

Exploring the Relationship Between Gendered Racism, Identity Centrality, and Binge-Eating Symptoms Among Black Women

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Black women often experience gendered racism, the intersection of racism and sexism. They adopt coping mechanisms in response, such as avoidance, spirituality, and disordered eating behaviors. The researchers focused on binge eating, defined as eating a large amount of food within a relatively short period; it is often accompanied by feelings of distress and a loss of control when eating. The high prevalence of binge eating among Black women led the researchers to explore the psychosocial risk factors that contribute to binge eating among Black women. They employed the intersectionality theory to investigate the relationship between gendered racism, identity centrality, and binge eating. The current study sought to understand the relationship between gendered racism and binge eating as moderated by gendered racial identity centrality, the degree to which Black women view their race and gender as integral to their identity. Participants were 281 Black women from 18-35 who completed an online survey via Qualtrics. The moderation results indicated that participants with low or medium levels of identity centrality and more experiences with gendered racism were associated with higher levels of binge eating. Conversely, when participants' identity centrality was high, there was a non-significant influence on the relationship between gendered racism and binge eating behaviors. To implement effective interventions for Black women, healthcare providers must gain a better understanding of their unique lived experiences, such as the influence of gendered racism and Black women's barriers to receiving proper diagnosis and treatment for disordered eating.

Keywords: loneliness, isolation, mental health, alcohol use, traumatic stress

Gendered racism refers to discrimination based on gender and racial identity, which is a common experience for many Black women. To cope with gendered racism, Black women may utilize behaviors that are associated with adverse mental health outcomes known as maladaptive coping. Examples of maladaptive coping include disordered eating, like binge eating and emotional eating (Brown, 2022). Binge eating is marked by eating a large amount of food within a relatively short period; it is often accompanied by feelings of distress and a loss of control when eating (American Psychiatric Association, 2013). Binge eating disorder (BED) occurs when this behavior happens at least once a week for at least three months (American Psychiatric Association, 2013). Emotional eating is when an individual is in a negative emotional state and consumes food often high in fat or sugar as a coping response to stress (Arnold et al., 1995; Volpe et al., 2024).

The literature has reported varying rates of binge eating in Black women as percentages have ranged from 1.5%-36% (Goode et al., 2020; Scott et al., 2018). For binge eating, research has primarily focused on White women and often has regarded it as a disorder that was more prominent in this racial group (Marques et al., 2011; Watson et al., 2019). Yet, other research has shown that binge eating rates are higher for Black women compared to their White counterparts (Goode et al., 2018). Binge eating is an imperative maladaptive disorder

to focus on in Black women due to its high prevalence rates in this community, which are not matched with equally as high diagnosis and treatment rates.

The researchers chose to focus on binge eating for this study due to its high prevalence among Black women. Black women have some of the lowest rates of receiving care and treatment for disordered eating despite their high prevalence rates of binge eating (Goode et al., 2020). So much so that less than 8% of Black women with binge eating disorder seek treatment in comparison to the 20% of White women with BED who seek treatment, showcasing that Black women have some of the lowest rates of access to eating disorder care (Goode et al., 2022; Wilfley et al., 2001).

Even for the Black women who do access treatment, their retention is low (Thompson-Brenner et al., 2013). The health disparities that exist for Black women plagued by binge eating suggest that the current eating disorder treatment and interventions are not the best fit for Black women in a way that is understanding of their lived experiences, culture, and gendered racial identity (Goode et al., 2020; Marques et al., 2011). Gendered racism, the intersection of racism and sexism, can be used to explain the intersectional, discriminatory lived experiences that Black women often encounter (Behrendt-Mihalski, 2017; Thomas et al., 2008). Encounters of gendered racism occur throughout Black women's lifetimes, so it is crucial

to examine the ways that such encounters negatively impact the way that they interact with the world (Jackson et al., 2010; Volpe et al., 2024). The purpose of this current study was to examine the relationship between gendered racism, gendered racial identity centrality, and binge eating behaviors in Black women.

Binge Eating in Black Women

As defined by the American Psychiatric Association (2013), binge eating occurs when an individual's eating patterns are of a higher quantity than what would typically be eaten in a discrete period, in addition to the feeling of losing control when eating. Past research has examined Black women's binge eating symptoms, but more research is required to understand the factors that influence Black women's binge eating. While past researchers have found that binge eating is almost twice as prevalent in Black women, 5%, as it is in White women, 2.5%, significant disparities exist in Black women's access to treatment for this disorder (Goode et al., 2022; Striegel-Moore et al., 2000).

