

Body Image Ideals and Risk for Disordered Eating in Black American Women: A Scoping Review

Andie Chilson, Melissa Mecadon-Mann, Rebecca Gwira,
Loidaly G. Rosario-Singer



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This scoping review examines 12 years of research on body image ideals and eating disorder (ED) pathology in Black American women. The authors synthesized the aims, methods, and results of 10 studies to outline the specific body image ideals within this population and the relationships between these ideals and ED risk. The findings from this review provide important insights to inform counseling and integrated care approaches for working with Black American women struggling with body image and disordered eating. This study highlights the existing evidence on body image and EDs in this understudied population and points to critical directions for future investigation.

Keywords: body image ideals, eating disorders, Black American, women, counseling

Body image as it relates to disordered eating has been a widely researched topic within the medical and psychology fields (Blostein et al., 2017; Brandsma et al., 2019; Jung & Forbes, 2012; Malachowski & Myers, 2013; Mölbert et al., 2018; Reslan & Saules, 2013). Researchers have explored racial and cultural differences in disordered eating pathology and identified specific body image ideals among racial and ethnic communities (Aldalur & Schooler, 2019; Capodilupo & Kim, 2014; Goel et al., 2021). Disordered eating research has primarily focused on Western European, White body image ideals. Therefore, a scoping review was warranted to achieve a comprehensive view of this underexamined topic. According to Arksey and O'Malley (2005), there are four commonly cited reasons to warrant a scoping review: to examine the extent and nature of existing research on a topic; to discern whether a full systematic review is necessary; to summarize and disseminate key findings; and to identify gaps in the existing literature. We have observed a dearth of research on the intersection of body image ideals and eating disorders (EDs) in Black American women and, therefore, endeavored to summarize and disseminate key findings and identify gaps in the existing literature.

Research is limited on the most effective modalities to treat disordered eating in minoritized populations. Cognitive behavioral and dialectical behavioral therapy are among the most popular counseling treatments for disordered eating in clients who are striving for a thin body ideal (Federici et al., 2012; Fursland et al., 2012). However, the body image ideals for Black and African American women differ from their White, Asian, Latine, and Native American peers (Smith et al., 2020; Talleyrand, 2012). Therefore, counseling modalities centered around the thin ideal are not the best fit for Black and African American clients who present with EDs. For example, Labarta and Bendit (2024) suggested a relational-cultural approach to ED treatment that provides space for the decolonization of traditional treatment models. As such, this scoping review was driven by the following research question: What are the most common body image ideals (as they relate to body weight/shape) for Black women living in the United States and how does this impact their risk for/presentation of disordered eating?

Andie Chilson, MS, LGPC, is a psychotherapist at Greenhouse Psychotherapy. Melissa Mecadon-Mann, PhD, NCC, LPC, LSC, is an assistant professor at Western Carolina University. Rebecca Gwira, PhD, is a clinical postdoctoral fellow at the University of North Carolina at Chapel Hill School of Medicine. Loidaly G. Rosario-Singer, PhD, NCC, LCMHC-A, is Founder and Mental Health Consultant of De Colores Family Wellness. Correspondence may be addressed to Andie Chilson, 1519 Connecticut Ave NW, Washington, DC 20036, andie@greenhousepsych.com.

Body Image Ideals in Black Women Living in the United States

Studies have shown that Black women may feel less pressure to be thin than their White peers (Awad et al., 2020). Historically, the Black community has seen larger bodies as resilient, healthy, and a symbol of wealth. Awad et al. (2015) identified a thick/toned/curvy body shape as optimal for Black women. Some Black women exercise not to lose weight but to achieve a large backside and a small waist. However, when in a majority White community, the pressure to conform to the thin ideal is still present (Awad et al., 2015). In these instances, diet (or not eating at all) and exercise are emphasized.

The ideal body shape for Black American women also includes acceptance of a larger body size, or what some call the curvy ideal (Boutté et al., 2022; Cotter et al., 2015; Gitau et al., 2014; Hunter et al., 2017; Parker et al., 2022; Scott, 2019). The curvy ideal, sometimes described as a Coke-bottle figure (Hunter et al., 2017), consists of a large bust, a small waist, and a large backside. It has been stated that because Black women have wider acceptance of a larger body size or the curvy ideal, they experience body dissatisfaction less than their White peers (Boutté et al., 2022). It is important to note that the curvy ideal is not necessarily more attainable or healthy than the thin ideal (Scott, 2019). The curvy ideal is also related to body dissatisfaction and can be associated with body monitoring or body checking (Shafran et al., 2003). Body checking, or continual monitoring of weight, waist size, and body measurements, can be a risk factor for developing bulimia nervosa (BN) and anorexia nervosa (AN; Shafran et al., 2003).

