone's watching me or paying attention to how much I have eaten. I tried seeking medication for binge eating. I went as far as actually getting the prescription, but I have never used it. I know that healthcare professionals are supposed to be helpful, but I honestly feel like they just judge. I do not know. They will understand, like, what people go through.

Prestigious

Prestigious is a 29-year-old woman who self-identified as an African American female from Ghana and was recruited in this study from Facebook. She stated that she experienced traumatic incidences due to having challenges with her relationships. She had challenges controlling her eating habits. She often ate a lot while angry. She spoke about avoiding eating in groups to avoid people from judging her because she felt ashamed. She stated:

> *Prestigious:* Yeah, I have been to Syria, so I had relationship problems. And they have affected me. The relationship caused me a lot to death, and I was even referred to. I do not know. I was depressed. I was eating a lot. I was eating until I could not. I eat when I am angry. I like it when I feel like it. Yeah. I do not usually eat with others because I do not want them to judge me or look at me in a way I would not want. Sometimes I eat a lot, and when I get food, I eat as much as possible to my satisfaction. Yeah. I feel ashamed. It even caused a problem between a friend of mine and me. We went out, and we were like, he should buy something we eat together. I declined and took it differently. He didn't know that I am not used to eating with others.

Prestigious stated that she has never sought binge eating medication. She often binge eats to cope with stress. She asserted:

> *Prestigious:* When I wake up, I can eat two or three different foods. Maybe I will eat eggs, and within minutes, I will consume rice or something. And if I get something like maybe some drink or any snack. I think I can eat three times. Like in the morning. Just in the morning for breakfast. Yeah.

Shine

Shine is a 55-year-old retired United States veteran who self-identified as an African American woman. She encountered her first traumatic incident when her major Field Artillery Battalion (FAB) was overrun in Afghanistan. During the time, she was asleep, and the traumatic incident just surprised her, which still affects her to date. She stated that she often eats for comfort, and sometimes she does not have control while eating:

> *Shine:* I am a retired United States Army veteran, so when I was in Afghanistan, I was on a major, major Field Artillery Battalion (FAB) that was overrun. And at the time, what was very traumatic would not seem that traumatic to someone. You would not think about it. But I was sleeping, and when everything startled me out in my sleep. So, I have many problems waking up and going from the sleep break phase. And so that was very traumatic, that affected me, that continues to affect me every day. Well, so I eat for comfort. Typically, I eat something before I go to sleep, which we know is not well, and often I will eat and get food, but that night food is more of not because I am home. I have a problem in addiction to sugar, so I cannot control my cravings, and I have to have the sugar.

Shine discussed her experience with racial disparity, which she encountered at the workplace while working for the federal government. Her workplaces considered her not as intelligent as they were, which hurt her significantly. She stated that the experience affected her eating habit, and she even finds it hard to eat in groups, but she does not get ashamed or feel guilty while eating. She can only eat with people she feels comfortable with to enjoy her food because it is a way of dealing with the stressful situation she might be in. During the interview, Shine stated her lived experiences as follows:

> *Shine:* I have experienced racial disparity, but as a female in the workplace, I worked for the federal government, so I experienced it there. I experienced it where you are not viewed as intelligent or like the others in the workplace. I possibly think because, again, when I eat, it is for comfort, so I am not particularly eager to eat with uncomfortable people. So, I am not particularly eager to participate in work outing events because I feel like it is just uncomfortable, and they do not view me as the same. So, I do not want to sit down and eat with them because eating is a comfort for me. Eating is an amicable, warming thing for me. It is more to me than just putting the food in my mouth and what we are doing simultaneously. So, yes, it does affect me. So, it depends on who I am eating with. I do not like to eat with people I do not care to be around, so if I like who I am eating with, I have a good time. And typically, that is my entertainment to eat.

Shine disclosed that she never sought medication for binge eating but instead sought anxiety. She was addicted to marijuana and sought a nutritionist to help her suppress her eating appetite. However, she did not speak to the health professionals about her situation. She did not pay much attention to the therapy she received but was keen to follow medication that could help her deal with the anxiety problems. She often eats a lot when stressed. She stated:

> *Shine:* I have never sought medication for binge eating disorder. I sought medication for anxiety. I also have been to a nutritionist to try to manage my eating. I went to the nutritionist and get some appetite suppression. Still, my experience has been that they have given me the medication. Still, the follow-up with therapy was not viewed as necessary, as the medication was viewed as necessary. So, if I am stressed out or unhappy, I eat, and that is when I eat my most soothing food. So, I am close and tolerant, but if I am stressed out, I will get a milk-based shake drink because that is what I like.

Melissa

I contacted Melissa, a 33-year-old mother from the Transformative Counselling Center, who expressed her happiness with my study. Melissa stated that she was involved in an accident where she broke her knee, rendering her immobile for nine months. She could not walk, making it difficult for her to work and provide for her family, negatively affecting her financial status. As a mother, she was distraught. The fact that she could not move made her gain weight. She developed high blood pressure and other health-related complications. The situation made life unbearable for her. She stated:

> *Melissa:* My name is Melissa, and I am happy you are doing this interview with me. I have so many experiences, but this particular one I want to talk about is the time had an accident. I had a broken knee and became immobile for about nine months. I was unable to walk. I was just sitting there. The comfortable position was just to lie down. It was a complicated situation that I could not go to work. And I had three young kids that I had to cater for. It was challenging. And as a result, thinking of my financial responsibilities and as a mother, it was very difficult for me. So, with all that together, I gained so much weight. With this weight gain, it was like every day had something that came with it. It has high blood pressure and other health-related issues that added to my inability to move around. So, with all that going on with me, I decided not just to sit down and watch myself gain weight. So, I wanted to find a way to lose the weight I had gained. And it was not that much easy. It has put me in so much difficulty that I am trying, and as a result, I have been through so many problems in general, including a brain disorder.

Melissa further stated that her eating habit changed considerably due to the traumatic event she encountered. She found it difficult trying to lose weight. She tried skipping meals, but then she

could consume a lot of food to cover up for the moments when she was fasting to lose weight. She stated:

> *Melissa:* As I said earlier, I am trying to lose weight in this situation. I know that if I am eating, I cannot just stop eating because I like the food. So, what I wanted to do to help me lose the weight was I was not eating. I was skipping meals. But then, when it is time for me to eat, I just cannot stop eating. I just ate as much as I wanted because I knew I would not eat at a particular time of the day. But this is the time, the last meal of the day that I just needed out to eat. So, I am eating, eating, eating. And in the end, I just do not feel good. I know that within me, that is not what I am supposed to do—but thinking that if I skip first to the middle of the day, like breakfast and lunch, at least dinner, I should be able to satisfy myself. So, I am eating all these like I am making up for what I skipped, but that is not what I wanted. In my mind, I am going to lose weight as a result of that.