The loss of control when eating, characterized by binge eating, is associated with feelings of psychological distress, in addition to and is exacerbated by the discrimination that Black women face from gendered racism (Brown et al., 2022; Tanofsky-Kraff et al., 2012). Such findings highlight the racial disparities often seen in both research and healthcare treatment for Black women as they are frequently overlooked in the discussion of care for maladaptive eating behaviors. Black women have such high prevalence rates for binge eating, but little research exists to identify the psychosocial factors contributing to these rates. In understanding the lived experience of Black women, it is critical to know the different avenues through which discrimination and oppression can maladaptively be seen in Black women's health behaviors, which influences poorer health outcomes.

Black Women's Experiences with Gendered Racism and Eating Behaviors

Experiences with gendered racism, the intersection of sexism and racism, can serve as a chronic stressor for Black women and are linked to increased psychological distress, lowered well-being, and maladaptive coping strategies (Lewis, 2023; Lewis et al., 2017). These encounters can also be seen via gendered racist microaggressions, which are more subtle, everyday experiences with gendered racism that contribute to the perpetuation of this form of dis-

crimination in Black women's everyday lives (Lewis & Neville, 2015). Gendered racism can cause Black women to become hyper-cognizant of their racial and gender identities, as these discriminatory experiences make them hyperaware of the negative stereotypes often attributed to them (Williams & Lewis, 2021).

Past research has examined the relationship between experiences of gendered racism and emotional eating as mediated by the Superwoman schema. They found that there was a significant relationship between gendered racial microaggressions and emotional eating. In addition to the Superwoman schema and self-compassion, which mediated the relationship between gendered racial microaggressions and emotional eating (Volpe et al., 2024). According to these researchers, high alignment with the Superwoman schema and lower levels of self-compassion mediated the relation between gendered racial microaggressions and emotional eating. This finding suggests the vital role that such factors play in maladaptive eating behaviors in Black women. While the literature has examined the relationship between gendered racism and emotional eating through the context of stereotypes, research has not yet examined how one's alignment with one's identity as a Black woman can impact maladaptive eating as a response to gendered racism.

Gendered racism also highlights the need for research to incorporate an intersectional lens to understand Black women's encounters with discrimination, as they cannot be defined solely by their race or gender. As a response to experiences with gendered racism, research shows that Black women will turn to emotional eating, which can help to understand further the maladaptive health behaviors that Black women adopt in response to the stress created by gendered and racial discrimination (Diggins et al., 2015; Volpe et al., 2024). Though it is showcased in the literature that Black women often adopt emotional eating, the current research primarily focuses on this behavior as solely a response to racism or examines racism and sexism separately (Pickett et al., 2020; Volpe et al., 2024). There is a lack of understanding of the intersectional impact that gendered racism has on emotional eating and other disordered eating behaviors, such as binge eating, among Black women.

Buffering Effects of Gendered Racial Centrality

While past literature has noted that stronger identification with racial identity can serve as a buffer for

BINGE EATING & IDENTITY CENTRALITY IN BLACK WOMEN

racial discrimination, much less is known about how gendered racial identity centrality can impact the experiences and impacts of discrimination on Black women (Sellers & Shelton, 2003; Szymanski & Lewis, 2016). Gendered racial identity centrality entails the extent to which Black women integrally define themselves by their gender and race and the degree to which these aspects of their identity are significant to their self-concept (Thomas et al., 2011; Thomas, 2004). Moreover, past research has also found that Black women who have higher levels of gendered racial identity centrality are more likely to engage in avoidance or denial of a stressor, otherwise known as disengagement coping, when experiences of gendered racism are high (Szymanski & Lewis, 2016). Also, Black women with more positive perceptions of their identities were associated with lower levels of distress (Sellers & Shelton, 2003; Williams & Lewis, 2019). Few studies have explored the relationship between gendered racial identity centrality, discrimination, and mental health in Black women. Thus, more research needs to be conducted to examine whether gendered racial centrality can have a buffering influence on the relationship between gendered racism and adverse behaviors like binge eating.

Currently, little research exists to fully understand the extent to which gendered racial identity buffers against prevalent adverse mental health outcomes faced by Black women, such as disordered eating. Past research has examined the moderating role that gendered racial centrality has on the relationship between gendered racism and Black women's psychological distress. Also, the literature has explored how gendered racial identity centrality is linked to increased psychological distress in Black women. Dickens et al. (2023) found that gendered racial identity centrality did not moderate or decrease the relationship between gendered racism and identity shifting. Similarly, Behrendt-Mihalski (2017) found that gendered racial identity centrality did not moderate the relationship between gendered racism and depressive symptoms in Black women. To enhance disordered eating interventions for Black women, it must be understood how they perceive the aspects of their identity, such as race and gender, as they relate to their lived experience and the intersections of their gendered racial identities.