Eating Disorder Prevalence and Risk/Protective Factors in Black American Women

The scope of the existing research on ED pathology in Black and African American individuals is extremely limited. The most recent comprehensive study examining the prevalence of EDs in Black Americans was conducted in 2007. The study found that binge eating disorder (BED) was the most common ED among Black adults, comprising 2.24% of participants, and AN was the least common, with 0.17% of adults meeting diagnostic criteria (Taylor et al., 2007). Although this study is extremely useful in providing a point of reference for the prevalence of eating pathology in Black Americans, updated research on the topic is needed.

According to Cotter et al. (2015) and Hunter et al. (2017), Black women have similar rates of disordered eating to their White peers. Many Black women feel an expectation to be thin and/or fit into a specific body ideal; however, there is a lack of research specific to Black women and ED pathology. Additionally, the research that does exist is highly focused on body mass index (BMI) and obesity rates, which have been proven to be poor indices of physical health (Rasmussen, 2019) and fail to address the underlying cause(s) and risk factors of disordered eating in Black communities (Hunter et al., 2017). Black women are often categorized as overweight and/or diagnosed as obese while EDs are likely undiagnosed or underdiagnosed in this demographic (Boutté et al., 2022).

Racial identity development can act as a protective factor against disordered eating (Capodilupo & Kim, 2014; Rakhkovskaya & Warren, 2014). Capodilupo and Kim (2014) found that identification with the majority culture leads to higher levels of disordered eating, while Black women who identify with Black culture have lower levels of body dissatisfaction. As one works through racial identity development, they tend to identify more with cultural norms and push away from the body ideals of White culture and influence. The Black community emphasizes beauty ideals beyond size and shape (attitude, self-confidence, hair; Rakhkovskaya & Warren, 2014). Therefore, rejecting White beauty ideals through racial identity development may protect some women from disordered eating behaviors.

Present Investigation

This scoping review was inspired by a review published by Harris (2015), which explored three

different strata of research on EDs in Black American women from 1980–2015. The first stratum of research discusses the clinical implications of the exclusion of Black women from ED research in the 1980s. Harris demonstrated that as ED presentations in Black women became increasingly recognized, the rate of treatment for Black women with EDs similarly increased. However, ED research and treatment at this time still largely centered around economically advantaged White women and the Eurocentric beauty ideals with which they aligned (Harris, 2015).

The second stratum of research highlighted by Harris (2015) emphasizes an expanded definition of body image to include affective, psychological, and behavioral facets, thus creating a more nuanced and inclusive dialogue around the implications of body image concerns for Black women. This expanded definition of body image also opened up the conversation for cultural variables related to body image that could be precursors to EDs in Black women (Harris, 2015).

The third and final stratum of research examined by Harris (2015) saw an increase of within-group studies of Black American women compared to the between-group studies with White and Black women that dominated ED literature up to that point. This stratum of research also identified strong ethnic identity as a protective factor against EDs in Black women, and low ethnic identity as a risk factor for BED and BN symptomatology (Harris, 2015). In the conclusion of the paper, Harris called for further investigation into risk factors associated with eating pathology in Black American women.

The goal of the present investigation, therefore, is to bridge the gap between the findings of the Harris (2015) study and the existing body of research. We endeavored to accomplish this in three ways: first, identify the most common body image ideals for Black women living in the United States; second, identify what relationship (if any) exists between body image and disordered eating in Black women living in the United States; and third, identify implications for counselors based on the research findings of the first two objectives. The language “Black” and “African American” was utilized to capture as many ethnic identities as possible, including those that did not originate in the United States. When articles specified ethnic identities in their demographics, we indicated as such.

Methods

Author Positionality

There were four authors for the present investigation. It is critical to acknowledge that the first and second authors, Andie Chilson and Melissa Mecadon-Mann, are White women who have learned, only as outsiders, about the intersecting experiences of body image challenges and eating disorders in Black American women. Chilson has benefited both directly and indirectly from systemic racism, particularly as it pertains to adherence to Eurocentric beauty ideals and the inherent protection provided in identity. She has extensive experience working with eating disorders and body image challenges in women from diverse racial backgrounds. The second author, Mecadon-Mann, identifies as a cisgender White American woman in a large body. She has experience working with adolescents and emerging adults with diverse ethnic backgrounds and varied body image ideals and disordered eating behaviors. The third author, Rebecca Gwira, identifies as a first-generation, cisgender, Black woman in a mid-sized to large body. She also has experience working clinically with diverse eating disorder patients across demographic characteristics and levels of care. Her research centers marginalized voices, specifically Black women’s eating and body image concerns and intersectional stress. The fourth author, Loidaly G. Rosario-Singer, identifies as a cisgender Puerto Rican woman; she has benefited from some aspects of Eurocentric body ideals because she has had a small to mid-sized body the majority of her life. She has experience working with multilingual children and families with a focus on health equity and reproductive justice.