Melissa related that she does not have control over her eating habits. She could consume a lot of food and eat any time she felt cravings for food, which she cites as uncontrollable. During the interview, Melissa noted that she has experienced and witnessed numerous racial disparities not towards her but against other people who trouble her by looking at what happens. She stated that some people have considered racial discrimination normal, which hurts her to the extent that she does not associate with people who discriminate against others based on their race or skin color. She stated:

> *Melissa:* If I am not eating morning, I am not eating at lunch. And if I finally have to eat dinner, I sometimes just have to go and get whatever I have because it is uncontrollable. Situations of racial disparities are a lot that I have witnessed, not from personal experience but with others I have seen go on. I do not want to be associated with things

like that. But looking at it, it affects me directly because I see some of these occasions with their waking, and they look at them like this is normal. But with the Black or the people of color, their wage is like, oh, this person is lazy, this person overeats, this person is a junkie and all that. That is why they are gaining the weight. So, looking at both sides, why is it that one person seems normal, but other people are like, okay, they are lazy, they eat so much, that is why they gain so much weight. I have seen people referring to others like that, and I know that is how people may be talking about me, or that is how people consider me, but not as a customer experience.

Melissa described her experience eating at a gathering. She stated that she often eats in groups and does not want people to see what she is eating. She often sits alone while eating to avoid judgment from others because she feels she consumes a lot of food that can attract criticism from others.

Melissa: I try not to eat while with other people. I have my reasons. Just for me, I work the night shift, and the time I get to eat will be when everybody else is busy or going about the usual thing. So, I just get the time to sit alone to eat my food. And then, if people happen to be around, I do not want them to see what I am eating. The reason is the judgment they are going to judge you is how much you are going to eat; why are you eating that much? And all that question. So, I try not to eat around people. That is it.

When asked whether she has ever sought medication for her eating habit, she stated that she is currently under medication to help her deal with weight gain. She stated that her experience with healthcare professionals is not good because they seem not to listen keenly to people seeking medication for eating behaviors. Besides, she feels that some prescribed medication is not

effective for binge eating disorders which are often prone to changes, and someone gets administered different medication or advised to do whatever they can to manage the situation:

> *Melissa:* It is like they have to prescribe the medication to you. Most of them are not trying to listen to you. I was recommended to see this professional by my primary health provider and going there is like they are doing to me. That is, what I do not know what they have been doing with other people. Still, it is like they have to prescribe the medication, which is why they are giving it to you because I do not see any effectiveness in some of these medications. Still, they want you to be on it, try it, and see how it will work as time goes on. I do not see any effectiveness. And then they want you to start another different medication for whatever they want to do.

During the interview, Melissa noted that she feels ashamed or guilty while eating with others. She stated that she has tried to deal with her eating habit by having a schedule for when she should eat and when she should not. The stressful events always draw away her thinking while eating, and she can find herself getting carried away. She often uses food to cope with her stress. She stated:

> *Melissa:* I feel guilty while eating with others because I may not be able to stop eating once I get hold of the food, and I do not want anybody to judge me. They do not know. It is easy for some people to get up in the morning and eat breakfast at lunch, but I do not eat breakfast. I do not eat lunch. So, getting hold of that food whenever, what time, I may be forced to eat a lot, and people will judge me. So, I would instead not want to eat with other people, but if I try to control it myself, it is a little bit difficult. I do binge eat often, but not that much. The reason is I have scheduled myself not to eat breakfast, not to eat lunch. So, with that dangling stress, maybe it will be at work. While I am working, there

> is a situation I need to eradicate, and then I am eating simultaneously. So, I see myself eating and forget myself in the middle of dinner while I am thinking, profoundly thinking, and eating. By the time I realized, the food was all gone.

Irene

Irene is a 29-year-old woman on Facebook who self-identified as African American and whose traumatic experiences originated from her work. She had trust issues where she was betrayed after trustfully working for someone who later rejected her. The experience impacted her eating habit. Being on the street side made her check on her eating habit. She lost control over her eating. She related:

> *Irene:* Experience with the one traumatic incident was a problematic working issue. My trust was betrayed, so it affected me whereby I stood in for someone while working on the street side. Later on, I was denied. It affected me. When it comes to the street side, all must be looking at my eating habits.

Besides, Irene stated that she had experienced racial disparities in her workplace. Being an African American, she and other people of color were not given the attention and cooperation they desired in the workplace. They also received training different from the European American workers. She also stated that she feels uncomfortable eating in a group, which she tends to avoid because she feels terrible when people judge her for consuming more than they eat. Irene noted that she has sought medication for her disordered eating, but her situation has never improved. She stated:

> *Irene:* I have experienced racial disparity because of them, and me being a black woman, there is a kind of training and attention that other people of color and I were not given. Still, the majority groups received everything they wanted. I do not particularly

> appreciate eating before many people. I mean, because I do not want people to raise issues about overeating. So, I think they do. I have sought medication, but I do not get any better.

Irene stated that she often binge eats to erase the pain that she might be going through. She does not like eating while people are watching to avoid being judged based on what and how she eats. She asserted:

> *Irene:* I feel guilty or ashamed about eating before many people because, in the end, they may be surprised that I am taking too much food. And it would be like, you like food too much and it makes you feel bad. I often binge eat just to feel okay.

Tasha

I interviewed Tasha, a 28-year-old Facebook user who experienced trauma during her childhood. The respondent self-identifies as an African America woman. Tasha was molested when she was 10, which affected her eating habits. However, she noted that she has control over what she eats but mostly eats whenever she feels low to make her happy. Tasha stated that she has experienced racial disparities. Her body image has faced criticism making her always want to have a perfect body, particularly when she sees people on television and social media with perfect body shapes. The comparison of her body with others makes her feel bad. She stated that she feels embarrassed eating with others because she feels they might be judging her eating behavior. Tasha often binge eats. Her condition has made her seek medication which she is currently taking. However, she feels the healthcare professionals' responses to her condition were not good as they seemed to judge her and had no time to listen to her as she desired. She stated:

> *Tasha:* When I was 10, I was molested. I eat to make me feel better, so that is the only thing that makes me happy. I think I have control over what I eat. In the experience of

racial disparity in the United States, I look at everything on TV and social media. They have the perfect body, so I want to have that perfect body, but I know it's hard. It makes me not want to eat, but the more I try not to eat, the more I eat because I feel guilty. I do not eat around other people. It makes me feel like they judge me when I eat. I often binge eat every day. Probably about two to three times a day. I do. I eat a lot more, like two to three times a day. Mostly at night, though. I do not like eating around other people because I feel like they watch me eat. They watch how much I eat. They watch how I do things. I am currently on medication. For the first few days, I felt like the healthcare professionals were judging me. They didn't really care what was going on with me. They just wanted to give me minutes to get out of their office.

Tara

Tara was recruited from Facebook to participate in the interview after self-identifying as an African American woman. She is a 25-year-old whose traumatic incident was witnessing a murder, an occurrence that still troubles her a lot. When asked about her past traumatic incident, she stated:

Tara: I think I can name a few of them, but I would say I was like a witness to a murder. So, I went out one night with my friends, and we met some guys, and on our way home, we had to go through a path. We walked through the path, got inside the house, heard these people yelling, listened to a gunshot, and then a car sped off. So, a few minutes later, I do not even think it was a few minutes, somebody was banging on our door, and they were yelling, open the door, open the door. But finally, I called the police, and when the police showed up, a bunch of teenagers had come down the same path we had. And the little boy lay on the ground, and he had a hole in his chest, and my neighbor was

> trying to revive them. So that was not nice. And that could have been me because I had just walked through the same; it was only minutes that went past when I had come through that path.

