The Elephant in the Room: The Quiet Suppression of Eating Disorder Correlation with Mixed Race Individuals in the United States Sophie L. Bates





Fig. 1. Flat Color Vector Illustration of a Multicultural Dinner (NTL Studio)

The unspoken disparity of eating disorders within the multiracial and biracial community in the United States is complexly unfair and undigested compared to monoracial representation. American society presumes that the accessibility of mixed-race individual research to be so low where it becomes disposable in entirety. Mixed-race individuals are treated with latent discrepancy for inappropriate reasons such as insufficient sample size within the United States population. Contrary to the fallacious belief, the American population has "33.8 million," (U.S. Census Bureau 2020,) mixed-race individuals in the United States; this extensive number negates the proposition that mixed-race individuals are inaccessible. The hidden root of eating disorders being unstudied within mixed-race individuals is not hindered by a number. Mixed-race individuals feeling reluctantly insecure to participate in such study sensitivity

Keywords: biracial, eating disorder, intersectionality, mixed race, sociocultural analysis

Citation (modified APA)

Bates, Sophie L. (2021, November 1). The Elephant in the Room: The Quiet Suppression of Eating Disorder Correlation with Mixed-Race Individuals in the United States. Hokies Write. http://hokieswrite.com

1

would be of more comforting knowledge, but such revelation is not known because absolutely nothing has been discovered. The 'invisibility' aspect of the mixed-race population in America is ignorantly unseen. Over the last 20th century, the intersectionality of multiracial and biracial individuals and eating disorders has been on the exponential rise, specifically, a "276% increase" from 2010 (U.S. Census Bureau 2020). Multiracial and biracial individuals, who are at a substantial risk of developing eating disorders, are denied equitable research and representation compared to monoracial individuals. Multiracial and biracial correlational eating disorder studies are one in a million. There has been one conducive study "to clarify ED prevalence among distinct multiracial groups" (Burke, Hazard, et al.). The advancement of American research and prospectiveness makes the inadequacy of mixed-race eating disorder research unjustifiable.

Background

One likely seeks the internet as a place of medical refuge. Minor or major health concerns such as a simple stomach ache to worrying jaundice can be settled (or startled) in a matter of milliseconds. Individual's inherent dispositions play an essential role in the force of exerting knowledge. Take, for example, the exploitation of social media displaying the ignorance of mixed-race issues. There is a noticeable trend of online mediums discussing mixed-race identity issues and getting immediately invalidated for it by the outward public. Social platforms have had a colossal contribution to the exponential rise of mixed-race eating disorder emergence. The negative light from such portals like social media that impose on mixed-race individuals insecurity add to the psychological mindfulness behind eating disorders which will in turn be ignored by American society. The pattern of creation and suppression continues, and generations of inconclusive research form. Statistics complement comfort, the feeling formally comes from similar statistics which apply to the worried individual and concern. Specific statistics create a sense of togetherness and normality, or even exploit a peculiarity to be investigated to the given individual's situation. For instance, when googling, "Eating disorder race statistics in America," pages of articles with monoracial correlational percentages to eating disorders (ranging from bulimia nervosa to binge eating) show. What about mixed-race individuals

and their statistics with bulimia nervosa or binge eating? Even specifically Googling, "Eating disorders within mixed-race individuals in America," produces precisely one article delivering into this phenomenon. Imagine going into a shoe store and finding only the most abundant of shoe sizes rather than the full range which covers each individual. The American ignorance of mixed-race issues is especially a phenomenon not to be ignored because of the inherent dysmorphic issues predestined within multiracial and biracial individuals. Aligning aspects include numerous sociocultural issues such as distinguishing where a mixed-race person fits in a society where they are deemed two or more. The unresolved phenomena is dire as there is "no question the U.S. is becoming more racially and ethnically diverse," (Parker, Horowitz, et al.). The societal perception of being mixed-race in America is historically illicit. Remnants of this are still in the cracks of American socioculturalism today. The span of instances such as these occurring in a mixed-race individual's life contribute to the development of multiracial and biracial eating disorders.

American society and its root in racial identity

American society has forever intrinsically or explicitly been 3. rooted in the idea of race/ethnicity being the foundation of who a person is, where their path leads, and what they "should" be eating, thus creating a stigma that is potently present no matter how prejudiced. With present phenomena such as, "the gap in available research focusing on multiracial individuals," (Burke, Hazzard, et al.) it is essential for qualitative research to triumph quantitative research. Virginia Polytechnic Institute and University library archives, an acclaimed collection of historically diverse primary documents, contains nothing about mixed-race individuals and eating disorders. More generally, not even a single study about the identity issues rooted in muliraicalism. Understandably, the unriviting, unfinding of historical documents could be overlooked but only in the case of resolution to the research disparity. With the vast connective databases Virginia Tech is tied to, this issue does not appear in any other historical context either. Now, since the unfulfillment of the situation above, thus little to no resolution has relatively been made, it cannot be overlooked.