Intersectionality Theory

The overarching framework for this study was intersectionality theory, which illustrates how Black

women's identities should be understood in interaction with each other (Collins, 2015). Intersectionality theory is a framework that encompasses how a Black woman's experiences of oppression must be understood through interlocking systems of oppression. Their multiple marginalized identities, such as race, gender, and class, cannot be seen as separate from each other and instead need to be understood as interlocked (Crenshaw, 1989). Considering the multiple forms of discrimination that Black women encounter is crucial to recognizing factors that exacerbate the high prevalence of their binge eating. To understand how gendered racism contributes to Black women's adverse health outcomes, an intersectional approach to aspects of this group's identity was utilized (Collins, 2015). Given the limited research on Black women in the eating disorder literature, often intersectionality theory is not used to recognize how discrimination faced at the intersection of race and gender can influence one's disordered eating (Gwira, 2024). Intersectionality theory (Crenshaw, 1989) is a necessary framework to examine the influence of Black women's intersectional experiences of oppression on binge eating symptoms.

Utilizing intersectionality theory (Crenshaw, 1989) can help to understand how holding multiple marginalized identities, such as being a woman and Black, puts Black women at greater risk for experiencing discrimination, which is associated with greater negative health outcomes (Burke et al., 2020; Rouhani, 2014). The intersectionality framework can support the knowledge of Black women's eating disorders, as past literature has noted how psychological distress related to their identity is linked to maladaptive coping and disordered eating behaviors (Brown et al., 2022; Watson et al., 2019). To best understand the multiple avenues in which discrimination negatively impacts Black women's lived experience and, in turn, their disordered eating behavior, an intersectional lens must be utilized. The literature has started to integrate intersectionality theory more in eating disorder research by considering how the intersection of Black women's identities can contribute to the recognition and treatment of binge eating (Dickens et al., 2024; Gwira, 2024). The researchers utilized intersectionality theory to help identify why such significant health disparities exist with Black women's disordered eating.

The Present Study

Research on Black women's disordered eating be-

havior often focuses on singular aspects of their identity, such as solely their race or their gender. However, much less is understood about how the intersections of their identities contribute to how they respond to and cope with experiences with gendered racism. Thus, the researchers used intersectionality theory to guide their study on how Black women's racial and gender identities, along with the discrimination they face due to these identities, contribute to their maladaptive eating behaviors. The influence of gendered racial identity centrality on binge eating behaviors in Black women and the link between experiences with gendered racism and disordered eating are imperative areas of study. It is essential to explore this topic among Black women to understand why disordered eating, like binge eating, is seen at such high rates in Black women.

Due to this, the current study aimed to examine how encounters with gendered racism are related to binge eating behaviors in Black women. Along with to what degree Black women's gendered-racial identity centrality moderated this relationship. The researchers hypothesized that experiences with gendered racism will positively influence the binge eating behaviors of Black women (Hypothesis 1). Also, the researchers hypothesized that gendered racial identity centrality would moderate the relationship between gendered racism and binge eating behaviors in Black women (Hypothesis 2). So, higher levels of gendered racial identity centrality would buffer against the positive relationship between gendered racism and binge eating behaviors. The researchers hypothesized that lower levels of gendered racial identity centrality would be associated with a stronger influence on the relationship between gendered racism and binge eating. So, lower levels of gendered racial identity centrality would strengthen the positive relationship between gendered racism and binge eating behaviors in Black women.

Method

Participants and Procedure

Participants were recruited via social media and emails to professional and personal contacts from various areas across the United States. The eligibility criteria for this study were that participants had to identify as Black/African American women and be in the 18-35 age range. The current study was part of a larger study that examined Black women's experiences with stereotypes and discrimination and their

health behaviors among participants between the ages of 18-35 (Jones et al., 2021). This study's sample consisted of 281 women in the United States. Their ages ranged from 18-35 ($M = 27.29$, $SD = 5.78$). The majority of the participants self-identified as either Black or of African descent, 81.5% ($n = 242$), heterosexual, 81.5% ($n = 242$), Christian, 71.0% ($n = 211$). For educational attainment, the highest percentage of participants had received a high school diploma/GED, 20.9% ($n = 62$). The median household income for the participants was \$15,000–30,000. See Table 1 for more detailed demographic information.

The researchers received IRB approval from Spelman College and Chicago State University to conduct this study. A survey was administered via the web platform Qualtrics, where participants completed questionnaires about their experiences with discrimination and stereotypes, coping mechanisms, and their influences on health behaviors and well-being. The Qualtrics survey was distributed through online community boards for Black women, social media sites, professional listservs (e.g., APA's Section 1: Division 35 – Black Women Psychologists), student organizations, and personal and professional connections (e.g., recruitment emails to personal connections, professional colleagues). The researchers also used Qualtrics to further recruit a larger sample of Black women. The participants not recruited via Qualtrics were entered into a raffle where they could win one out of four \$25 gift cards. While the participants recruited via Qualtrics received \$5 in compensation (an amount Qualtrics established given the survey length).