Tara acknowledged that witnessing murder has had an impact on her eating behavior. She began eating a lot, particularly sweets, just to feel good and forget the recurring incident in her mind. She sometimes lacks control over her eating habit. She knows that her eating habit is not good for her health, but whenever she tries controlling it, she finds herself doing the same thing again after a while. She also noted that her race impacted what she ate while growing up. She asserted:

> *Tara:* I often eat more, I think that what I should or things that I know that is not healthy. And then I'll do that for three months and eat sweets every night. And I was like, no, I cannot do that. And then I go, maybe three months or more, and I won't eat any sweets. And then it just keeps repeating itself. Sometimes I feel like I do not have control over what I eat. Sometimes after, I ask myself, why did you eat that? Or why did you eat so much? I would say growing up, now that I know that we were eating things that weren't good for us as in healthy, but it's cheap, so that is what my grandmother bought was cheap rather than healthy because we were poor.

Tara stated that she has no problem eating with others since she enjoys the experience even more, particularly when eating with family members. However, she sometimes feels ashamed while eating with friends who might judge her for ordering a certain food that she feels is good for her health. Friends seem to judge her based on the kind of food she eats while they are together. Despite her love for food, Tara has never sought any medication for her binge eating condition. She is not aware of how often she binge eats. She stated:

Tara: I did notice that when the family gets together, they always get together around food, and the person that typically likes to do the cooking likes to see you eat. So you might have a family member that prepared the food, and you might be done eating, and they might say, well, come on, baby, have another piece, or did you taste this or, come and taste this or eat some of this. I think sometimes I'm embarrassed because if I go, for example, to eat with some friends and I decide I want to eat a salad because I'm trying to get things that I consider not healthy, they make you feel judged. After all, you are trying to eat healthily. So I guess that will be–yeah, I do not know how often I binge eat. I know I have periods where it's almost like I just eat whatever, and then I have periods where I do not think I can manage what I eat and how much I eat a little better.

Results

In this phenomenological study, the researcher conducted interviews by telephone. Seven open-ended semi-structured interview questions were directed to participants to discuss their lived experiences and thoughts concerning trauma and binge eating disorders. The voice recording was used to capture the interaction between the researcher and the research respondents during the session on Zoom. The approximate length of each interview session was about five to ten minutes allocated to every participant. The research questions allowed the participants to introduce themselves and narrate a traumatic event that had ever happened to them and the impact on their eating behavior. In addition, the researcher asked other questions to determine a deeper understanding of the situation experienced by the respondents, their eating behaviors, and how the traumatic events contributed to or affected their overall well-being. The recorded interviews were transcribed and accurately edited using Microsoft Word software. The researcher reviewed the transcribed interview recordings to determine their consistency with the

captured voice recordings. The participants' interview responses were analyzed to determine the merging themes and subthemes, which were reviewed against the study's research questions. Table 1 depicts the primary research questions and the corresponding interview questions.

Table 1

Research Questions and Interview Questions

Research Questions	**Corresponding Interview Questions**
RQ1: What is the relationship between trauma and binge eating disorder?	1. Is there any specific traumatic incident that deeply impacted you that you would like to share? Please explain your experience. 2. How do you explain your eating habits? Do you have control over what you eat? 4. How would you explain your experience while eating with others? 5. Have you ever sought medication for a binge eating disorder? What has been your experience with healthcare professionals? 6. Do you feel guilty or ashamed while eating with others? Please explain.
RQ2: How does the ethnic disparity affect African American young women from seeking treatment for trauma and binge eating disorders?	3. What has been your experience with racial disparity in the United States? How has it affected your eating habits? 7. How often do you binge eat to cope with stressful events?

Table 1 cont.

Research Questions and Interview Questions

Research Questions	**Corresponding Interview Questions**
RQ3: What are successful methods for treating binge eating disorders among African American women compared to European American women?	5. Have you ever sought medication for a binge eating disorder? What has been your experience with healthcare professionals?

As a phenomenological researcher, I was interested in knowing how the individual research respondents conducted their daily lives and the experiences they encountered. I examined and explored the the participants' responses. The lived experiences provided by the research participants allowed me to arrive at the essential themes that formed the structure of the phenomena. The essential and emerging themes from the data included racism and discrimination, family dynamics, individual subjection to adaptive and maladaptive coping behaviors, and the body as a problem. I then summarized the participants' responses to the interview questions into themes. The following four subsections present the essential themes across all the participants for the trauma and binge eating disorder phenomena. The discussion of each theme is supported by the respondent's own words extracted from the transcripts of the interview.

Theme 1: Family Dynamics

This theme aimed to answer the following research question:

RQ1. What is the relationship between trauma and binge eating disorder?

One of the themes in this study was the dominance of binge eating in the family daily. The theme should be viewed as the experience of the participants and their family members. Various qualitative studies have indicated that eating disorders are common among family members, affecting every aspect of their lives and influencing their behaviors and family routine. Often, family members report the feeling that their life revolves around one of their members diagnosed with an eating disorder, leaving little room for other issues. It also establishes a constant atmosphere of abnormality. While contacting an interview, the researcher noted that the traumatic events strain the family, in which they encountered difficulties.

> *Melissa:* I want to talk about the time I had an accident. I had a broken knee and became immobile for about nine months. I was unable to walk. I was just sitting there. The comfortable position was just to lie down. It was a complicated situation that I could not go to work. And I had three young kids that I had to cater for. It was challenging. And as a result, thinking of my financial responsibilities and as a mother, it was very difficult for me. So, with all that together, I gained so much weight.

There was a connection between eating disorders and family members. Family members were found to contribute to disordered eating. Trauma and binge eating disorder significantly changed the relationship between the diagnosed family members and the non-eating disorder siblings. Various factors strained their relationship. The cooking time was the main arena for massive food consumption. Some participants felt cooking time dominated family life, where they viewed it as a manipulative and preconceived way of seeking attention.

> *Tara:* I did notice that when the family gets together, they always get together around food, and the person that typically likes to do the cooking likes to see you eat. So you might have a family member that prepared the food, and you might be done eating, and

> they might say, well, come on, baby, have another piece, or did you taste this or, come and taste this or eat some of this.

Theme 2: The Body as a Problem

RQ1. What is the relationship between trauma and binge eating disorder?

