Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

12-16-2025

In-Depth Understanding of Binge Eating Behavior Among African American Women

Maria Ramia Dibbs
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Maria Ramia Dibbs

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Katarzyna Holloway, Committee Chairperson, Counselor Education and Supervision Faculty
Dr. Rachel Dilts, Committee Member, Counselor Education and Supervision Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

Abstract

In-Depth Understanding of Binge Eating Behavior Among African American Women

by

Maria Ramia Dibbs

M.S., University of Louisiana, Lafayette, 2010

B.A., University of Louisiana, Lafayette, 2006

B.S., Lebanese American University, 1994

Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

November 2025

Abstract

Counselor educators lack an in-depth understanding of the unique needs and experiences of African American women with binge eating behavior, leading them to be ill-equipped to train counselors to meet these culturally specific needs. The purpose of this study was to illuminate the lived experiences of African American women with binge eating behavior. This qualitative study included a transcendental phenomenological approach and was focused on the lived experiences of this population. Semistructured interviews with eight African American women with binge eating behavior were conducted and analyzed. The results of this study revealed that stress is a precursor to binge eating behavior and that African American women were aware of their emotions during the binge episodes. The results also showed that binge eating behavior is a manifestation of an unresolved internal struggle embedded within multilayered problems, with reports of overoccupation with body image. More findings unveiled the barriers to seeking counseling despite African American women's inability to satisfy the urge to binge and their need to be heard and understood. Future research should focus on relating the specifics of the different forms of stress to the culture at large and illuminating body image dissatisfaction as a function of cultural beauty ideals. Exploring traumas as part of the internal struggle is a future research topic worth exploring to understand their impact on binge eating behavior. This study contributes to social change by providing counselor educators with an in-depth contextualized knowledge about African American women's struggle with binge eating, suggesting the importance of adapting counseling theories and modalities based on the racial minority worldviews and unique needs.

In-Depth Understanding of Binge Eating Behavior Among African American Women

by

Maria Ramia Dibbs

M.A., Counselor Education; University of Louisiana, Lafayette, 2010

B.A., Sociology; University of Louisiana, Lafayette, 2006

B.S., Business Management; Lebanese American University, 1994

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

November 2025

Dedication

I dedicate this work to my husband and children for their unwavering love, dedication, and diligence. What motivates me to finish this work is joining you all in your hard work and patience in reaching your goals. Let us always stay in touch with our feelings and remain purposeful for a fulfilling life. Above all, I dedicate this work to my participants, whose time and effort are immensely appreciated, as their lived experiences are valuable, and their voices deserve to be heard and understood.

Acknowledgments

First and foremost, I would like to begin by thanking God for granting my family and me health and strength to pursue our academic and professional journeys. I thank my parents, who taught me self-discipline, and my husband, Michael, who taught me the meaning of faith, sacrifice, and perseverance. Above all, I thank my children, Tracey and Mark, whose endless love, support, and joyfulness led me to find joy in simplicity. You are my sunshine. I would also like to thank my siblings and all my close family members for teaching me what matters and setting the stage for new beginnings. Ultimately, I extend my profound gratitude to Dr. Katarzyna Holloway, my first Committee Chair and methodologist, and Dr. Rachel Dilts, my second Committee member and content specialist, for their patience, guidance, and countless revisions. Your constructive feedback eased the journey and added insight into the value of scholarly work, fostering a love and appreciation of research.

Table of Contents

Chapter 1: Introduction to the Study 1

Background 1

Problem Statement 3

Purpose of the Study 4

Research Question 4

Theoretical Framework for the Study 4

Nature of the Study 6

Definitions 8

Assumptions 10

Scope and Delimitations 11

Limitations 12

Significance 12

Summary 14

Chapter 2: Literature Review 15

Literature Search Strategy 15

Theoretical Framework 15

Literature Review Related to Key Variables and/or Concepts 16

BED Among African American Women 21

Psychosocial Risk Factors 22

Summary and Conclusions 43

Chapter 3: Research Method....................45
Research Design and Rationale....................45
Role of the Researcher....................48
Methodology....................50
Participant Selection Logic....................50
Sampling Criteria....................51
Recruitment....................52
Instrumentation....................53
Procedures....................54
Data Analysis Plan....................57
Issues of Trustworthiness....................63
Credibility....................63
Transferability....................64
Dependability and Confirmability....................64
Ethical Procedures....................65
Summary....................65
Chapter 4: Results....................67
Introduction....................67
Setting....................67
Demographics....................68
Data Collection....................68
Findings....................69

Themes 71
Illustrated Themes 72
Theme 1: Stress as a Precursor To Bingeing 72
Theme 2: Ownership Of The Emotions And A High Level Of Self-
Awareness During The Episode.. 74
Theme 3: Binge Eating As A Manifestation Of Internal Struggle, Filling A
Void Or An Emptiness.. 76
Theme 4: Over Occupied With Weight Gain And Body Image As An
Added Stress 78
Theme 5: Binge Eating As Part Of A Multilayered Problem 79
Theme 6: Barriers To Counseling Despite The Need For Support During
Binge Eating Behavior.. 80
Theme 7: Seeking Meaningful Help With The Need To Be Heard And
Understood.. 81
Theme 8: Environmental And Emotional Factors Played A Role In The
Development And Maintenance Of Binge Eating 83
Theme 9: Inability To Satisfy The Urge To Binge 84
Theme 10: Binge Eating Behavior Taking Over One's Life 85
Theme 11: A Feast-Like Episode Marked With Conflicting Emotions 86
General Narrative 87
General Description 92
Connection to the Theoretical Framework 95