Methodology

The following research questions guided this scoping review:

- RQ1: What specific body ideals are most commonly endorsed by Black American women, and how do these ideals differ from or align with the thin ideal traditionally emphasized in ED research?
- RQ2: What (if any) relationship does the existing literature identify between culturally specific body image ideals and the manifestation of different types of disordered eating behaviors in Black American women?
- RQ3: Identify implications for counselors based on the research findings of the first two objectives.

Our systematic search was conducted based on the guidelines put forth by the PRISMA extension for scoping reviews (PRISMA-ScR), a 22-item checklist aimed at helping readers develop a better understanding of the terminology and key concepts reported in scoping reviews (Tricco et al., 2018). The checklist was created by a panel of 24 expert members and two research leads and was informed by the published guidelines of the EQUATOR (Enhancing the QUALity and Transparency Of Health Research) Network (Tricco et al., 2018). A five-step scoping review process was undertaken, including 1) identifying the research question and objectives; 2) defining the scope of the review; 3) selecting the records; 4) charting the data; and 5) summarizing the results. Inclusion and exclusion criteria were identified a priori and documented in a protocol.

Eligibility Criteria

The eligibility criteria for inclusion were based on population (P)—Black American women; exposure (E)—body image ideals; and outcome (O)—disordered eating. To attempt to capture all relevant literature published after or around the time of Harris (2015), articles published in English between 2013 and 2025 were eligible for inclusion in this review. Sources examining a pediatric population (under 18 years) or research conducted outside of the United States were excluded from the review.

Information Sources

Inclusion and exclusion criteria were established a priori with the assistance of a public health librarian at Western Carolina University. These criteria were used to develop a standard checklist for study eligibility for screening titles/abstracts and subsequently full-text sources. All stages of the screening process were conducted using Covidence, an online software tool used to organize records in the systematic or scoping review process and to blind the results between the researchers. Study selection was conducted independently by Chilson and Mecadon-Mann based on the preestablished checklist. All decisions were automatically recorded via Covidence. Conflicts between the authors were resolved through discussion. Records were identified through searching the following electronic databases: Academic Search Premier, Biological & Agricultural Index Plus (H.W. Wilson), Business Source Premier, Child Development & Adolescent Studies, CINAHL Plus with Full Text, Communication & Mass Media Complete, eBook Collection (EBSCOhost), Education Source, ERIC, Gender Studies Database, Health Source: Nursing/Academic Edition, MasterFILE Premier, MEDLINE Complete, Mental Measurements Yearbook with Tests in Print, Military & Government Collection, Philosopher's Index, APA PsycArticles, APA PsycInfo, APA PsycTests, SocINDEX with Full Text, SPORTDiscus with Full Text, and Ebony Magazine Archive.

Search

To achieve an extensive review on the topic, literature from the past 12 years was included in the search. Because of limitations with access to sources outside of Western Carolina University, reference

mining was not conducted as part of the present study. The search strategy was created by a public health librarian at Western Carolina University in collaboration with Chilson. The search strategy was checked for comprehensiveness and errors against the *PRESS Peer Review of Electronic Search Strategies Guidelines*. The specific search terms utilized were as follows: (Black OR Blacks OR African American*) AND (female* OR woman* OR women* OR lady OR ladies* OR gyn* OR girl*) AND (“eating disorder*” OR “disordered eating” OR anore* OR “binge eating” OR bulimi* OR purging OR purgeing OR “restrictive eating” OR orthore* OR overeat* OR pica) AND (body OR personal) AND (image OR perception OR satisfaction OR dissatisfaction OR psychosocial OR societ*).

Data Charting Process

A data extraction template in Covidence was used to record key characteristics and relevant information from eligible records, including study design, research purpose, study participants, and research findings/results. Chilson and Mecadon-Mann independently charted the data, discussed the results, and regularly updated the data extraction form in Covidence.

Data Items

Chilson and Mecadon-Mann abstracted data on article characteristics (i.e., country of origin, publication date, language), sample characteristics (i.e., race, gender, and age), and constructs/outcomes examined (i.e., body image ideals and EDs). Gwira subsequently vetted all the extracted articles based on the same criteria.