Measures

Gendered Racism

The Scheduled Sexist Events (SSE; Klonoff & Landrine, 1995) was used to examine the participant's experiences with gendered racism. The scale was revised to be specific to Black women's experiences with discrimination based on their gendered racial identities. It assessed the frequency with which a woman has experienced recent racist and sexist discrimination. The scale consisted of 20 items that utilized questions related to experiences of racism and sexism from the participant's childhood to the present. The scale had four dimensions: "(a) sexist degradation, (b) sexism in distant relationships, (c) sexism in close relationships, and (d) sexist discrimination in the workplace" (Jones et al., 2021). Sample items from this scale include "How

BINGE EATING & IDENTITY CENTRALITY IN BLACK WOMEN

many times were you denied a raise, a promotion, tenure, a good assistant, a job, or other such things, at work that you deserved because you are a Black woman?" and "How many times have you been treated unfairly by strangers because you are a Black woman?".

The SSE was rated on a six -point Likert scale where participant's responses to the items ranged between one (*never*) and six (*all the time*). The scores of each item were averaged, and higher scores indicated that participants experienced more encounters with gendered racism and lower scores suggested that participants had fewer experiences with gendered racism. For past studies, the reliability scores for the original SSE-Lifetime sample by Klonooff & Landrine (1995) scored 0.92, and the revised scale had a reliability score of 0.93 (Thomas et al., 2008). The Cronbach's α for the current study was 0.95.

Gendered Racial Identity Centrality

The researchers assessed gendered racial identity centrality using the Multidimensional Inventory of Black Identity Centrality subscale (MIBI- Centrality; Sellers et al., 1997), modified to measure gendered racial identity centrality. The scale contained ten items on a seven-point Likert scale where responses ranged from one (*strongly disagree*) to seven (*strongly agree*). Sample items were "I have a strong sense of belonging to Black women" and "Being a Black woman is an important reflection of who I am". Average scores were taken where higher scores indicated greater feelings that one's gender and race were central to their overall identity and lower scores denoted participants who felt that their gender and race were less central to their overall identity. Jones et al. (2021) reported the scores from the MIBI-Centrality scale and had internal consistency scores of 0.76, while Cronbach's α for the current study was 0.77.

Binge Eating Symptoms

The Binge Eating Scale (BES; Gormally et al., 1982) was utilized to examine binge eating behaviors in the participants. The BES consists of 16 items that examine eating behaviors, such as the quantity of food consumed and feelings after eating. Participants were given three or four selections and were asked to choose whichever best fit their eating behaviors with varying severities. A sample item reads, "a. I usually am able to stop eating when I want to. I know when "enough is enough," "b. Every so often, I experience a compulsion to eat which I can't seem to control," "c. Frequently,

I experience strong urges to eat which I seem unable to control, but at other times I can control my eating urges," "d. I feel incapable of controlling urges to eat. I have a fear of not being able to stop eating voluntarily." The average scores were taken; higher scores indicated more severe binge eating behaviors, while lower scores indicated fewer binge eating behaviors. The internal reliability score for the original BES was 0.87, while Cronbach's α for the current study was 0.91.

Data Analysis

The data from the Qualtrics survey was exported to Statistical Package for Social Sciences (SPSS) Version 24 (IBM Corporation, 2016). Descriptive statistics were calculated for the demographic variables, which included the percentage and frequency. Preliminary correlation analyses were conducted to examine the correlations between the variables. Multiple regression was performed via PROCESS macro model 1 (Hayes, 2017), with the bootstrapping method based on 5000 resamples to analyze the variables that influenced binge eating behaviors in Black women, including gendered racism and gendered racial identity centrality.

Results

Preliminary Analysis

H1 proposed that gendered racism will be positively related to binge eating behaviors in Black women. Gendered racism was positively associated with binge eating behaviors in Black women, $r = .14, p < .01$. Therefore, H1 was supported. Correlations were run to explore the relationship between all the study's variables. The results indicated a significantly positive relationship between gendered racism and gendered racial identity centrality, $r(241) = .14, p = .03$. The relationship between gendered racism and binge eating was significantly positively correlated, $r(241) = .28, p < .001$. There was no significant correlation between gendered racial identity centrality and binge eating, $r(241) = -.06, p = .32$. On average, the participants rated their experiences with gendered racism as lower ($M = 2.55, SD = 1.07$). The mean scores indicated that with experiences with gendered racism, participants, on average, answered either "Once in a while" or "Sometimes" as their responses for the gendered racism items. Participants reported higher than average ratings for their gendered racial identity centrality ($M = 5.05, SD = 1.20$). Most participants rated "Slightly agree" for their responses to the gendered racial identity centrality

ty items. For binge eating behaviors, participants rated lower levels ($M = 1.07$, $SD = .55$). On average, participants answered the items about binge eating with responses that correlated with low binge eating behaviors.