In the interview, some participants were unsatisfied with their body shape and image. They often admired having perfect bodies like what they see on television and social media. The feeling that they did not have the ideal body they desired was painful and made them restless hence problematic to their situation. Some were ashamed of their bodies and saw fixing them by restricting their eating. "I gained so much weight. With this weight gain, it was like every day had something that came with it. It has high blood pressure and other health-related issues that added to my inability to move around." The problematic emotions and uncomfortable situations when their body shape gets mentioned is an experience that cannot quickly go away. Tasha acknowledged that it is hard to achieve the perfect body, as seen on television and social media. Crystal stated that she often feels uncomfortable eating with her family members due to their comments about her body. She stated:

> *Crystal:* I do not like eating with others. I do not want my family to judge me. I do not wish anybody to say that. That is a lot of food on your plate. So, I tend to go somewhere and eat before I go or wait until I get home to eat. Family members commented that there is a lot of food on your plate or your arms are more extensive. And they mentioned my body and different aspects of my shape while eating. It makes me very uncomfortable, so I try to avoid it altogether.

The participants described using food to soothe themselves when experiencing uncomfortable emotions caused by past traumatic experiences. "I ate all the time, especially

when I felt an overwhelming sense of sadness. I would eat so that I could feel better. I feel like every time I eat, and I feel instantly better. And so, any time I felt sad, I will go ahead and eat again." These uncomfortable emotions were managed through binge eating, which became an automatic response to deal with sadness. The participants described themselves as caught in a vicious circle.

> I often eat more, I think, than I should or things that I know are not healthy. And then I'll do that for three months and eat sweets every night. And I was like, no, I cannot do that. And then I go, maybe three months or more, and I won't eat any sweets. And then it just keeps repeating itself.

Most participants saw minimizing food consumption as the only solution to their problems, and they went to seek medication where they were diagnosed with binge eating disorder. They believed medication would help them control their binge eating and stop weight gain. Melissa expressed hate towards her weight gain, which had made her develop other complications. "I gained so much weight. With this weight gain, it was like every day had something that came with it. It has high blood pressure and other health-related issues that added to my inability to move around." Participants seemed to acknowledge that it was necessary to seek medication to treat their disordered eating conditions.

Theme 3: Racism and Discrimination

RQ2. How does the ethnic disparity affect African American young women from seeking treatment for trauma and binge eating disorders?

Ethnic disparities have been well documented in health outcomes in the United States. The inequities especially make it difficult for racial minorities to access primary healthcare. The participants revealed that racial discrimination is associated with eating disorders among African

America individuals. The dark experiences of racial discrimination and stigma cause the victims to use food as a coping mechanism. Individuals engage in binge eating to avoid averse self-awareness and the fear of negative views of them by others. Experiencing stigma or discrimination due to one's race can cause an averse state of self-awareness, making many African American women engage in binge eating.

It is difficult to identify risks among African American women in relation to stereotypes regarding their valued body standards and protection exercised in cultural norms. The participants' narrations of their lived experiences indicated how society maintains the destructive status quo. Thin European American girls and women fill the stories and visuals on blog posts, articles, websites, and awareness pieces about eating disorders. Conferences and events line up on eating disorders continue to center on European American speakers and do not push back the stereotype against the affluent White female. Moreover, most research neglects diverse subjects, failing to acknowledge the lived experiences of the African American individuals affected by eating disorders and their path to recovery. The popular media depictions of individuals with disordered eating primarily focus on thin European American females.

> In the experience of racial disparity in the United States, I look at everything on TV and social media. They have the perfect body, so I want to have that perfect body, but I know it's hard. It makes me not want to eat, but the more I try not to eat, the more I eat because I feel guilty.

There is a need to support emerging African American professionals interested in becoming specialists in eating disorders. Programs that encourage African American people to work in eating disorder fields should be encouraged. As an African American woman, Saint Sister recounted her experiences with racial disparities. She acknowledged encountering racial

discrimination on a daily basis since it is present in the general public. Saint Sister stated that she often confronts people who discriminate against her by discussing with them the impact of racial discrimination. "Right now, there is a lot of racial unjust. Depending on when I am out in public. Um, if people can, you know, come up against me. You know, I will talk to them about racial injustice." Racial disparities against African American women, particularly those struggling with binge eating disorder and post-traumatic stress disorder, make them feel like "melanin enriched aliens" while attempting to deal with their situations.

Irene asserted that she has experienced racism and discrimination, which have significantly impacted her life. She endured pain experiencing how the people of color were being treated at the workplace, the kind of training they received, and the attention given to them. "I have experienced racial disparity because of them, and me being a Black woman, there is a kind of training and attention that other people of color and I were not given. Still, the majority groups received everything they wanted." Based on Crystal's lived experiences, racism and discrimination's impact are beyond eating disorders. It inflicts fear and causes stress to one's financial security. Crystal stated that racism is often evident in the workplace, not just for African American women. The men from the minority communities are also equally affected while their European American counterparts enjoy all the rights they deserve in the workplace. Crystal stated that she is not comfortable at work. She is even afraid of speaking against racial injustices for fear of losing her job.

> Racial disparity is a huge, huge impact, even in the workplace. My counterparts make more money than I. At first, I was made aware that my male counterparts were making more money than I. But then I discovered that not even my male Black American counterparts but White women were making significantly more than me. And that is

something I do not know how to talk to management about because I am afraid I will lose my job.

Theme 4: Individual Subjection to Adaptive and Maladaptive Coping Behaviors

RQ3: What are successful methods for treating binge eating disorders among African American women compared to European American women?

Participants described various ways of coping with trauma and disordered eating. A systematic strategy to deal with traumatic experiences was relying on food to feel good and forget the troubling times. Personal control issues have been found to play a central role in dealing with post-traumatic events among the participants. While most participants used maladaptive behavioral coping strategies, some employed adaptive strategies to help deal with their situations. Maladaptive is the failure to adjust adequately to one's environment. The maladaptive traits are biologically detrimental to the health and well-being of an individual. Adaptive denotes when an individual appropriately adjusts to the healthy ways to a particular situation. Most participants found comfort in consuming a lot of food. Others managed their stressful events by consuming ice creams and sweets.

Fredo: That was my first grief. I went through a lot of trauma because I hadn't experienced that before. I ended up putting all my frustration into ice cream. Well, I am not somebody I care about either. I eat a lot, but I do not eat in a pattern. I eat day by day, but I eat a lot. I do not have control over what I eat.

In addition, the interview revealed that some participants sought medication for their binge eating problem. Some participants described evading treatment for eating disorders as they saw no need to pursue them. In contrast, others stated that they were discouraged by how the healthcare professionals handled their cases. Judgment of one's condition was the discouraging

factor disclosed by individuals seeking treatment for their binge eating condition. Saint Sister described how she was judged by the healthcare professionals regarding her situation, making her doubt the medical prescriptions given her. "Yes. I find that when I go to a medical professional who judges me, they will prescribe something that is not helpful. I think they prescribe it so you can take it, not understanding the side effects."