Critical Appraisal of Individual Sources of Evidence

An in-depth examination of the unique body image ideals held by Black women and their influence on the risk for EDs is lacking in the current literature. Therefore, we endeavored to explore the link between specific body image ideals of Black women and their correlation with EDs. We also aimed to identify the most common body image ideals for Black women living in the United States as an independent construct. Individual articles were screened for eligibility using the systematic review management tool, Covidence. Chilson and Mecadon-Mann independently screened the articles against inclusion/exclusion criteria, which were established a priori. We then screened articles at the abstract level for general relevance and subsequently conducted full-text screenings. Articles included in the full-text screening were assessed to determine if sources examined Black American women, specifically; examined body image ideals, specifically, or body image ideals as an independent variable and ED as a dependent variable; and examined an adult sample (18 years or older) from the United States. After reviewing at the full-text level to determine that Black American women, specifically, were examined, Chilson and Mecadon-Mann looked for language such as Black American, African American, Caribbean American, and Haitian American to encompass the full spectrum of Black American women. Also at the full-text level, we screened for clearly identified body image ideals, which required reference to a preferred size/shape of a specific body part (e.g., Coke-bottle waist; Hunter et al., 2017) or preferred shape of the body, generally (e.g., curvy ideal; Scott, 2019). If the intersection of an ED was present, Chilson and Mecadon-Mann screened for either general reference to ED (e.g., “ED pathology”; Siegfried, 2021) or specific reference to an ED diagnosis (e.g., anorexia and bulimia; Hunter et al., 2017). Gwira screened each source separately against the established inclusion/exclusion criteria and charted assessments in an Excel spreadsheet. Gwira and Rosario-Singer reviewed the manuscript for accuracy and offered feedback for Chilson and Mecadon-Mann’s consideration.

Synthesis of Results

The synthesis included quantitative analyses (e.g., means, standard deviation) to summarize the characteristics of included records, body image ideals in Black women, and any ED intersection noted.

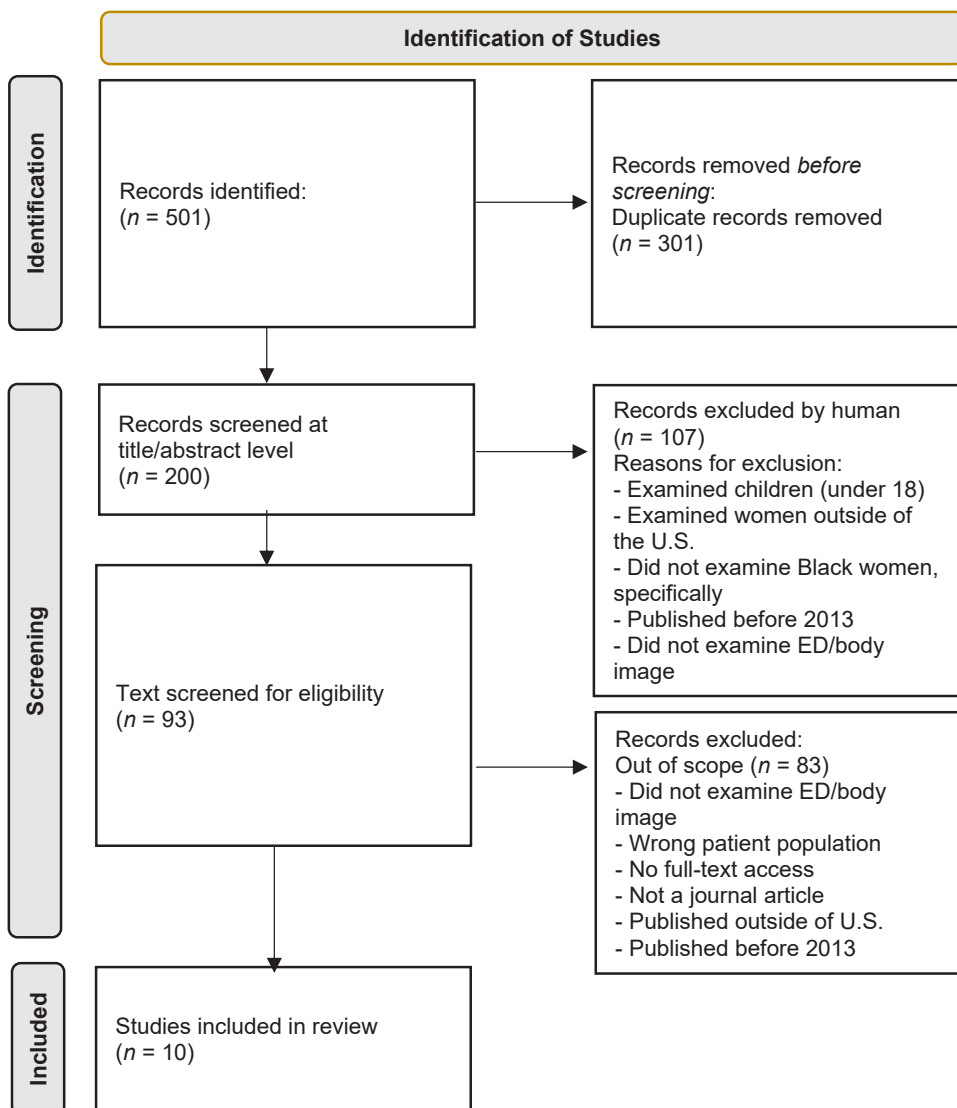
The results are presented in both a table and a descriptive format that aligns with the review's objectives of identifying the most common body image ideals for Black women living in the United States and identifying the relationship between body image and disordered eating in Black women living in the United States.