Validity and Reliability....96
Credibility.... 96
Transferability.... 97
Dependability.... 97
Confirmability.... 98
Summary....98
Chapter 5: Discussion, Conclusions, and Recommendations....99
Introduction....99
Interpretation of the Findings related to the literature....100
Negative Affect.... 100
Description of a Binge Episode.... 101
Body Image.... 104
Unique Barriers to Counseling that African American Women Face.... 106
Cultural Considerations.... 107
Limitations of the Study....108
Recommendations....109
Recommendations for Future Research.... 109
Recommendations for Counselor Educators:.... 110
Social Change Implications....111
Conclusion....112
References....114

Appendix A: Email To The Contacts Of Treatment Centers, Support Groups, And Other Entities 126
Appendix B: Flyer..127
Appendix C: Interview Script 128

List of Figures

Figure 1. Themes 72

Chapter 1: Introduction to the Study

Background

Binge eating disorder (BED) is an eating disorder defined by patterns of binge eating episodes in which individuals experience a loss of control over what or how much they can eat in a short period of time (American Psychiatric Association [APA], 2013). Other diagnostic criteria of BED include eating rapidly large amounts of food with the absence of physical hunger; an additional criterion entails eating alone due to feeling embarrassed by the excessive food intake (APA, 2013; Glamiche et al., 2019; Goode et al., 2019). This maladaptive pattern of eating occurs at least once a week for 3 months and is associated with marked distress; individuals diagnosed with BED report feeling guilty, shameful, and disgusted with themselves after each binge episode (APA, 2013). Another important feature of BED is the absence of any compensatory behavior, such as purging for the purpose of losing weight, as is the case in bulimia nervosa (APA, 2013; Glamiche et al., 2019).

BED is the most common eating disorder in the United States, is associated with psychiatric comorbidity, and can lead to major impairment without culturally responsive interventions (APA, 2013; Goode et al., 2022; Longmine-Avital & Finkelstein, 2022). BED affects women and men, and it is highly prevalent among women with various ethnicities and backgrounds (Udo & Grilo, 2018). Specifically, BED has a negative effect on African American women, in which there are unique factors that contribute to this impact that warrant further exploration. In this study, I examined the lived experiences of

African American women with BED and on those who exhibit binge eating behavior, to further explore the risk factors associated with its onset.

Many researchers studied the risk factors that contribute to the development of BED among individuals and examined several behavioral interventions, psychotherapy, and psychoeducation to reduce its symptoms (Glamiche et al., 2019; Goode et al., 2019). Understanding the individuals' affect before each binge episode remains an important aspect in understanding the development and the course of BED. My main focus in this study was understanding the meaning-making process of African American women's experiences during the episodes of binge eating and describing the affect and cognitions related to these episodes.

In terms of the risk factors associated with BED, the existing research indicates that sociocultural factors such as acculturative stress are contributing to the maintenance of BED among African American women (Ross & Gipson-Jones, 2018). Acculturative stress is a specific cultural stressor in which African American women tend to reject the dominant cultural ideals of thinness and adopt their own unique values and beliefs about body ideals (Ross & Gipson-Jones, 2018; Scott et al., 2019; Talleyrand et al., 2017). This protective mechanism against the dominant White culture has perpetuated the maladaptive pattern of binge eating, leading to a higher level of obesity among African American women (Goode et al., 2019; Ross & Gipson-Jones, 2018; Scott et al., 2019). Additional risk factors that contribute to the development of BED are embedded in different forms of microaggressions and discrimination that have negatively influenced the mental states of African American women (Assari, 2018; Scott et al., 2019). Further

exploration of these factors was my main goal for this study, and I gained a better understanding of the lived experiences and the constructed reality of my participants with the purpose of ensuring that their voices are heard.

Problem Statement

BED is the most common eating disorder among African American women, with a 5% prevalence rate and a high rate of concurrent mood disorders that negatively affect their well-being and warrant counseling (Mama et al., 2015; Ross & Gibson-Jones, 2018; Scott et al., 2019). Despite their need to seek counseling, African American women find it difficult to share their beliefs, challenges, and behaviors related to BED or binge eating behavior with their counselors, as there is a lack of trust due to a history of racism and oppression (Ross & Gipson-Jones, 2018; Scott et al., 2019). The lack of culturally adaptive training among counselors is contributing to this mistrust, which can adversely affect the therapeutic alliance and outcome and can negatively influence African American women's participation in treatment (Scott et al., 2019).