Healthcare professionals do not give patients with binge eating disorders the desired attention. The desired attention to taking the condition seriously and enabling the patients to recover is not much consideration. Research participants like Melissa revealed their dissatisfaction with the health care professionals for not keenly listening to them to determine how serious their binge eating condition is affecting their lives. Furthermore, how the prescribed medications are prone to changes without any explanations makes individuals seeking help from the healthcare systems doubt their effectiveness. This demonstrates the challenges faced by African America seeking adaptive ways of coping with binge eating disorders, thus contributing to maladaptive coping with post-traumatic stress disorder. Hence consistent bingeing to feel good. As one participant stated:

> It is like they have to prescribe the medication to you. Most of them are not trying to listen to you. I was recommended to see this professional by my primary health provider, and going there is like they are doing to me. That is what I do not know what they have been doing with other people. Still, it is like they have to prescribe the medication, which is why they are giving it to you because I do not see any effectiveness in some of these medications. Still, they want you to be on it, try it, and see how it will work as time goes on. I do not know any effectiveness. And then they want you to start another different medication for whatever they want to do.

Summary

In this study, lived experiences of the participants were used to understand their view on trauma and binge eating disorders using a phenomenological qualitative research study approach. The researcher designed the study to help the oppressed address their issues through interaction and to develop programs that can be useful to society. A qualitative phenomenological study employs thematic analysis, which aims to identify themes or data patterns that can be of interest or essential in addressing the research issue. The researcher designed open-ended interview questions used to interact with the participants and determine the developing themes in the research questions. Although qualitative methods are widely used, thematic analysis stood out in this study because, unlike many qualitative methodologies, it is not tied to any specific theoretical or epistemological perspective, making it a very flexible method hence providing diversity in learning about a certain phenomenon. Thematic analysis involves much more than summarizing the data; it interprets to make sense of the data collected from the participants.

The collected data allowed this researcher to identify appropriate themes and the sub-themes that were useful in addressing the research questions. The interactive interview between the participants and the researcher made it possible to collect insightful information since the research participants were willing to share their lived experiences. The confidential nature of the study assured the participants that their privacy was protected. The study was conducted based on trust and rapport with study participants to maintain the research process's integrity and ethical standards. Despite the friendly interaction between the researcher and the participants, the researcher ensured that the study process remained unbiased and recorded the participants' lived experiences.

The participants' experiences with trauma and binge eating disorders for African American women seemed overwhelming. In the data analysis, I realized how the experiences of past traumatic events and racial disparities received much focus from the interview respondents. I reflected on how frustration and stress associated with traumatic incidences can negatively influence a person's life and also realized how important social media dramatically affects the lives of individuals. The willingness of the respondents to interact with the researcher and share individual experiences led to the emergence of various themes. They included racism and discrimination, family dynamics, individual subjection to adaptive and maladaptive coping behaviors, and the body as a problem.

Reporting on a phenomenological study is an ethical endeavor with the goal of representing the participants' lived experiences. The primary aim of this study was to describe rather than explain the phenomena. While the research participants were homogeneous in numerous ways, particularly binge eating behavior, they were also distinctly different in their lived experiences. For instance, Saint Sister had two sons who encountered tragic deaths. One was murdered, while another committed suicide. Crystal is an independent young woman who works to pay her bills and manage her health. Fredo became traumatized after experiencing her first grief. Ashley lived with her grandmother, who was taking care of her. Prestigious experienced trauma due to relationship challenges. Shine is a retired United States Army veteran whose major FAB was overrun. Melissa is a mother of three and had an accident leading to her knee breaking. Irene was traumatized after facing betrayal at her workplace. Tasha was molested while she was 10 years of age. Tara is a young lady who gets troubled every time she remembers the incident of experiencing murder. These heterogeneities held the stories of the participant's relationship with the phenomena being studied.

This study revealed that binge eating was used to escape past traumatic events. Many participants expressed feeling good after bingeing. Repeatedly consuming foods uncontrollably prompted most individuals to seek medication to help them address their binge eating behavior due to the negative impact it was causing their health and well-being. The findings in this study have implications for changes in daily practices. Most importantly, vital themes in this study indicated the need to address binge eating behavior, which should not be left to the victims but the entire society to get involved in helping people achieve their road to recovery. Ensuring the proper medications are in place and educating healthcare professionals to consider issues associated with eating disorders with the seriousness they deserve will help affected African American women navigate successfully in their recovery process.

In sum, the lived experiences of the 10 participants on trauma and binge eating disorder provided an insight into the phenomenon within American society. The emerging themes offer insights and can be used to offer solutions in helping individuals affected by the phenomenon. The research findings can help health care professionals improve their services for individuals seeking binge eating medications and champion the development of better medications for eating disorders. Although binge eating is not recommended to deal with traumatic events, African American women find pleasure in consuming a lot of food as self-care. However, this dramatically affects their well-being and health, such as becoming overweight. An overweight body has an additional impact on one's health, such as the development of high blood pressure, mental distortion, and other health complications such as cardiovascular disease. The participants expressed how food was essential to them during the hard times encountered in their daily activities. The healthcare system is essential for African American women who suffer from binge eating disorders and post-traumatic incidents. Counseling is necessary for such populations to

realize how to care for their health and decide on the best medication to help them recover. Moreover, fighting racial disparities against African American women can help them have a better chance of dealing with traumatic encounters.

CHAPTER FIVE: CONCLUSION

Overview

Eating disorders have an established link to trauma. Scientists have reported an association between post-traumatic stress disorder and bingeing for many years. However, most studies have often left out binge eating disorders when discussing why trauma makes people develop eating disorders like bulimia and anorexia more likely. The connection between trauma and bingeing is strong. Trauma contributes to people developing eating disorders. The current study on trauma and binge eating disorders aimed to create awareness on eating behavior to cope with traumatic experiences among African American women in the United States. The researcher examined binge eating behavior among the target population by using a phenomenological study approach. This qualitative research design allows participants to narrate their lived experiences of the explored phenomena. The analyzed data collected from 10 participants who responded to the researcher's semi-structured interview questions through a phone conversation led to the emergence of themes. Trauma has been affecting and changing the lives of individuals.

Summary of Findings

In this study, the researcher used a phenomenological design to explore the lived experiences of 10 African American women in the United States and their relationship with binge eating disorders. The participants' lived experiences led to the emergence of four overarching themes that helped to understand the connection between trauma and binge eating disorder. The four developing themes include racism and discrimination, family dynamics, individual subjection to adaptive and maladaptive coping behaviors, and the body as a problem. The themes helped answer the research question for this study, and the three sub-research questions provided insight into the phenomenon being explored and offered potential

recommendations for further research. The thematic analysis of the data described the role of mindfulness among patients in reducing binge eating behaviors.

Family Dynamics

The primary research question for this study was:

RQ1: What is the relationship between trauma and binge eating disorder?

During the analysis of the participants' lived experiences, the following themes emerged, family dynamics and the body as a problem. The family dynamics theme was viewed in terms of the participants' experiences with their family members. Trauma can change the dynamics within the family as every individual works to survive and adapt to stressful or new circumstances. When a single person in the family experiences traumatic events or is challenged by the impact of a trauma encountered in their life, it also affects other family members. The family dynamics of trauma differ significantly but can have profound implications. A single incident such as witnessing a violent act, an accident, emotional neglect, physical abuse, natural disaster, isolation, or anxiety of a pandemic can cause trauma, initiating a person to seek coping mechanisms.