Results

The record identification process is outlined in Figure 1. A total of 501 records were identified through the initial search process. After removing all duplicates ($n = 301$), the authors were left with 200 records for screening. Next, 107 records were excluded based on criteria such as examination of a pediatric population (under age 18), women outside of the United States, and a lack of focus on Black women. There were 93 records then screened for eligibility, 83 of which were excluded because of patient population, type of publication, and lack of access. This process resulted in 10 records selected for inclusion.

Figure 1

PRISMA Flow Diagram for Scoping Reviews



Note. Adapted from Page et al., 2021.

Characteristics of the Sources of Evidence

Included records examined Black women living in the United States. One study (Bruns & Carter, 2015) also examined White women, and another study (Siegfried, 2021) examined Hispanic/Latina/x women in addition to Black women. Participant ages ranged from 18–73 years and there was no discernible trend in the age selection of the included records. Only one study specifically examined a sample of women 25 years and older (Talleyrand et al., 2016). The majority of records included the age range with mean/standard deviation, except two papers, which only reported the age range and not the mean/standard deviation (Bruns & Carter, 2015; Siegfried, 2021).

Included study designs were qualitative research ($n = 4$), randomized controlled trial ($n = 2$), cross-sectional ($n = 2$), mixed methods ($n = 1$), and exploratory factor analysis ($n = 1$). The 10 included records presented data from sample sizes ranging from 11 to 232. Two studies (Awad et al., 2015; Hollier, 2019) were conducted with women enrolled in universities across the United States. One study (Talleyrand et al., 2016) was conducted in the greater Washington metropolitan area. The other seven studies did not specify where they were conducted within the United States.

Four studies utilized focus group questions aimed at identifying common themes pertaining to beauty ideals specific to Black women. Two studies used the Eating Disorders Inventory - 3 (Garner, 2004) to determine specific body image ideals and assess for the presence of ED pathology. Two studies employed the Eating Attitudes Test – 26 (Garner et al., 1982) to measure disordered eating behaviors. Other instruments utilized in the included studies were the Contour Drawing Rating Scale ($n = 2$; M. A. Thompson & Gray, 1995), The Skin Color Satisfaction Scale ($n = 1$; Falconer & Neville, 2000), The Reese Figure Rating Scale ($n = 2$; Patt et al., 2002), the Rosenberg Self-Esteem Scale ($n = 2$; Rosenberg, 1965), Family Experiences Related to Food Questionnaire ($n = 1$; Kluck, 2008), Family Food Experiences-Black Questionnaire ($n = 1$; Hunter et al., 2017), Body Image Disturbance Questionnaire ($n = 1$; Cash et al., 2004), Visual Analog Scale- Body Satisfaction ($n = 1$; Heinberg & Thompson, 1995), The Curvy Ideal Silhouette Scale ($n = 1$; Scott, 2019), Curvy Ideal Questionnaire ($n = 1$; Scott, 2019), The Sociocultural Attitudes Towards Appearance Questionnaire—3rd Edition ($n = 1$; J. K. Thompson et al., 2004), The Sociocultural Attitudes Towards Appearance Questionnaire—4th Edition ($n = 1$; Schaefer et al., 2015), Objectified Body Consciousness Scale ($n = 1$; McKinley & Hyde, 1996), Body Shape Questionnaire ($n = 2$; Cooper et al., 1987), Eating Disorder Examination-Questionnaire ($n = 1$; Fairburn, 2008), and Gormally Binge Eating Scale ($n = 1$; Gormally et al., 1982).