The problem is that counselor educators do not have an in-depth understanding of the unique needs and experiences of African American women with BED or with binge eating behavior, leading them to be ill-equipped to train counselors to meet these culturally specific needs. These unique experiences are embedded in specific psychosocial stressors such as personal, familial, cultural, and different forms of microaggression and discrimination that African American women with BED encounter (Assari, 2018; Goode et al., 2020; Longmine-Avital & Finkelstein, 2022; Ross & Gipson-Jones, 2018; Scott et al., 2019). Also, these stressors indicate the need for treatment, but

require counselors to be trained to be culturally responsive to be able to serve African American women with BED or with binge eating behavior (Goode et al., 2020; Scott et al., 2019). Accordingly, gaining an in-depth understanding of the lived experiences of African American women with BED or binge eating behavior will help counselor educators to be equipped to train counselors to meet the specific needs of their clients.

Purpose of the Study

The purpose of this transcendental qualitative phenomenological study was to illuminate the experiences of African American women with binge eating behavior. By conducting Zoom videoconferencing interviews with my participants, I was able to describe the phenomenon of experiencing episodes of binge eating and illuminate my participants' experiences during these episodes. As a result of this study, counselor educators can better understand how African American women experience these episodes with the purpose of training counselors to meet their clients' culturally specific needs.

Research Question

I answered the following question in this study: What are the lived experiences of African American women with BED or binge eating behavior during their binge eating episodes?

Theoretical Framework for the Study

The theoretical framework I followed in this study was Edmund Husserl's transcendental phenomenology, which entails focusing on the pure being as the main premise of this philosophical framework (Faurot, 2022). Edmund Husserl, a German philosopher, proposed the natural attitude as a lens to understand the world and as a

foundation for the knowledge of the whole reality (Husserl, 1977). This reality lies within the centrality and entirety of the lived experience understudy (Beck, 2021; Faurot, 2022). I followed Husserl's (Husserl, 1977) philosophical underpinning to explore the rich lived experiences of my participants during their binge eating episodes, while maintaining the centrality of their experiences (Beck,2021; Faurot, 2022). Phenomenology is a philosophical perspective that describes the essence of a pure experience (Husserl, 2013). Further, transcendental phenomenology is based on the construct of bracketing, which involves focusing on the present experience without any interference from the outside world (Faurot, 2022; Peoples, 2021; Pula, 2022). This interference is embedded in the researcher's biases and judgment, which impede understanding of the present experience, suggesting that researchers should assume a not-knowing stance to reach a new level of understanding (Peoples, 2021). According to Husserl, horizon is reaching a new level of comprehending the entirety of the lived experience to get close to the pure essence of this experience and its meaning (Husserl, 2013). The premise is based on being intentional in suspending any personal judgment during the data analysis phase, to facilitate the process of grasping the meaning-making process of this essence in its transcendental subjective state (Husserl, 1977).

Husserl defined transcendental as a philosophical concept that conveys examining the result of the bracketing process, specifically looking at what is absolute and not what is worldly or mundane (Davidson & Solomon, 2010). Additionally, transcendental phenomenology involves an understanding of reality and a description of the complexity of the essence of the subjective experience (Pula, 2022). Furthermore, being intentional

in adopting a fresh and non-judgmental attitude facilitated crafting interview questions that helped participants explore the essence of their experiences and allowed them to ground their experiences within their consciousness, which is distinct from their ego (Husserl, 2013). This ego is reflective in its nature and facilitates the process of reconnection with oneself, leading to a new understanding of the meaning of the experiences (Peoples, 2023).

Nature of the Study

In this study, I gained an understanding of the lived experiences of African American women with BED and binge eating behavior, illuminated their struggles, and provided an in-depth analysis of the mental states that preceded each binge episode. Accordingly, and in terms of the nature of the study, I followed the qualitative transcendental phenomenological approach. The qualitative design, with its constructivist, emergent, and flexible nature, was an appropriate approach to answer my research question and achieve the purpose of the study (Lewis-Beck et al., 2004; Salkind, 2010).

The constructivist nature of the qualitative design entails that reality is generated through social interaction (Salkind, 2010). I established a professional relationship with my participants during the semistructured Zoom audio conferencing interviews to facilitate the creation of these constructed narratives and subjective realities (Patton, 2015; Salkind, 2010). Further, by following the constructivist approach, I was able to pay close attention to the specifics of these narratives to build on the meaning of eating pathology (Dastan et al., 2020; Peoples, 2023; Salkind, 2010). BED, the phenomenon of

interest in this study, is a complex abnormal eating pattern concurrent with marked distress and comorbid with somatic and psychiatric conditions requiring an in-depth understanding and synthesis of its development (APA, 2013; Goode et al., 2019). Consequently, one of the major strengths of the qualitative design lies in exploring BED as a real-life problem through observation and interviewing, leading to a creative synthesis of this problem (Lewis-Beck et al., 2004).