Individuals react differently to trauma, including resiliency, to experiencing issues with physical and mental health. Traumatic events on the family members can cause strain on the whole family. For instance, Melissa stated that she was rendered immobile for nine months after being involved in an accident, leaving her with a broken knee. She says, "I was unable to walk. I was sitting there. The comfortable position was to lie down. I could not go to work. And I had three young kids that I had to cater for. It was challenging." As the sole breadwinner in the family, the accident brought suffering to her three kids, for whom she could not provide. The experience stressed her much and even worsened after she gained a lot of weight. In the practical

and emotional sense, trauma is draining to a person and the affected family members. Dealing with a traumatic event is disruptive and can drain the family of the time, energy, and money. It interferes with the family unit since it affects the normal daily development of every individual. It makes some family members binge eat to cope with such traumatic experiences.

Individuals affected by trauma require family members who are mindful of their eating habits. The failure to understand them makes the situation worse and can accelerate the binge eating habit. Binge eating is linked to the family. Traumatic events and bingeing can change the relationship among family members. Tara stated that her family always got together around food. Some members, like those who eat a lot, pose a threat to individuals who binge eat. Tara stated, "You might have a family member that prepared the food, and you might be done eating, and they might say, ‘well, come on, baby, have another piece, or did you taste this or, come and taste this or eat some of this’." This shows how family members are the primary contributor to binge eating, particularly members who already binge eat due to a traumatic experience. Some do it in good faith, thinking they might help an individual to forget that traumatic incident and concentrate on eating to improve their health.

The Body as a Problem

The primary research question for this study was:

RQ1: What is the relationship between trauma and binge eating disorder?

It was evident that stressful events cause binge eating. Disordered eating is associated with overweight and a higher risk of metabolic dysfunction. Negative comments about one's body weight and shape correlate with a binge eating disorder diagnosis. Binge eating is more prevalent among individuals seeking weight loss. However, few people seeking treatment to reduce their weight meet the full criteria for the clinical diagnosis of binge eating. Binge eating

disorder is associated with numerous weight-related comorbidities. Melissa stated that binge eating brought innumerable challenges to her health. She said, "I gained so much weight. With this weight gain, it was like every day had something that came with it. It has high blood pressure and other health-related issues that added to my inability to move around." Body shape, and overweight brought shame to the study participants prompting them to seek medications for their binge eating condition.

The interviews revealed how individuals were stressed about their body weight and shape. They often admired having perfect bodies as those seen on television and social media platforms. The desire for ideal bodies made them restless, and they became stressed about their body image and overall functioning. Binge eating caused substantial weight gain. Weight stigma and the consistent belief that the appearance of an individual is wrong negatively impact how a person feels. The feeling of shame and self-consciousness about an individual's body can prompt them to try to change it. Overweight individuals who binge eat can attempt to change their shape. However, when people desire to change their shapes to achieve an ideal body, they can become vulnerable and continue with the binge eating trend. Tasha stated that she looks at everything on social media and television, where she sees individuals with perfect bodies. She wants to have such a body, but it is hard. She stated, "I want to have that perfect body, but I know it's hard. It makes me not want to eat, but the more I try not to eat, the more I eat." Restricting food intake like avoiding certain kinds of food or delaying eating can make the cycle of binge eating more intense and stronger.

Racism and Discrimination

RQ2: How does the ethnic disparity affect African American young women from seeking treatment for trauma and binge eating disorders?

The theme that emerged under this sub-question during the analysis of participants' lived experiences was racism and discrimination. Environmental stressors like perceived racism and discrimination are linked to binge eating disorders. The response to stress among individuals causes difficulties in coping with such stressors among individuals who binge eat. Racial discrimination experienced by African American women contributed to deficits in the emotional and cognitive appraisal of self-worth, leading to disordered eating. Victims often become susceptible to developing maladaptive eating behaviors such as binge eating to deal with uncomfortable situations. The thematic analysis of the lived experiences revealed that almost all the participants encountered racial disparities. Although some managed to face the perpetrators and talk to them about it, some were overpowered and could not take the traumatizing experiences anymore, causing them to use food as their coping mechanism. Irene stated that she experienced racism and discrimination, which negatively affected her life. The pain she endured seeing the inhumane treatment of the African Americans in her workplace deeply affected her.

Crystal stated that racial discrimination affects not only African American women but also men of color. Racial discrimination made Crystal uncomfortable at work, and she even feared speaking against it for fear of losing her job. Shine stated that the people of color were not viewed as people who could perform their duties like their European American counterparts. She said, "I have experienced a racial disparity in the workplace, I worked for the federal government, so I experienced it there. I experienced it where you are not viewed as intelligent or like the others in the workplace." Such instances make lead African Americans to binge eat for comfort. Ashley acknowledged that racial disparities have affected her eating habits a lot. Being a Black woman makes her endure a lot due to racial discrimination. Consequently, she turns to food to feed the void created by the racial injustices and help her control her stress level.

However, Sister Saint stated that racial unjust against African American women and other people of color is common. She acknowledged facing reality and talking to people who discriminate against her. Sister Saint said, "There is a lot of racial unjust. Depending on when I am out in public, um, if people can, you know, come up against me. You know, I will talk to them about racial injustice."

Individual Subjection to Adaptive and Maladaptive Coping Behaviors

RQ3: What are successful methods for treating binge eating disorders among African American women compared to European American women?

The theme that emerged under this sub-question was individual subjection to adaptive and maladaptive coping behaviors. The theme was a part of routine self-care for African American women who experienced traumatic incidences or racial discrimination. Maladaptive coping strategies or behaviors are those that individuals use in an attempt to manage stress or post-traumatic stress disorder. However, they decrease the symptoms while the stressful events become stronger or more stressful. Therefore, maladaptive coping behaviors do not increase the functioning of an individual. Maladaptive traits are detrimental to the overall well-being and health of an individual. For instance, the research participants who used food to cope with stressful events became obese or overweight. Some developed other related complications like high blood pressure due to being overweight. For instance, when Melissa became distraught as a mother, she put her frustration into consuming vast amounts of food. However, she became overweight and developed related medical conditions like high blood pressure, which worsened her immobile situation. Most participants considered food a strategy for coping with negative emotions and stress, but it affected their normal eating habits.

Adaptive coping generally involves directly confronting the problem, making reasonable appraisals of the problems, and trying to prevent adverse effects on an individual's health. The interviews conducted by the researcher revealed that most participants considered seeking medication to deal with their binge eating habits. Study participants such as Saint Sister, Crystal, Fredo, Ashley, Prestigious, Melissa, and Shine reported seeking medication for their binge eating behavior and to help them deal with the issue of being overweight and related health conditions. Shine went to a nutritionist to help her manage her binge eating behavior. She was given an appetite suppresser, but the medication seemed not to work. Despite their efforts to address their life challenges, the participants stated that healthcare providers seemed not to take their condition seriously. For instance, Fredo said, "I sought medication, but my experience was not that good."