Moderators of Binge Eating Behaviors

The hypothesized moderated model was tested using moderation analysis via PROCESS macro model 1. H2 stated that the influence of gendered racism on binge eating behaviors for Black women would be moderated by gender-racial identity centrality. Before the analyses, variables were mean-centered to lessen multicollinearity (Aiken & West, 1991). Predictor variables accounted for a significant amount of variance in binge eating, $R^2 = .10$, $F(3, 237) = 9.05$, $p < .001$.

Then, we examined whether the relationship between gendered racism and binge eating in Black women was moderated by gendered-race identity centrality (see Figure 1). The interaction term was significant, $b = -.05$, $p < 0.05$. Therefore, H2 was partially supported. Next, we conducted simple slope analyses and probed interactions. When gendered racial identity centrality was low ($b = .20$, $p < 0.001$) and medium ($b = .14$, $p < 0.001$), gendered racism was associated with higher levels of binge eating in Black women. However, when gendered racial centrality was high, this relationship was nonsignificant ($b = .07$, $p = .15$). Therefore, lower levels of gendered racial centrality amplify the influence of gendered racism on binge eating behaviors in Black women. H2 was partially supported.

The researchers hypothesized that lower levels of gendered racial identity centrality would moderate the relationship between gendered racism and binge eating. Their hypothesis was supported at low levels for gendered racial identity centrality. The researchers hypothesized that high levels of gendered racial identity centrality would have a buffering influence on the positive relationship between gendered racism and binge eating in Black women. Instead, the relationship was not significant.

Discussion

The literature has yet to examine how Black women's experiences with their gendered racial identity and gendered racism influence their maladaptive eating, such as binge eating. The current study adds to the dearth of research that exists on disordered eating in Black women. Disparities exist for healthcare interventions on Black women's disordered eating

behaviors. Biases among healthcare providers prevent them from accurately inquiring about, detecting, or understanding eating disorders in Black women (Goode et al., 2022; Marques et al., 2011). The lack of proper diagnosis, treatment, and care for this marginalized group highlights the need for an intersectional approach to the examination of Black women's experiences with disordered eating. Past research has examined how race or gender impacts Black women's maladaptive behaviors (McCoy & Major, 2003; Syzmanski & Lewis, 2016). However, such factors were examined separately from each other rather than looking at the intersection of racism and sexism.

The purpose of the present study was to investigate the relationship between gendered racism and binge eating behaviors in Black women, as well as to analyze the moderating influence that gendered racial identity centrality has on this relationship. The current study, along with previous research, highlights a need to understand the factors that impact Black women's maladaptive eating behaviors to understand better the risk factors that lead them to engage in binge eating (Pickett et al., 2020; Volpe et al., 2024). Past research has examined how racism or sexism separately influence the eating behaviors of Black women as a coping mechanism but seldom have researchers analyzed how gendered racism can influence the relationship between gendered racism and binge eating in Black women. The researchers adopted an intersectional framework in their methodology to highlight the interrelated nature of Black women's experiences of oppression. We examined how the interaction of race and gender identities, in addition to the prejudice they face, can serve as either a protective or risk factor for Black women's binge eating.

Gendered Racism and Binge Eating

Consistent with Hypothesis 1, there was a significant positive relationship between gendered racism and binge eating. Such that participants who had more experiences with gendered racism were associated with higher binge eating behaviors. Intersectionality theory exemplifies the need to understand the factors that contribute to and influence Black women's disordered eating behaviors. To understand the factors that influence how Black women respond to discriminatory experiences, their multiple marginalized identities must be examined as they relate to and interact with each other. This finding is consistent with previous

BINGE EATING & IDENTITY CENTRALITY IN BLACK WOMEN

research, which found that higher levels of discrimination based on one's gendered racial identity led to greater utilization of disordered eating behaviors, such as emotional eating, as a maladaptive coping response (Diggins et al., 2015; Hoggard et al., 2019; Volpe et al., 2024). In alignment with the intersectionality theory (Crenshaw, 1989) and given the negative impacts of the intersections of oppression, such as gendered racism, Black women's experiences with discrimination based on race and gender and their interactions exacerbate their issues with health and well-being. Since the researchers focused on gendered racism, it allowed them to see this relationship at the intersection of racism and sexism and binge eating behaviors in Black women.