As for the emergent nature of a qualitative design, it is based on the constructed reality, allowing new findings to unfold to shape the research question and the data analysis process (Patton, 2015; Salkind, 2010). For example, by adopting a flexible and not-knowing approach reflected in my openness to new findings and details, I ensured my readiness to provide further in-depth understanding of my participants' lived experiences. In addition, the emergent approach, as a major tenet and a strength of qualitative research, entails that I adopted a high level of tolerance and ambiguity to the complexity of BED and appreciation for the cultural meaning of each woman's struggle with eating pathology (Lewis-Beck et al., 2004; Patton, 2015). This ambiguity reflects the transcendental phenomenological philosophical underpinning that shaped the data collection and thematic analysis. Further, my topic did not require statistical inferences; rather, it required a pragmatic approach and a rich description of African American women's subjective realities (Verma & Avgoulas, 2015). Accordingly, the qualitative inquiry seemed more appropriate than the quantitative approach for the in-depth exploration of my participants' lived experiences. Moreover, these realities keep evolving within the framework of the cultural identity of my participants in an inductive approach

that will guide me to generate theories about BED among African American women (Salkind, 2010). The strength of this feature is that it reflects the researchers' appreciation of the diversity of human experience and shows their willingness to decipher the cultural meaning of this experience in its entirety (Lewis-Beck et al., 2004; Ravitch & Carl, 2016).

I used the transcendental phenomenological philosophical underpinning as the methodology of this study. This methodology acted as a lens for understanding how African American women make sense of their experiences and for reaching the essence of these experiences (Lewis-Beck et al., 2021; Peoples, 2023). One of the major strengths of this method is its alignment with qualitative research. For example, by suspending my judgment and providing a professional environment with my participants, I was able to reach the pure essence of the phenomenon of BED (People, 2021). Moreover, the transcendental phenomenological methodology entails intentionality in suspending any personal interpretation to ensure understanding the entirety of African American women's experiences with binge eating (Husserl, 2013). This is essential while I manually coded the responses of my participants' struggles during the data analysis process, as it guided me to focus on the absolute reality of their experiences and on the pure being of their struggles (Beck, 2021).

Definitions

Key terms and definitions of major concepts in the study:

Binge eating disorder (BED): An eating disorder characterized by eating rapidly in a short period of time, a large amount of food till feeling uncomfortably full (APA,

2013; Goode et al., 2022). Other diagnostic features include loss of control, as a major criterion, and recurrent binge eating episodes with the absence of any compensatory behavior such as purging or the use of laxatives for the purpose of losing weight.

Bulimia nervosa (BN): An eating disorder marked by recurrent episodes of binge eating followed by inappropriate compensatory behavior for the purpose of losing weight (APA, 2013; Marino & Gaydusk, 2017). These compensatory behaviors include self-induced vomiting, misuse of laxatives or diuretics, fasting, or excessive exercise that are driven by occupation with body weight and body image (Marino & Gaydusk, 2017).

Anorexia nervosa (AN): An eating disorder in which individuals diagnosed with AN experience severe restriction of food intake, have intense fear of gaining weight, are underweight, and lack self-awareness of the intensity of their symptoms (APA, 2013).

African American women: Women who self-identify as Black or indicate their race as Black or African American.

Lived experience: A pre-reflective human experience that describes life events that are particular and unique to the individual (Peoples, 2021). It is often difficult to summarize or paraphrase these experiences as they embody highly subjective meaning that are essential for understanding these experiences.

Acculturative stress: A term coined to describe minority groups' struggles while adapting or assimilating to the dominant culture (Jackson, 2006). It is a complex process and involves individuals' racial or ethnic identity and their inability to cope with the challenges of adapting to the dominant cultural ideals or the stress of rejecting these ideals (Jackson, 2006).

Bracketing: It is a conceptual process proposed by the philosopher Edmund Husserl that requires qualitative researchers to suspend any personal biases or judgments while describing a phenomenon understudy (Peoples, 2021).

Transcendental phenomenology: A philosophical underpinning that entails looking at the pure essence of an experience or a phenomenon and involves being intentional in understanding this experience in its absolute state (Davidson & Solomon, 2010).

Assumptions

There were three underlying assumptions that were associated with this study. First, I assumed that my participants contributed to my study by willingly devoting time to participate in the semistructured Zoom audio conferencing interviews. Additionally, my participants who were fully aware of their binge eating behavior, had experience with binge eating symptomatology, and were ready to share their lived experiences with me. Further, I assumed that my participants identified themselves as African American females and were honest in this identification and in sharing their thoughts and feelings about their experiences. To facilitate their participation, I fulfilled my professional and ethical obligations by providing a safe environment for my participants to share their struggles (Ravitch & Carl, 2016). This environment was built on trust, appreciation, and utmost respect for the confidentiality of my participants; nonetheless, it would be challenging for me to verify the accuracy of these experiences. The second assumption involved reliance on my effort to craft open-ended interview questions that were aligned with the purpose of my research study. Further, these questions were based on the

transcendental phenomenological approach as the theoretical framework of my study. Accordingly, I wrote the interview questions on the premise of a participant-centered approach to elicit thick details and descriptions needed to gain insight into the essence of their lived experiences with BED or binge eating behavior. Last, I assumed a not-knowing stance in terms of setting aside any biases that could impede understanding the essence of my participants' experiences. This stance is based on Husserl's bracketing notion that entails suspending the researchers' judgment to facilitate an in-depth understanding of the entirety and essence of the experiences under study.