Discussion

The primary aim of this study was to determine whether there exists a relationship between trauma and binge eating among African American women in the United States. Many individuals with eating disorders often report suffering from a particularly traumatic incident. Individuals with binge eating disorders similarly have post-traumatic stress disorder. Eating disorders are severe psychiatric syndromes that alter emotional stability, judgment, cognitive functioning, and restrict the everyday life activities of individuals suffering from the condition. This study and other related studies conducted to explore these variables have shown a relationship between trauma and binge eating disorder. Post-traumatic experiences include emotional abuse, bullying, rape, neglect, witnessing accidents or domestic violence, sexual abuse, and physical abuse that threaten the subjects' lives. Having established this relationship, this phenomenological research study explored whether having traumatic experiences could lead to the later development of binge eating disorder.

Based on the findings of this study, different variables may act as the mediating factors for trauma and development of binge eating disorders among African America women. The factors include addiction to food, self-criticism, dissociation, anxiety, difficulty regulating emotions, anger, and body dissatisfaction. This is a wide variety based on the researcher's interviews to capture the study participants' lived experiences. The semi-structured interviews indicated that post-traumatic stress disorder is associated with heightened levels of eating disorders and other psychiatric comorbidities. Among women with binge eating disorder, trauma appears to be the sole cause, and healthcare providers need to be aware of the challenges experienced by individuals affected by binge eating disorder.

The study results revealed that racial disparity is the main contributor to binge eating development among African American women. Society has held that African American women seem to consider larger body sizes ideal. This has made them less concerned about their eating habits, making them suffer silently. Some study participants acknowledged admiring to have perfect bodies seen on social media and television, making them resolve to diet to lose weight and become less congruent with their racial identity. Although some studies show that African Americana has cultural aspects that protect them from developing eating disorders, the interview has shown that they are at a similar risk of developing eating disorders compared to European American women. Therefore, they are essential to target groups to prevent binge eating disorders.

Moreover, the study findings revealed that doctors also contribute to binge eating disorders among African American women. For many, the archetypal image of an eating disorder patient is easily recalled: she is a young White female who is painfully thin. The image dominates all media forms, reinforcing the idea that only individuals of certain races,

socioeconomic status, and genders can suffer from binge eating disorders. Doctors have paid little attention to people with binge eating disorders, particularly African American women. The participants' stated lived experiences revealed that physicians consider binge eating disorder a syndrome unique to middle to upper-class White women, contributing to less attention given to people of color. Participants reported neglect from the healthcare providers and lacked proper medication for their condition. This means that many African American women decide to struggle with binge eating in silence for lack of appropriate measures and consideration taken by the healthcare system.

Implications

Human beings often attempt to look for solutions to deal with difficult situations. The use of binge eating as a coping mechanism for post-traumatic stress disorder indicates how people are willing to engage in activities that can make them feel better. The study's implications on trauma and binge eating among African American women is to create awareness in the general population to avoid considering eating disorders as a White woman's problem. The study includes four themes informing society about the experiences of African American women, which cause them to engage in binge eating. The implications of the findings of this study can help health care providers reconsider how they handle patients with disordered eating. The healthcare system can research the proper medications to help patients with binge eating disorders and other related eating behaviors. The findings inform mental health practitioners on how they should provide their services.

Delimitation and Limitations

There are several ways in which this study may be limited, making its results to be considered not generalizable. The narrow scope of inquiry and fewer participants are some of the

reasons limiting this study. There may be many views on trauma and binge eating behaviors among African America women, making it possible that the data collected can be interpreted differently, particularly for the European American population. The final limitation of this study is the potential for researcher bias. Since I served as the primary designer of the semi-structured interview questions, the collector of the data through phone calls, and the analysis of the collective lived experiences of the research participants, the result of these facts is coupled with my perspective leading to possible researcher bias.

In addition, the study delimitations were also considered by the researcher. Due to the investigation being a phenomenological study, the selection criteria for the participants were to have experienced a traumatic event at one point in their lifetime which changed their eating habits. Therefore, the study participants were all knowledgeable about the experience of trauma and binge eating behaviors. The participants were also required to self-identify as African American women, which served as a significant delimitation to narrow the scope of the study.

Recommendations for Future Research

Based on the findings of this phenomenological study on trauma and binge eating disorder among African American women, the following recommendations are necessary to help improve the condition of the affected individuals. The primary recommendation is to conduct further research on the topic and help create awareness in the general population regarding binge eating disorder among African America women. Second, the healthcare system and the administration need to initiate measures that can help the patients, particularly people of color, to achieve their road to recovery. It is recommended that healthcare professionals take the condition of patients seeking medication for eating disorders with the seriousness it deserves regardless to their ethnic or racial groups.

Summary

This study examining the lived experiences of trauma and binge eating among African American women brought forth exciting insights into the dynamics in this environment. They are considered “Strong Black Superwomen” because they suffer in silence and because society has considered them not vulnerable to disordered eating. However, the stressful events and particular racial disparity force them to binge eat as their coping mechanism. Through the lens of empirical and theoretical perspectives, this research was designed to answer one primary research question and two sub-questions by African American women who lived this phenomenon. The study strongly connected post-traumatic stress disorder and binge eating disorder. Furthermore, it was shown that racial disparity was a primary contributor to African American women's binge eating. Racism hindered people from seeking medication and accessing the quality care necessary to address their condition. Lastly, medication was considered the main factor in managing binge eating. However, there seemed to be a lack of appropriate medicines to treat binge eating disorders and other related conditions. It is the researcher’s contention that this study will help the healthcare system conduct research and develop the best medication for binge eating disorder.

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APPENDICES

APPENDIX A

Letter of Consent

Title of the Project: A Phenomenological Study on Trauma and Binge Eating Disorder among African American Women in the State of Virginia.
Principal Investigator: Vester Appiah, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a female adult who self-identifies as African American 18 years or older. You must also live in Virginia and have a history of trauma and a binge eating disorder. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of this phenomenological study is to investigate trauma and binge eating disorder among African American women. The study will seek to determine if a relationship exist between trauma and binge eating disorder.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Participants will be asked to take part in an audio-recorded interview via Zoom, which should take about 30 minutes.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from participating in this study.

Benefits to society include increased public awareness of the issue of trauma and binge eating disorders.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researchers will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.

- Data will be stored on a password-locked computer and may be used in future presentations. Hard copy data will be stored in a locked cabinet. After three years upon completion of study, all electronic records will be deleted, and any hard copy data will be shredded.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Vester Appiah. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact at [redacted]
You may also contact the researcher's faculty sponsor, Dr. Mollie Boyd, at [redacted]

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You will be given a copy of the document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

_____

Printed Subject Name

_____

Signature & Date

APPENDIX B

Interview Questions

1. Is there any specific traumatic incident that deeply impacted you that you would like to share? Please explain experience.
2. How do you explain your eating habits? Do you have control over what you eat?
3. What has been your experience with racial disparity in the United States? How has it affected your eating habits?
4. How would you explain your experience while eating with others?
5. Have you ever sought medication for a binge eating disorder? What has been your experience with healthcare professionals?
6. Do you feel guilty or ashamed while eating with others? Please explain.
7. How often do you binge eat to cope with stressful events?
8. Please add a fictitious name that you would like to use throughout this study.