Table 1*Results of Individual Sources of Evidence*

Author(s), Publication Date	Aim of Study	Study Participants	Study Design	Body Image Ideals	Eating Disorder Intersection
Awad et al., 2015	Examine the issues that arise pertaining to AA women's conception of beauty and body image, identify body image themes, and identify the sources of the body image messages received and internalized.	Female AA students enrolled in a large Southwestern university in the United States between the ages of 19–25	Qualitative research	Thick/toned/curvy as optimal ($n = 33$)	Yes
Bruns & Carter, 2015	Examine how model ethnicity and body shape impact body dissatisfaction.	Women self-identifying as African American or Caucasian between the ages of 18–45	Randomized controlled trial	Thin ideal and plus-sized ideal	No
Capodilupo & Kim, 2014	Explore how race and gender interact and inform body image ideals.	Women between the ages of 21–35; identified as African American ($n = 10$), Black American ($n = 4$), Caribbean American ($n = 4$), and Haitian American ($n = 2$); six women did not specify their ethnicity	Qualitative research	Large breasts, shapely hips, and full backside	No
Hollier, 2019	Examine body dissatisfaction and self-esteem factors that contribute to BEDs among Black female students.	Black college women currently enrolled in a private or public university in the United States between the ages of 18–54. All participants self-identified as "Black," but 3.2% of the participants identified as "other" and "multi-racial" under this umbrella	Cross-sectional	Thighs, breasts, waist/hip ratio	Yes
Hunter et al., 2017	Explore family food experiences (FFE) of AA women and develop a measure of FFEs related to disordered eating.	Studies 1 & 3: AA women from two National Pan-Hellenic Council sororities at a Southeastern university; Study 4: AA women from across the United States younger than 25	Mixed methods	"Boobs and booties" (Study 1) and "Coke-bottle figure" (Study 3)	Yes

Author(s), Publication Date	Aim of Study	Study Participants	Study Design	Body Image Ideals	Eating Disorder Intersection
Javier, 2017	Increase understanding of body image and eating behaviors in AA and Asian American women.	Study 1: AA women between the ages of 18–30 who reported body image problems	Qualitative research	Curvy and thin ideals	Yes
Scott, 2019	Examine the effect of exposing Black women to rap lyrics that promote the curvy ideal on their level of body image dissatisfaction.	Black women between the ages of 18–34 who had access to audio output (e.g., headphones, speaker); all participants identified as AA, 2.1% also identified as American Indian/Alaska Native, and 4.2% also identified as White	Randomized controlled trial	Curvy ideal	No
Siegfried, 2021	Increase understanding of the ways cultural values and pressure impact the development of EDs in Black and Latinx women in the United States.	Black, Hispanic/Latina/x, and Afro-Latina/x women between the ages of 18–25 living in the United States; 125 participants (49.2%) identified as Black, 107 (42.1%) identified as Hispanic or Latina/x, and 22 women (8.7%) identified as Afro-Latina/x	Cross-sectional	Thin ideal	Yes
Talleyrand et al., 2016	Explore the phenomena that impact body image ideals, eating behaviors, and appearance in AA women over the age of 25 who report body/weight concerns.	AA/Black women in the greater Washington metropolitan area; seven women identified as African American, two identified as Black, and two identified as African American/Black.	Qualitative research	Thin, sculpted “ripped” arms, and “sistah girl” hips	No
Wilfred & Lundgren, 2021	Assessing the psychometric properties and validity of a body image assessment for Black women.	Women between the ages of 18–73 who identified as African American (73.4%), African (8.5%), Afro-Latina (3.5%), Caribbean (1.5%), Caribbean American (1.5%), other Black descent (3.0%), and multiple racial identities (8.5%)	Exploratory factor analysis	“Slim-thick,” thin, and muscular	Yes

Main Study Outcomes

The most salient findings of the current study were twofold: first, the identification of specific body ideals held by Black women living in the United States; and second, the identification of a relationship between specific body image ideals and the presence of ED behaviors in Black women living in the United States. The first predominant body image ideal identified was a thick/slim-thick/curvy ideal. The majority of the included records indicated a striving for the curvy ideal (i.e., large breasts, shapely hips, and large backside) as opposed to the more commonly cited thin ideal. Four studies identified specific body parts that were highlighted as part of the curvy ideal. For example, Hunter et al. (2017) discussed “boobs and booties” (p. 29) as two specific body parts on which Black women focused their attention when striving for the curvy ideal.

Although the curvy ideal was the predominant body shape ideal that was identified in the included records, the influence of the thin ideal was also present. Five studies highlighted the influence of the thin ideal on their sample populations, either on its own or in conjunction with the curvy ideal (e.g., Bruns & Carter, 2015). The final body image ideal noted in the included records was the muscular/toned ideal. Both Talleyrand et al. (2016) and Wilfred and Lundgren (2021) identified being visibly fit, toned, or muscular as desirable qualities for Black women. Talleyrand et al. described the desirability of Michelle Obama’s “ripped” arms, stating that she was the ideal combination of curvy and healthy. Wilfred and Lundgren identified a similar muscular internalization, specifically regarding having a toned abdomen as a desirable physical trait for Black women.