Scope and Delimitations

The scope of this study was limited to understanding the lived experiences of African American women with BED or binge eating behavior, as they are the least represented in research despite the high prevalence of this eating disorder among them. Accordingly, exploring this problem gave African American women's struggle representation and enhanced treatment access targeted to improve the lives of this population. This scope was aligned with the purpose of the study, which was to illuminate their experiences with BED or binge eating behavior and inform counselor educators about the need for culturally responsive treatment plans. Understanding this need will help counselor educators train counselors to be attentive to the specific needs of African American women with binge eating behavior. Hence, the scope of this study was limited to only African American women who are above 18 years of age with BED who meet the diagnostic criteria, which includes those with a formal diagnosis and those with no such diagnosis, including those who exhibit binge eating behaviors, as the only

participants who informed my research question. I did not include participants under that specified age, and did not include women from other racial or ethnic groups, to fully understand all the dimensions of this problem. Additionally, I followed the transcendental phenomenological theoretical framework as the only framework, as it sufficed in gaining an in-depth understanding of my participants' lived experiences (Peoples, 2021

Limitations

While the findings of this study brought novel contributions to the existing literature about African American women's lived experiences with binge eating behavior, certain limitations should be taken into consideration. The first limitation is the small sample size of my participants, in which the results might not be indicative of all African American women with BED (Patton, 2015; Ravitch & Carl, 2016). Another limitation was the reliance on my participants' self-reports of their heights and weights. The third limitation was the inability to transfer the results of the study to other populations, contexts, or situations, as these results are limited and specific to African American women (Ravitch & Carl, 2016).

Significance

The main significance of this study was the focus on African American women as a marginalized group struggling with the pathology of BED. By addressing the negative impact of BED on the lives of African American women, I brought further knowledge and awareness about their problem among researchers in the counseling field. The specificity of the lived experiences of this population is needed to inform counselor educators about the urgent need for culturally responsive treatment plans (Lin et al.,

2022). The findings of this study informed theory and practice in the counseling field about the importance of adapting counseling theories to meet the needs of African American women with binge eating behavior. The rich description of my participants' narratives and the thematic analysis guided counselor educators in assisting counselors in adopting culturally sensitive counseling skills. Additionally, the significance of the results of this study was that they will capture psychosocial risk factors associated with each of my participants' lived experiences with BED. These experiences include duration of the disorder, prior treatment history, acculturative stress, socioeconomic status, availability of food, and any other emerging factors contributing to the onset and development of BED (Goode et al., 2019; Lin et al., 2022; Ross & Gipson-Jones, 2018).

Another major significance of this study was its contribution to positive social change as an important element of scholarly work. By addressing African American women as a racial minority group, I am ensuring that their voices are being heard and bringing knowledge about the severity of their symptoms. Further, the existing literature about the symptomatology of BED among African American women indicates that BED presents differently, suggesting that more research is needed for an in-depth understanding of the unique challenges (Lin et al., 2022; Scott et al., 2019; Talleyrand et al., 2017; Wilfred & Lundgren, 2021). This understanding is culturally contextualized and intended to bring awareness about my participants' struggles to enhance multicultural practice in the counseling field and to bring further knowledge to other scholars and to the public about this particular problem.

Summary

In the above introduction, I presented Chapter 1 of my dissertation, which is a preliminary outline of my research study. I started with an overview of my topic, in which I elaborated on the development of BED among African American women and gave a background that would facilitate understanding of all the elements of my study. Then, I discussed the problem and purpose statements, research question, and the theoretical framework that I will follow. Next, I explained the nature of my research study, the assumptions, scope, and delimitations, and concluded Chapter 1 with a brief overview of the limitations. What follows is Chapter 2, which is an extension of this first chapter but with more emphasis and elaboration on the analysis of the existing literature in relation to my topic.

Chapter 2: Literature Review

Literature Search Strategy

My literature search strategy involved advanced search in the Walden University library databases and other academic databases such as EBSCOHost, Google Scholar, ProQuest, PsycArticles, PsycBooks, PsycExtra, PsycInfo, PubMed, Sage Knowledge, Thoreau, and UpToDate. The keywords that I used in my search were: *Binge eating disorder, African American women, binge episodes, the prevalence of binge eating disorder, sociocultural stressors, beauty ideals, coping skills, culturally sensitive interventions, unique challenges, cultural considerations,* and *multicultural practice.*

Theoretical Framework

I grounded this study in Edmund Husserl's transcendental phenomenology approach, as the theoretical framework, which posits examining the essence of the phenomenon under study without any prior assumptions or judgments (Husserl, 1977). According to Husserl, transcendental phenomenology is based on the construct of bracketing, which involves focusing on the present experience without interference from the outside world (Husserl, 1977). This interference is embedded in the researcher's biases and judgment that impede understanding the present experience, suggesting that researchers should assume a not-knowing stance to reach the horizon. According to Husserl, horizon is reaching a new level of comprehending the entirety of the lived experience to get close to the pure essence of this experience and its meaning (Husserl, 2013). This is relevant when analyzing the psychosocial stressors that African American women encounter and in gaining insight about the meaning-making process behind their

lived experiences. This relevance solidifies the need for counselors to assume the bracketing process to ensure that the essence of African American women's lived experiences with BED or binge eating behavior is heard and understood in the counseling session. Husserl defined transcendental as a philosophical concept that conveys looking at the result of the bracketing process at what is absolute and not what is worldly or mundane (Husserl, 1977; Husserl, 2013). Grounding this study within Husserl's theoretical framework facilitated gaining an in-depth understanding of my participants' lived experiences with the aim of informing counselor educators to be equipped to train counselors better to understand the needs of African American women with BED.