Autoethnography of a mixed-race research revealer

disorder ignorance and susceptibility research, supplement with the other qualitative entities. Passionate research is unarguably the most efficient, even putting emotion aside. Logistically, objective curiosity has ultimately planted the framework for this needed clarifying paper. Anecdotally, it is easy to identify myself as having problems with society's plastered body standard thus eliciting problems with food intake and healthy exercise. Unsupportively, I have yet to selfheal and unveil how to overcome the issues/fears due to the lack of research and solutions present on the internet, social media, library, archives, etc. Multiracial and biracial eating disorder development emerges like an adverse chemical reaction. With the perfect storm of factors, food being the center of monoculture and multiculturalism, eating disorders arise.

The hidden gentrification of mixed-race representation

The American ignorance of mixed-race individuals and eating disorder correlation is pushing its multiracial and biracial population away. Micheal James (pseudonym), a longtime American citizen and father of bicultural (biracial) children, makes the purposeful choice of living in the Dominican Republic with his diverse family. The Dominican Republic is James's wife's home and ethnicity. James portrays his purpose for reasons such as misrepresentation and identity suppression mixed-race individuals face in the United States. With proper research, it would be more comforting and conclusive to American mixed-race citizens to see their plastered statistics for offerings of healing rather than the individuals feeling too peculiar for worth of reaching out. James illustrates that "it seems like an issue that nobody comments on." James feels the exposure of mixed-race suppression even as a monoracial being inhabiting the sympathy of his biracial children. A molecular hidden finding of my qualitative research also unveiled mixed-race insecurity in terms of speaking out. An individual who I'll call Anne Patterson (she harbors biraciality) spoke with me for two hours while crying about the trauma-inducing American society she immigrated to. A couple of days later, Patterson emailed me wishing to no longer be qualitatively included in my research. Naturally enough, I fully understood Anne's request and it opened up a new aspect as to why there is little to no research regarding mixed-race eating disorder research as such sensitivity can feel sacred even in suffering.

Mixed-race individual's health disparity patterns

The American mixed-race population's apprehensions of being left out is no longer a mere intangible feeling. The lack of eating disorder study to a group who suffers from them most is tangibly unseen. It is now critical to suggest that patterns of eating disorder prevalence would show as, "observing few health disparities between the multiracial and the majority non-Hispanic white population may portend a narrowing of health disparities as races continue to blend," (Bratter and Gorman). Statistically, the healthcare field suppresses mixed-race eating disorder implications and is just beginning to examine the emergence of disparities which encode a pertinent pattern. Though it is not uncommon for the average American family to eat from a plethora of cultures and continents, the mixed-race dietary lifestyle is perceptually different. This can be illustrated empirically as 100-percent of my survey participants who all reported biraciality eat more than one continental food at least sometimes. 87.5-percent of respondents consecutively switch their eating patterns based on their biraciality. Psychologically examining such spectral things as blended race and the synthesization with sensitive phenomena such as eating disorders is admittingly difficult to do. One biracial participant, who I'll refer to as "Anon," explained how there is a distinct connection to "being biracial" and "eating healthy and maintaining health." The sensitivity or seemingly overall unimportance of a certain statistical study is never a reason, especially not an American one, to be suppressed from society as to uninclude is to suppress. The "multiracial "identity gap" plays out in distinctly different ways in different mixed-race groups," (Parker, Horowitz, et al.). The vastness of effects may have previously created the illusion that mixed-race eating disorders were fictitious. Mixed-race individuals can acknowledge the health disparity rooted in them but see no dire necessity to change. Another survey participant, who I'll name "Anon Two," recognizes how they have "not been eating properly" even though they are taking care of themselves to the "best of" their "ability." Inward feelings and outward expression of behavior is also a noticeable contender when noting psychological processes of multiracial and biracial eating disorders. Anon suggests that they struggle with how they "need to act" with "specific people." Food is a staple when it comes to interactions and relationships.

Such facades and differential behavior can impact the way one internalizes food psychology.

Maybe mixed-race misrepresentation is a fallacy?

One may outwardly deny (regardless of background) the assertion of mixed-race individuals being highly susceptible to eating disorders. Although this uninformed conjecture only arises because of its lack of professional and reliable study in America. It can also be delineated from similar articles about different issues regarding mixed-race individuals and health in America, but the phenomenon stems directly from eating disorders and nothing robustly relative. Research suggests that mixed-race individuals and the study surrounding them to be inconclusive because of the lack of sufficient data. With definitive research, this stigma could be broken down entirely. In mixed-race research, qualitative means of gathering data outshines quantitative measures and "despite these insights on racial disparities, the place of multiracial persons remains elusive," (Bratter and Gorman). The recent American inclusiveness of mixedrace individuals, research still falls behind. Mixed-race individuals being most susceptible to developing eating disorders may seem outlandishly far fetched on the surface. The refuting idea that maybe with the paths to well-rounded food cultivation may come to mind. Wouldn't the mixed-race community be more prone to a stable food life? Quite the opposite, actually. The stereotypes which loom around a mixed-race individual's phenotype are destructive to the mind.