The second major finding was that the majority of included records reported a relationship between specific body image ideals and the presence of an ED. More specifically, six out of the 10 included records noted this positive relationship (see Table 1 for specific studies). Hunter et al. (2017) identified an increased risk for AN and BN among Black women in a sorority who idealized being curvy, but only in certain places. Additionally, Awad et al. (2015) described the relationship between experiencing discrimination and the presence of disordered eating behaviors. Both Awad et al. and Javier (2017) found that a disconnect between one’s cultural heritage and the ideals of the White dominant group often led to disordered eating behaviors. If one perceives that they are divergent from the ideals of the dominant group (i.e., the thin ideal), they are likely to engage in potentially harmful disordered eating patterns. Finally, Wilfred and Lundgren (2021) found that the experience of a double consciousness (i.e., the pressure to adhere to two separate cultural ideals) increased ED pathology, specifically BED, among Black women.

Several of the included articles correlated variation in skin tone with positive/negative body image and ED pathology. Wilfred and Lundgren (2021) and Hollier (2019) noted that pressure to meet White body image ideals, including a fair complexion, increase the risk for ED behaviors, BED in particular. Similarly, Awad et al. (2015) determined that women who experienced discrimination stress, dissonance between the dominant culture and their culture of origin, or identification as a devalued group by the majority culture were at an increased risk for ED pathology. Awad et al. (2015) used the example of having a darker complexion to illustrate this, noting that if a woman was darker complected than her peers, and felt devalued because of it, she was more likely to engage in ED behaviors. Capodilupo and Kim (2014) discussed the influence of skin tone in a similar manner, asserting that women who are lighter complected are more likely to be desired by Black men and are more frequently and positively portrayed in the media, decreasing their risk for poor body image and ED behaviors.

The authors also examined moderating factors such as level of education, profession, and socioeconomic status, and found that only one study (Siegfried, 2021) examined the relationship between education and body image/ED pathology and determined that there was no substantial correlation with any of the measures. However, significantly, Siegfried (2021) determined that higher income was highly correlated with lower levels of acculturative stress as well as lower levels of internalization of the thin ideal but noted that there was no predictive factor between income and ED pathology.

Discussion

This scoping review centered around four objectives: first, to identify the most common body image ideals for Black women living in the United States; second, to identify what relationship (if any) exists between body image and disordered eating in Black women living in the United States; third, to bridge the gap between the findings of the Harris (2015) study and the current body of research; and fourth, to identify implications for counselors based on the research findings.

Common Body Image Ideals

Although some Black women in the United States are driven by the thin ideal, many describe a thick, toned, or curvy body shape as ideal. Most of the examined studies identified the thin ideal in combination with the curvy ideal as most desirable among the examined population. For example, Wilfred and Lundgren (2021) identified a “slim-thick” figure, high muscularity, and thinness as the predominant body ideals for Black women. Only one study, Siegfried (2021), identified thinness alone as the predominant body ideal. It is notable, however, that 50% of the included records highlighted thinness as a prominent body ideal for Black women. Although it has previously been assumed (Bruch, 1966) that Black women did not value thinness, the present findings indicate that this is not the case. Although Black women overwhelmingly value thinness in conjunction with the curvy ideal, thinness alone is still emphasized as a desirable quality.

Black American Body Image and Disordered Eating

Black women have lower rates of body dissatisfaction than their White peers but comparable rates of disordered eating. However, Black women have also been associated with disordered eating behaviors that center around culturally specific ideals or factors. For example, Siegfried (2021) described the positive relationship between acculturative stress and the internalization of the thin ideal, which then positively predicts an increased risk for ED pathology. Siegfried further identified a relationship between the internalization of the thin ideal and the development of BN, specifically.

One of the overarching messages regarding the relationship between specific body image ideals and disordered eating in Black American women was that being discrepant from one’s identified cultural ideals was a significant risk factor for disordered eating behaviors (Awad et al., 2015; Hollier, 2019; and Javier, 2017). For example, if an individual strongly identifies with a culture that emphasizes the curvy ideal and they naturally have a curvy figure, they are less likely to engage in disordered eating behaviors to alter their body shape. If an individual with the same curvy figure has a low degree of cultural identity, or identifies more strongly with another culture that emphasizes the thin ideal, they would be at increased risk to engage in disordered eating behaviors. Additionally, women who feel pressured to conform to the body ideals of two cultures are at an increased risk for eating pathology. This experience is referred to as double consciousness (Du Bois, 1903), which in this context means being made to feel like one needs to adhere to the beauty ideals of both mainstream (White European) culture and Black culture.