Literature Review Related to Key Variables and/or Concepts

According to the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (APA, 2013), BED is an eating and psychiatric disorder that is characterized by recurrent episodes of binge eating that occur at least once a week for 3 months. Each binge episode is defined as eating a relatively large amount of food in a discrete period of time and experiencing a sense of lack of control over when to stop eating or over the amount of food ingested (APA, 2013; da luz et al., 2023). Each binge episode is also characterized by three or more of the following five criteria: (a) eating excessively quickly; (b) eating until an individual feels uncomfortably and painfully full; (c) eating large amount of food with the absence of physical hunger; (d) eating alone as individuals diagnosed with BED feel embarrassed by the amount of food ingested; (e) feeling disgusted and guilty at the end of the binge episode (APA, 2013). To meet the diagnostic criteria of BED, binge episodes must occur at least once a week for a minimum of 3

months, along with meeting at least three of these mentioned five criteria (APA, 2013; Chao et al., 2019). Other clinical diagnostic criteria include the presence of distress during the binge episodes and the absence of compensatory behavior such as purging, as is the case in bulimia nervosa (APA, 2013; da luz et al., 2023). Unlike other eating disorders, such as bulimia nervosa and anorexia nervosa, BED does not include the diagnostic criteria of overevaluation of weight and shape (Giel et al., 2022). The mean age for the onset of BED is 20 to 25 years, and it is very common in adolescents and college students. It is concurrent with somatic and psychological disorders particularly cardiovascular and metabolic disease, hypertension, diabetes, and tobacco consumption (Chao et al., 2019). Psychiatric comorbidity includes bipolar and depressive disorders, anxiety, and substance use disorders, and this comorbidity negatively affects the quality of life of individuals with BED, leading to functional impairment (APA, 2013; Chao et al., 2019).

Generally, an episode of binge eating is characterized by eating within any 2-hour period an objectively large amount of food that is larger than any typical amount that could be ingested within the same timeframe under the same conditions (Marino & Gaydusek, 2017). During this episode and while experiencing loss of control, individuals with BED typically binge on diet-restricted foods such as pizza, ice cream, and chocolate (APA, 2013; Chao et al., 2019). Individuals with BED may start the episode of binge eating in a particular setting and continue bingeing in a different one, and it is worth noting that grazing or snacking throughout the day is not a diagnostic criterion of BED (APA, 2013; da luz et al., 2023; Marino & Gaydusek, 2017). Moreover, individuals with

BED feel embarrassed and ashamed of their binge eating behavior and try to conceal it by eating alone (APA, 2013; Marino & Gaydusek, 2017).

Additionally, each binge episode is designated by a level of severity, which is denoted as mild (one to three binge eating episodes per week), moderate (four to seven binge eating episodes per week), severe (8 to 13 binge eating episodes per week), or extreme (14 or more binge eating episodes per week; APA, 2013; Chao et al., 2019; Marino & Gaydusek, 2017). The severity of these symptom criteria depends on the frequency of the binge episodes, the degree of impairment, and the individual's affect before each episode (APA, 2013; Scott et al., 2019).

It is reported that African American women, as the group of interest in this study, report more severity of these symptom criteria in terms of higher frequency of binge episodes than their White counterparts (Mama et al., 2015; Scott et al., 2019). Despite the severity of their symptoms, African American women diagnosed with BED are reluctant to seek treatment due to the lack of understanding of the psychosocial influences that shape their unique binge eating experiences with BED (Scott et al., 2019). Accordingly, to be able to better understand the lived experience of African American women diagnosed with BED, it is necessary to explore these influences and the clinical symptoms that they experience during each binge episode to ensure that they are heard in their counseling sessions.

Etiology

While the cause of BED is still unclear, many researchers have indicated that neurobiological risk factors may help understand its etiology (Feng et al., 2023; Giel et

al., 2022). To illustrate, neuroimaging of regions of the brains of individuals with BED revealed distinctive neural activation associated with dysregulated dopamine signaling (Giel et al., 2022). Dopamine is a neurotransmitter responsible for the regulation of hunger and satiety, and many studies revealed that dysregulation in dopamine neural signaling activity enhanced food craving that drives binge eating (Feng et al., 2023; Giel et al., 2022). According to Yu et al. (2022), dysregulated or fluctuation of dopamine level in terms of increase or decrease is not fully determined. Nonetheless, the authors delineated that the detected change in dopamine activity, whether it was an increase or a decrease in its level, has negatively affected executive functioning in the brain. Yu et al. added that these executive functions include the inability to control food craving and impulsivity, which are responsible for the loss of control, a major diagnostic criterion in BED. Moreover, many researchers hypothesized another biomarker for BED etiology, which entails altered communication between the brain and a gastrointestinal secreted hormone named ghrelin (Feng et al., 2023; Giel et al., 2022). This altered communication is associated with hunger stimuli and impulsive behavior in terms of regulating food intake, which contributes to the onset of binge eating (Giel et al., 2022). Understanding the etiology of BED presents a comprehensive understanding in terms of physiology to gain insight into its development and maintenance. This understanding informs counselor educators when training counselors to provide treatments that are evidence-based and culturally adaptive to ensure empathy that can enhance the therapeutic outcome when working with African American women with BED.