Binge eating in Black women has been associated with worsened physical health and a higher risk of being overweight or obese, as more than 30% of Black women with obesity also report binge eating (Goode et al., 2020; Wilson et al., 2012). Binge eating disorder has also been found to be comorbid with several somatic and psychiatric disorders, such as mood disorders and substance use disorders, along with obesity (Goode et al., 2020; Hudson et al., 2010). Thus, furthering the understanding of the factors, such as gendered racism, that contribute to Black women's binge eating behaviors is imperative for adequately tackling the health care issues that they face. Research has been conducted to identify aspects of maladaptive eating treatment that can be beneficial for Black women. Such treatments are based on culturally competent care that recognizes Black women as a population that has unique factors that influence their binge eating behaviors.

Past research has found that interventions conducted in a group using cognitive-behavioral therapy can be effective. These interventions address the dysfunctional cognitions and maladaptive behaviors associated with binge eating to create an impactful intervention for BED in Black women (Goode et al., 2020;2022; Q da Luz et al., 2021). Along with this, interventions that tackle the physical health of Black women have been supported by researchers to be effective interventions. These approaches educate Black women to be aware of their eating behaviors and increase their physical activity (Goode et al., 2018;2022). Intersectionality theory was integral for the researchers of this study as it allowed them to investigate the relationship between gendered racism and binge eating among Black women. The theory illuminated how

the intersection of racial and gender discrimination influenced Black women's binge eating as well as how their identity centrality related to this connection.

Gendered Racial Identity Centrality

Black women's use of disordered eating has seldom been researched via the influence of their gendered racial identity. Gendered racial identity centrality has been linked to research that suggests it can be a buffer or amplifier of the negative impact of discrimination (Jones et al., 2021; Thomas et al., 2011). Consistent with the hypothesis, gendered-racial identity centrality moderated the relationship between gendered racism and binge eating. While gendered-racial identity centrality was a moderator, the influence was not in the direction that the researchers hypothesized. Only for participants who reported low or medium gendered-racial identity centrality, gendered racism was associated with higher levels of binge eating in Black women.

However, participants with high levels of gendered racial identity centrality produced a non-significant moderating influence between gendered racism and binge eating. Thus, Hypothesis 2 was supported in the opposite direction than they hypothesized. The researchers speculated that higher levels of gendered racial identity centrality would buffer the relationship. It may be that lower levels of gendered racial identity centrality have a much more significant impact because it makes individuals vulnerable to more discriminatory experiences. Still, this is consistent with the overarching framework of the intersectionality theory. The researchers believed that Black women with lower gendered racial centrality are more prone to the adverse effects of gendered racism, which can lead to binge eating.

The current findings about high gendered racial identity centrality are inconsistent with previous research, as the researchers found a nonsignificant moderating relationship between gendered racism and binge eating behaviors. Symanski & Lewis (2016) examined the moderating effect that identity centrality had on detachment coping and the psychological distress formed in response to gendered racism. They found that when identity centrality was high, gendered racism predicted psychological distress. The researchers hypothesized that a higher gendered racial identity centrality would serve as a buffer against the positive relationship between gendered racism and binge eating. The literature on Black women's gendered racial identity centrality found it to be a

significant moderator in the relationship between factors related to gendered racism and coping. Yet, the findings are mixed regarding whether it serves as a buffer (Lewis et al., 2017; Williams & Lewis, 2019).

Past research has found that lower levels of gendered racial identity centrality are linked to higher usage of disengagement coping and poor mental and physical health outcomes, which is consistent with this study's results (Williams & Lewis, 2019; Lewis et al., 2017). The finding that high gendered racial identity centrality did not serve as a moderator is inconsistent with past research that has found it to be associated with lower levels of distress (Sellers & Shelton, 2003; Williams & Lewis, 2019). Based on the literature, there are mixed findings on the influence of gendered racial centrality as a buffer or harmful factor with experiences of discrimination among Black women (Jones et al., 2021; Symanski & Lewis, 2016).

Also, given that the sample of participants had a moderate level of gendered racial centrality, such that being a Black woman was somewhat important to their overall sense of self, this might have influenced the effect of the relationship between gendered racism and binge eating behaviors. More research needs to be done on the moderating influences of identity centrality on Black women to understand this relationship better. Such contrasts in the study of high identity centrality demonstrate the need for a further examination of the influence that high identity centrality has on Black women's experiences with distress.

Limitations

While the researchers were able to find significant results from this study regarding Black women's binge eating behaviors as it relates to their identity, there were some limitations. The majority of the participants were younger, identified as Christian, and with more than half having an associate's degree or higher. Thus, the participants of this study may be less representative of the population. The age of the participants was relatively younger than that of the broader population; thus, it is less generalizable to the greater public. Much like Black women, older populations are much less regarded in eating disorder research. Hence, a lack of understanding exists about the age-related factors that can influence the maladaptive eating behaviors of older people.