Gaps in Existing Literature

Although the included records identified general body image ideals that are emphasized by Black American women, there was a dearth in the existing literature surrounding specific ED diagnoses that are linked with certain body image ideals. In the present investigation, only three of the included records identified a specific diagnosis that is linked with certain body image ideals in Black American women. Therefore, future research is warranted surrounding specific ED diagnoses and the associated prevalence rates in this demographic. We also identified that many Black women perceive beauty through a wider lens than simply body shape/size, including elements such as skin tone, hair (length, style, neatness), self-esteem, and attitude. Further investigation into these ideals will deepen the conceptualization of beauty and attractiveness ideals in Black women living in the United States today. Finally, the authors also identified a gap in recent literature examining moderating factors such as level of education and profession that may serve as risk/protective factors for ED behaviors. Further investigation into these factors is warranted to broaden the conceptualization of ED presentations in Black women.

Additionally, there is a gap in the current research surrounding disordered eating and body image ideals in Black LGBTQ+ women, specifically. The studies included in the present investigation either excluded discussion of sexuality entirely or conceptualized it in relation to the male gaze. Therefore, further research into the relationship between sexuality and body image ideals/disordered eating in Black American women is warranted. Another identified gap in the existing literature centers around the influence of the Black/White male gaze on Black women's self-identified body ideals. More specifically, research is warranted surrounding whether there are different body image ideals for Black women who identify more closely with the body shape/size preferences of Black men compared to White men, and any eating pathology associated with these ideals.

Implications for Counseling and Integrated Care

Traditionally, there has been a limited focus on Black women and ED behaviors outside of the thin ideal. Counselors and care providers must be aware of the culturally embedded protective factors (e.g., racial identity development) that can support healthy eating patterns as well as potential risk factors. It is common for Black women to have higher body weight and BMI, but this does not mean they are immune from disordered eating. It is important to explore how stress and trauma may affect restriction and eating patterns (Small & Fuller, 2021). Boutté et al. (2022) suggested that care providers utilize strengths-based interventions that are holistic rather than interventions focused solely on diet and exercise. It is important, also, to assess for disordered eating before making recommendations to lose weight or form a weight loss plan. Counselors and other helping professionals should consider the implications of skin tone when supporting Black women. As previously noted, darker complected women who exist in a dominant White culture may be at a higher risk for poor body image and ED behaviors (Awad et al., 2015; Capodilupo and Kim, 2014; and Wilfred and Lundgren, 2021). The influence of White, Eurocentric beauty standards on Black women of varying skin tones should be accounted for when conceptualizing treatment plans.

Labarta and Bendit (2024) suggested the use of an integrated relational-cultural approach to ED treatment. Relational-cultural theory (RCT) is rooted in feminist and multicultural theory with a central goal of connection, mutuality, and relationship (Jordan, 2017). RCT approaches to ED treatment allow the care provider and client to work in mutuality, break down power differentials, and repair relationships with food and the body. This framework provides space for discussion and healing focused on racial and social marginalization and how it affects body dissatisfaction, thus building

self-image and resilience and empowering clients to live authentically. Further, Labarta and Bendit suggested a self-compassion approach to help clients build knowledge and skills about self-compassion, common humanity, and mindfulness. These factors are helpful in building resilience and can serve as protective factors for people from marginalized communities.

Lastly, care practitioners should be trained in holistic approaches and cultural humility (Matthews et al., 2021). One way practitioners can do this is through expanding care services into the communities where marginalized people live and work. For example, community outreach partnerships can be made with organizations that promote Black female health and wellness. Additionally, practitioners should read literature and attend professional development presented by Black women. One suggested book is *Treating Black Women with Eating Disorders* (Small & Fuller, 2021).

Strengths and Limitations

This review outlines research spanning a 12-year timeframe, providing a bridge to the anchor article written by Harris (2015). Because of reasons outside of our control, there were a handful of articles that were inaccessible. Furthermore, because of these constraints, we did not conduct reference mining as part of the search strategy. These articles may have added to the findings of the present study. We utilized Covidence software to review articles and lessen the chance of reviewer bias. After consensus was reached between Chilson and Mecadon-Mann, Gwira and Rosario-Singer provided insight into the articles and cultural implications of the research. However, bias is still a possibility in identifying terms and phrases that allude to body image satisfaction or dissatisfaction. An additional limitation is that this review only examined cisgender women. Research examining body image ideals and eating disorder prevalence in individuals outside of the gender binary is needed. The most substantial limitation is the dearth of research specifically focused on body image and EDs in Black women. Therefore, the authors identified a need for ED research and practice publications specifically focused on treating Black women in the United States.

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