Prevalence of BED

It is estimated that BED is the most common eating disorder in the U.S., with a lifetime prevalence of 2.8 % according to a nationally representative sample of U.S. adults (Hudson et al., 2012; Udo & Grilo, 2018). BED is two times more prevalent among U.S. adults than anorexia nervosa and bulimia nervosa combined, with 0.62 % compared to 0.12 % for anorexia nervosa and 0.19 % for bulimia nervosa, according to recent statistical analysis (National Eating Disorder Association [NEDA], 2021; Statista, 2023). In addition, BED is prevalent among women, with an estimated 3.5 % of women developing BED during their lifetime compared to 2 % men (NEDA, 2021; Udo & Grilo, 2018). Moreover, BED is highly prevalent among racial and ethnic minority women, as 5% of African American women are diagnosed with BED in comparison to 2.3 % of Latina women (Goode et al., 2019; Longmine-Avital & Finkelstein, 2022; Mama et al., 2015). This high prevalence among African American women is compared to 2.5 % with their non-Hispanic White counterparts, hence, making it one of the highest percentages among racial and ethnic minority women in the U.S. (Mama et al., 2015; Ross & Gibson-Jones, 2018). Moreover, BED is the most common eating disorder among African American women; despite these facts, they are the least represented in research (Goode et al., 2022; Longmine-Avital & Finkelstein, 2022; Mama et al., 2015). Accordingly, gaining an in-depth understanding of their lived experiences with BED gives them representation in research and ensures that their voices are heard.

BED Among African American Women

Obesity

There are marked differences in the experiences and behaviors of African American women with BED embedded in unique and specific psychosocial and other factors that warrant in-depth exploration for a better understanding of their lived experiences during the binge episodes. Obesity is one of the major specific risk factors that shapes their experiences and has clear implications on the development and maintenance of BED among the group of interest in this study (Scott et al., 2019). Generally, the severity of BED lies in its association with obesity, in which individuals with BED reported high BMI ranging between 25 kg/m2 and 35 kg/m^2 (Brown et al., 2018; da luz et al., 2023; Hay et al., 2022). Nonetheless, African American women with BED reported an elevated BMI equal to or greater than 40, leading to greater severity of BED symptom criteria that pose a major health risk (Adamus-Leach et al., 2013; Scott et al., 2019). Additionally, it is estimated that 50-80 % of African American women diagnosed with BED are obese, leading to an increased risk for major health problems (Striegel-Moore et al., 2003).

The association between obesity and the severity of the symptoms of BED is embedded in the high percentage of body fat composition that entails increased consumption of dietary fat (Adamus-Leach et al., 2013). Within this consumption lies the cycle of increased appetite for food craving and diminished food satisfaction, leading to the maintenance of binge eating behavior, which helps to explain the pathology of BED among African American women (Adamus-Leach et al., 2013; Scott et al., 2019). As a

result of the association between obesity and the severity of BED symptom criteria, many researchers indicated that African American women with BED have serious and chronic health problems (Adamus-Leach et al., 2013; Hudson et al., 2007; Mama et al., 2015; NEDA, 2021; Scott et al., 2019). These common health problems and medical conditions include hypertension, specific types of cancers, cardiovascular diseases, insulin resistance, and respiratory disease, which negatively affect the quality of African American women's lives (Assari, 2018; Ross et al., 2018; Udo & Grilo, 2018).

Moreover, African American women diagnosed with BED are more likely to experience depressive disorder, bipolar disorder, and an increased risk of substance abuse and suicidal ideation in which they experience a lifetime psychiatric comorbidity of 93.8% (APA, 2013; NEDA, 2021; Udo & Grilo, 2018). Therefore, the physical and mental consequences of BED on African American women are interfering with their daily lives, leading to functional impairment and disability (Chyurlia et al., 2019; NEDA, 2021). Gaining an in-depth understanding of this problem informs counselor educators about the lived experiences of African American women during their binge episodes. This understanding guides them to be better equipped with the knowledge needed to train counselors to be able to therapeutically meet the specific needs of African American women with BED.

Psychosocial Risk Factors

Negative Affect

Many researchers referred to negative affect as an underlying factor for the development of BED among ethnic and racial minority women (APA, 2013; Assari,

2018; Godbolt et al., 2022; Rogers et al., 2018). Assari (2018) and Godbolt et al. (2022) noted that negative affect entails negative feelings such as stress, anxiety, and anger that are embedded in environmental factors that are culturally unique to African American women. Understanding the underlying mechanism of negative affect, as a psychological stressor and risk factor for the onset of BED among African American women, will help counselor educators gain an in-depth understanding of the lived experiences of this group of interest during their binge episodes. This understanding is needed to help counselor educators train counselors to meet the specific therapeutic and cultural needs of their clients. Assari (2018) stated that negative affect was an antecedent factor for binge eating episodes among African American women.