In the literature, researchers have found that psychosocial stressors, as well as stressors associated with

major life events, can put older women at increased risk for disordered eating (Koumoutzis & Cichy, 2020). Thus, the relationship between gendered racism and binge eating, as well as the moderating influence of identity centrality, could be higher if the participants of the study were older. Such research highlights the need to understand the factors that contribute to the increase in depressive symptoms from middle age to older age. Also, participants had lower levels of binge eating overall, so the results might differ in individuals who, on average, have higher levels of binge eating behaviors. For older Black women with higher levels of binge eating behaviors, identity centrality could have an even more significant moderating influence. Identity centrality in older populations possibly would lessen the strength of the relationship between gendered racism and binge eating.

Moreover, the researchers recognize further limitations of this study due to their use of a survey, which could lead to social desirability bias when answering questions about binge eating. Participants may have felt less comfortable being truthful about their binge eating behaviors due to stigma towards eating disorders and maladaptive eating behaviors. Stigmatization related to engaging in binge eating behaviors may have led participants to report lower scores that are less representative of their behavior. This may lessen the significance of the data on the relationship between gendered racism, identity centrality, and binge eating in Black women.

Future Directions

These findings are imperative for understanding how to make culturally relevant disordered eating interventions for Black women. As many healthcare professionals do not have the proper knowledge of how maladaptive eating behaviors manifest for Black women, they often overlook Black women who could benefit from disordered eating treatment and care (Goode et al., 2022; Marques et al., 2011). The current study and previous research are critical for equipping healthcare providers with the knowledge to best approach and care for their Black women patients. Providers must approach their Black women patients with an understanding of how disordered eating can manifest for them. Such an understanding is necessary for providing Black women with the proper diagnosis, care, and treatment they need for their maladaptive eating behaviors. An understanding of how Black women center their gendered racial

BINGE EATING & IDENTITY CENTRALITY IN BLACK WOMEN

identity is crucial for mental health professionals and healthcare providers to assist their patients properly. In addition, this study can help healthcare providers with their Black women clients by promoting a more culturally aware approach to care. This approach would recognize Black women's gendered racial identity and its importance to their sense of self.

Despite its limitations, the study has highlighted the need to research Black women's maladaptive eating behaviors further. Future researchers can expand upon this study by examining participants over an extended period in an experiment to see if Black women's binge eating behaviors fluctuate. They can also explore if this relationship is moderated by gendered racial identity centrality. Further study could expand the literature by examining a potential causal relationship between gendered racism, gendered identity centrality, and binge eating. In addition, since the researchers found that identity centrality does influence the relationship between gendered racism and binge eating behaviors in Black women, this suggests a need for further study. Subsequent studies could identify how identity centrality influences Black women's other maladaptive coping responses, such as disengagement or avoidance, to discrimination (Diggins et al., 2015; Syzmani & Lewis, 2016; Volpe et al., 2024). The current literature highlights that gaps exist in the research on Black women and disordered eating behaviors. In addition to how such behaviors can present differently for Black women compared to their White counterparts. Therefore, more research needs to be done to address the gaps in research on why binge eating rates are so high for this marginalized group, in addition to investigating the factors that influence Black women's disordered eating behaviors.

Conclusion

While eating disorders are not often attributed to being prevalent among Black women, this must change. To adequately address the high rates of disordered eating seen among Black women, this population must be further studied. Black women's identity and how they perceive it is imperative for understanding how they approach and cope with distress. Properly understanding Black women's multiple marginalized identities is crucial for implementing effective interventions for maladaptive eating. To promote effective social change for Black women, researchers and practitioners must understand the barriers that impede this

group from receiving eating disorder treatment. Such barriers for Black women include a lack of recognition of their engagement in disordered eating behaviors. These women may not have adequate knowledge of disordered eating to detect their use of maladaptive behaviors, considering the stereotype that eating disorders primarily impact White women (Good et al., 2022; Scott et al., 2023). As shown by past research, the high rates of eating disorders, such as binge eating, in Black women warrant a need to create approaches that allow them to receive proper diagnosis, care, and treatment for their disordered eating behaviors.