"Both, not half."

Fullness should not determine an individual's esteemed worth. The notion of quantifying an individual has become that of an odd social construct which should be demolished to relieve individual insecurity. Jassa Ahluwalia, who is racially White and Asian-Indian, evokes cognitive dissonance with his analytically enlightening TedTalk, "Both Not Half: How language shapes identity." Although most of the statistical sentiments I explain are exclusively applicable to the United States, Western society is not held to much of a higher standard. Many mixed-race individuals can immediately resonate with Ahluwalia explaining how it "never occurred to me that by identifying as half I was opening myself up to accusations of not being enough," (Ahluwalia 5:10-5:24). There is something about

being half of something that suddenly changes worthiness, this directly corresponds with the theme of minimal mixed-race eating disorder research. Ignored individuals are bound psychological tragedies. Ahluwalia acknowledges food being the center of most things, enhancing my findings of multiracial and biracial insecurity.

- 9. Statistical and sociocultural resolution
- 10. Resolving the gap of research in the name of advancement studies within the United States is critical to not only the mixed-race population, but the American population. Understanding each and every psychological, social, and statistical aspect of eating disorders and who they predesposidly affect most collaterally advances thoroughness and sociopolitical progressiveness in a society. Thankfully, the exponential mixed-race eating disorder emergence can be effortlessly combated with the population growth. Quantitative and qualitative research is readily available for future study and documenting. The fruition of eating disorder research within the American mixed-race group will turn over the ignored soiled leaf and encourage outreach.

Conclusion

11. Constructing an environment where eating disorder statistical inclusivity to all is presently convenient is critical for a thriving society, especially to those who are subject to the development of eating disorders. Food behavior is the center of cultural and political being. Even the most seemingly specific of people or things must be resolved and woven back into society for a fuller understanding and flourishing interactive environment. The relationship with American society and the mixed-race community is tainted with vulnerabilities as America continues to ostracise and suppress potential healing. Liberating stigmas, prejudice, and hindsight bias is restorative for American vitality.

Glossary

Autoethnography: qualitative research involving the self analysis regarding social, cultural, and philosophical entities

Biracial: individuals regarding or having two racial or ethnic groups.

Disparity: a vast difference.

Eating Disorders: the range of psychological disorders determined by abnormal or disrupted eating habits (such as bulimia nervosa.)

Gentrification: the pushing out of a marginalized group for a more accepted set of individuals.

Ignorance: the gap of knowledge or acknowledgment.

Intersectionality: the nature of interconnectedness of certain social groups, like race, which coincides with single systems of discrimination of disadvantage.

Multiracial: individuals regarding or having several (3 or more) racial or ethnic groups.

Phenomenon: a situation that is observed, specifically one whose cause or explanation is in question.

Phenotype: the observable characteristics of an individual.

Pseudonym: a name that is not real assigned to a real person for the purpose of anonymity.

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Appendix

Micheal James Interview

- Why did you consider your kids to be bicultural rather than biracial?
- How is food culture in the Dominican Republic versus the United States?
- I know your kids are young, but how do you feel their identity will grow plus their relationship with food (being that they have two diverse backgrounds)?
- What types of food are eaten in your household? Do you incorporate both American and Dominican food?
- Is there a specific reason as to why you and your family live in the Dominican Republic and not the United States?
- Living in the Dominican Republic, do you foresee your biracial children having problems with identity and food?

Survey Questions

Please select which demographic you fit into below:

- 2 races/ethnicities (biracial)
- 3 races/ethnicities (tri-racial)
- 4 + more races/ethnicities

Have you ever in your life felt "out of place" or confused (identity wise) due to your mixed race?

- Yes
- No
- Sometimes

In your household, do you eat more than one food from different cultures/continents?

- Yes
- No
- Sometimes

Sophie L. Bates 11

About how many different continental/national dishes do you eat in your household?

- 1-2
- 3-4
- 4-5
- 5+

Do you find it difficult searching & finding content to your specific heritage and issues relating to health, diet, and sociality?

- Yes
- No
- Sometimes

Is having a multi/biracial identity something you take pride in?

- Yes
- No
- Sometimes

Do you categorize yourself as phenotypically mirroring your race/ ethnicity? (Do you look like what your race/ethnicity is)

- Yes
- No
- Sometimes

Have people in the past (and/or) still made comments about the way you look solely due to your mixed-race?

- Yes
- No
- Sometimes

Do you find it difficult to express your likes in your cultural food within your relationships/aqquantances?

- Yes
- No
- Sometimes

Do you find it difficult to express your likes in your cultural food within your relationships/aqquantances?

- Yes
- No
- Sometimes

How is your relationship with your health, self-image, and outward relationships? (Please explain to the best of your ability.)

Instructor: Katherine Hall, Ph.D. (Instructor)

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