APPENDIX C

Social Media Recruitment Post

ATTENTION FACEBOOK FRIENDS: I am conducting research as part of the requirements for a Doctor of Education degree at Liberty University. The purpose of this phenomenological study is to investigate trauma and binge eating disorder among African American women in the State of Virginia. To participate, you must be a female adult that self-identifies as African American and is 18 years or older. You must also live in Virginia and have a history of trauma and binge eating disorder. Participants will be asked to take part in an audio-recorded interview via Zoom, which should take about 30 minutes. If you would like to participate and meet study criteria, please direct message or email me at [redacted] to schedule an interview. A consent document will be emailed to you after you have contacted me expressing your interest, and you will need to sign and return it to me via email prior to the interview.

APPENDIX D

Transformative Counseling Center Permission Request

August 20, 2022

Dear Madam:

As a student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Doctor of Education degree in Community Care and Counseling: Traumatology. The purpose of my research is to investigate trauma and binge eating disorder among African American women, and I am writing to invite eligible participants to join my study.

Participants must be a female adult who self-identifies as African American and is 18 years or older. You must live in Virginia and have a history of trauma and binge eating disorder. Participants, if willing, will be asked to complete an audio-recorded interview via Zoom. The interview will take approximately 30 minutes. Names and other identifying information will be requested as part of this study, but information will remain confidential.

To participate, please contact me at [redacted] so we can schedule an interview.

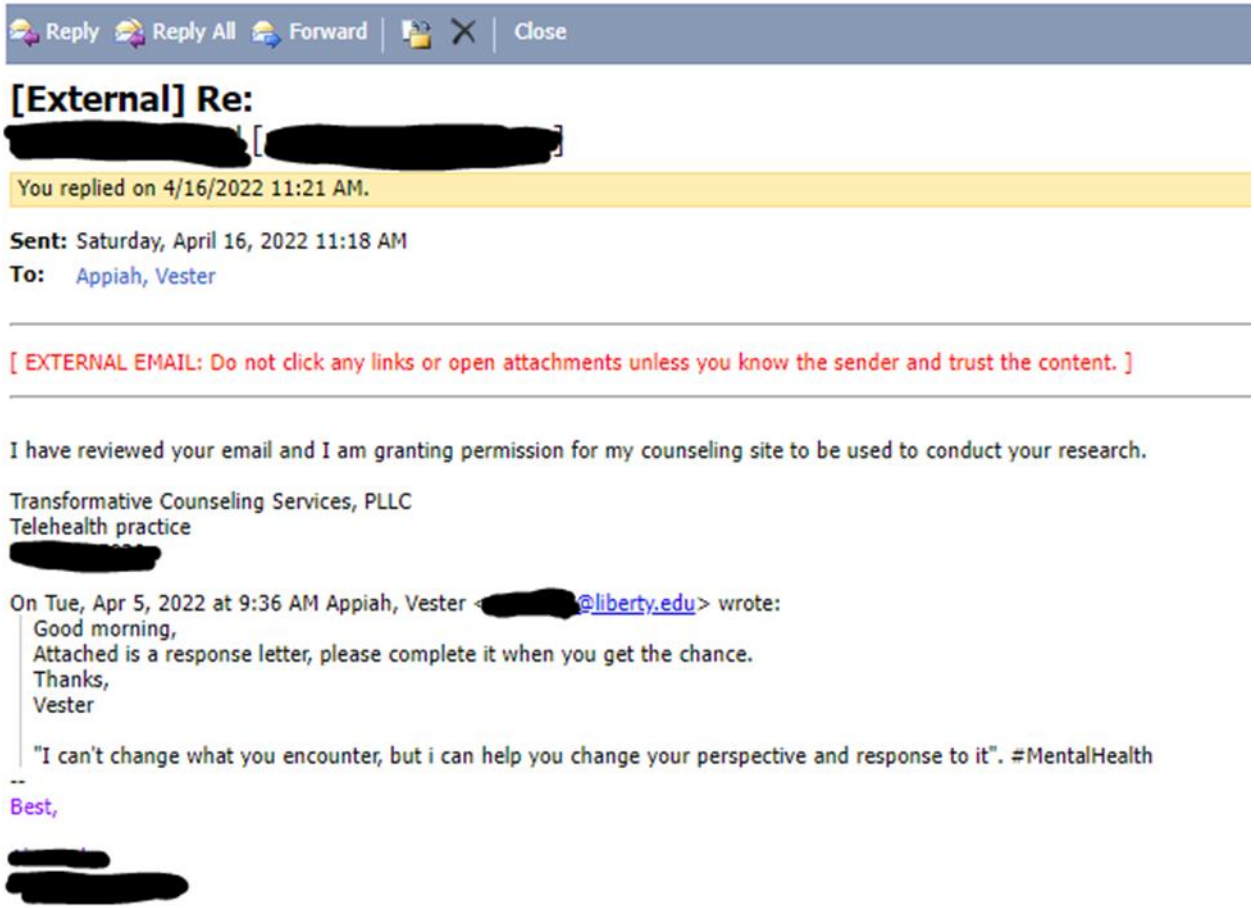
A consent document will be emailed to you after you have contacted me to express interest. The consent document contains additional information about my research. If you choose to participate, will need to sign the consent document and email it to me prior to the interview.

Sincerely,

Vester Appiah
Doctoral Candidate
Tel #: [redacted]
Email: [redacted]

APPENDIX E

Transformative Counseling Services Letter of Permission



Reply Reply All Forward Close

[External] Re:
[redacted] [redacted]

You replied on 4/16/2022 11:21 AM.

Sent: Saturday, April 16, 2022 11:18 AM
To: Appiah, Vester

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

I have reviewed your email and I am granting permission for my counseling site to be used to conduct your research.

Transformative Counseling Services, PLLC
Telehealth practice
[redacted]

On Tue, Apr 5, 2022 at 9:36 AM Appiah, Vester <[redacted]@liberty.edu> wrote:

> Good morning,
> Attached is a response letter, please complete it when you get the chance.
> Thanks,
> Vester
>
> "I can't change what you encounter, but i can help you change your perspective and response to it". #MentalHealth

--
Best,

[redacted]

APPENDIX F

IRB Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

June 23, 2022

Vester Appiah
Mollie Boyd

Re: IRB Approval - IRB-FY21-22-1056 A Phenomenological Study on Trauma and Binge Eating Disorder Among African American Woman in The State of Virginia

Dear Vester Appiah, Mollie Boyd,

We are pleased to inform you that your study has been approved by the Liberty University Institutional Review Board (IRB). This approval is extended to you for one year from the following date: June 23, 2022. If you need to make changes to the methodology as it pertains to human subjects, you must submit a modification to the IRB. Modifications can be completed through your Cayuse IRB account.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office