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BINGE EATING & IDENTITY CENTRALITY IN BLACK WOMEN

Table 1

Sociodemographic Characteristics of Participants

Characteristics	<i>n</i> (%)	<i>M</i>	<i>SD</i>
Age		27.29	5.78
Weight		163.18	57.16
Race			
African American/Black	242 (81.5%)		
African	7 (2.4%)		
Caribbean/West Indian	5 (1.7%)		
Black & Caribbean/West Indian	5 (1.7%)		
Black Latinx	5 (1.7%)		
Black & African	4 (1.3%)		
Sexual Orientation			
Straight	242 (81.5%)		
Bisexual	24 (8.1%)		
Lesbian	5 (1.7%)		
Unsure	3 (1.0%)		
Missing/No Response	23 (7.7%)		
Religion			
Christian	211 (71.0%)		
Agnostic	17 (5.7%)		
Muslim	8 (2.7%)		
Atheist	8 (2.7%)		
Hindu	3 (1.0%)		
Buddhist	2 (0.7%)		
Jewish	2 (0.7%)		
Other	23 (7.7%)		
Missing/No Response	23 (7.7%)		
Education			
Some High School	7 (2.4%)		
High School/GED	62 (20.9%)		
Associate's degree	29 (9.8%)		
Bachelor's degree	41 (13.8%)		
Master's degree	38 (12.8%)		
Some graduate school	11 (3.7%)		
Doctoral Degree	20 (6.7%)		
Graduate/Professional Degree	16 (5.4%)		
Missing/No Response	24 (8.1%)		
Income			
Below 15,000	81 (27.0%)		
\$15,000 – 30,000	58 (19.5%)		
\$30,001 - \$50,000	55 (18.5%)		
\$50,001 - \$75,000	40 (13.5%)		
\$75,001 and up	42 (14.1%)		
Missing/No Response	21 (7.1%)		

Note. *n* (%), *M*, and *SD* represent the number of participants, mean, and standard deviation, respectively.

Figure 1.

Interaction between Gendered Racism and Binge Eating Symptoms in Black Women

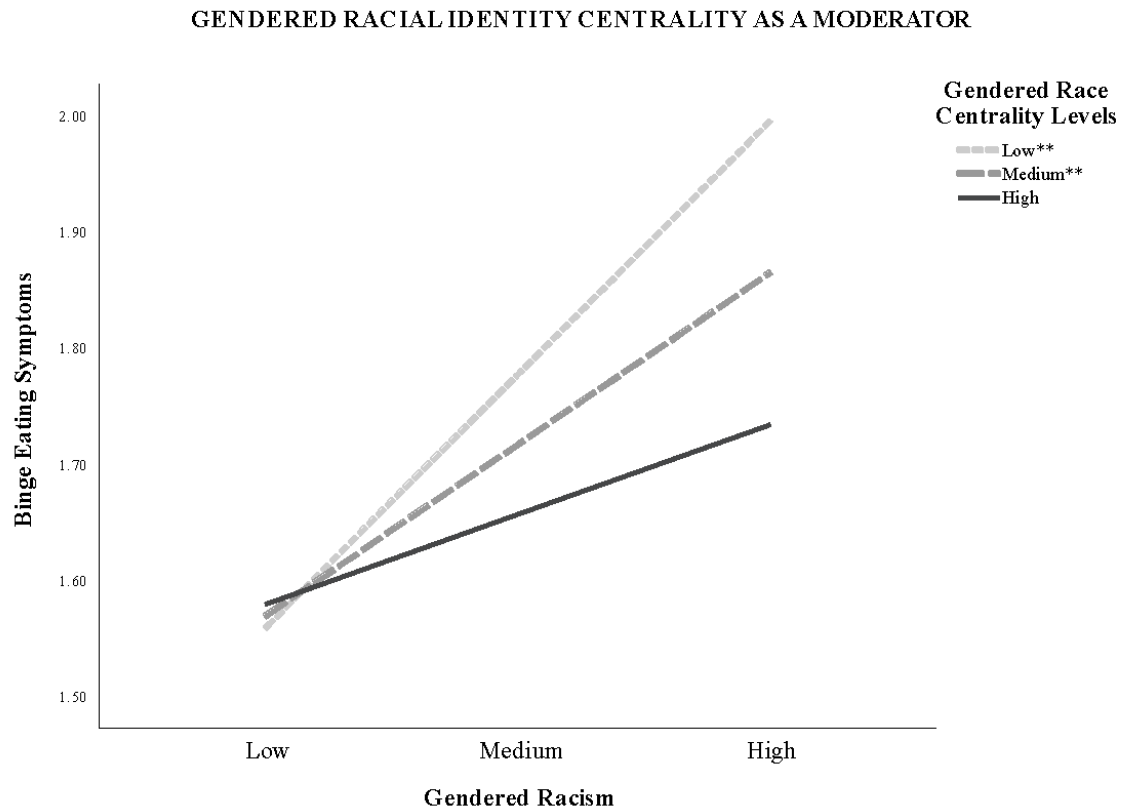


Figure. 1 This figure illustrates the relationships between low (-1 *SD*), medium (average), and high (+1 *SD*) levels of gendered racism and binge eating symptoms at low (-1 *SD*), medium (average), and high (+1 *SD*) levels of gendered racial identity centrality. Statistically significant values ($p < .001$) were denoted with **.

Questionnaires can be made available upon request.