To illustrate, Godbolt et al. (2022) elaborated on the concept of Strong Black Women (SBW), a culturally unique stressor among African American women that portrays them as a strong stereotype in the face of adversity. Godbolt et al. delineated that SBW embodies the intersectionality of racism and sexism that African American women endured and reflects the unjust expectations in terms of their roles. For example, the authors explained that the notion of SBW imposes on African American women to sacrifice their own personal, physical, and emotional needs for the sake of their families and work, and to endure any unjust treatment. The authors assumed that this label has positive and negative connotations, as it portrays Black women as being fearless in the face of discrimination and racial and sexist microaggressions. However, this positive connotation masks the real struggle of Black women, leading to unhealthy coping strategies such as binge eating as a survival mechanism.

The importance of understanding the notion of SBW is that it acts as a source of stress that drives African American women to resort to binge eating as a coping or soothing mechanism (Godbolt et al., 2022). The significance of this notion is that it is culturally specific to African American women, and it guides counselor educators to understand how racial and gender inequality contribute to the negative affect in the form of stress as an antecedent for abnormal eating patterns. Further, gaining in-depth knowledge about the notion of SBW will help African American women be heard in terms of acknowledging the incongruence that this stereotype can bring and its negative consequences on their eating behavior.

Perceived Discrimination

Another psychosocial risk factor that poses an underlying mechanism for understanding the onset of abnormal overeating patterns is perceived discrimination, which involves the subtle day-to-day forms of microaggression that African American women face (Assari, 2018; Rogers et al., 2018). As such, the pattern of perceived discrimination is embodied in unfair treatment, such as being treated with less courtesy, being followed in public places, or being subject to other forms of insult like name-calling (Assari, 2018). To assess these unfair treatments, Assari (2018) conducted research to study the association between perceived discrimination and binge eating disorder among African American women, in which the author administered the Everyday Discrimination Scale (EDS) questionnaire. Assari found a relationship between perceived discrimination and binge episodes mediated by emotional stress that African American women experience as a result of this daily subtle unfair treatment. This

association was higher among African American women when compared to African American men with BED, which reflected the impact of discrimination on their emotional well-being (Assari, 2018).

The physiological mechanism of the increase in binge episodes comes in the form of a stress response localized in the hypothalamic-pituitary-adrenal (HPA) axis. The HPA axis is an anatomical structure that combines the role of the hypothalamus and the pituitary gland in the brain and the adrenal glands on the kidneys, in which the interaction among these systems in response to stress can explain the underlying mechanism of bingeing (Assari, 2018; Jackson et al., 2019; Naish et al., 2019). When an individual is exposed to stress, a hypothalamic hormone, corticotropin-releasing hormone (CRH) is released, triggering a release of adrenocorticotropic hormone (ACTH) from the pituitary glands, causing a release of cortisol from the adrenal cortex (Assari, 2018; Naish et al., 2019). The greater the activation of the cortisol level through the HPA axis in response to a stressor, the greater the individual's food intake, as cortisol is responsible for regulating food intake (Naish et al., 2019). Cortisol is a glucocorticoid hormone associated with carbohydrates and fat intake, where an increase in its level increases their intake (Naish et al., 2019). The chronic exposure to stress in the form of daily unjust treatment has subjected African American women to an increase in high food intake that is grounded in the HPA axis explanation (Assari, 2018; Jackson et al., 2019). At a behavioral level, this pattern of eating as a response to stress is accepted in its African American cultural context in which resorting to comfort food acts as a buffering system to mask the psychological pain caused by the unfair treatment as a form of

microaggression (Jackson et al., 2019). Thus, the physiological mechanism of binge eating precipitated by specific cultural norms toward food has maintained the problem of binge eating, leading to unintentional health comorbidities (Assari, 2018; Jackson et al., 2019; Naish et al., 2019). Gaining an in-depth understanding of this mechanism and the role that the culture plays in precipitating the problem will help counselor educators to be equipped to train counselors about the specificity of BED among African American women.

Acculturative Stress

Acculturative stress is another psychosocial risk factor that helps explain the development and maintenance of BED among African American women. To inform the understanding of the effect of acculturative stress, I draw from the intersectionality theory perspective, which posits that the multiple identities of gender, race, sexual orientation, or socioeconomic status of marginalized individuals subject them to vulnerabilities (Burke et al., 2023). These vulnerabilities expose them to a systematic form of oppression that poses mental and physical stress, putting these individuals at a higher risk of eating pathologies and the loss of their identity (Burke et al., 2014; Gomez & Gudiño, 2023; Kwan et al., 2018). The intersection of the personal attributes of gender and race among African American women had increased their vulnerabilities to discrimination embedded in unfair and unjust treatment at social and work levels (Kwan et al., 2018). This intersectionality added stress to the process of acculturative stress that African American women experience while trying to navigate the dominant cultural ideals. To illustrate, acculturative stress postulates the desire of marginalized individuals to assimilate into the

dominant culture to ensure security and a sense of belonging (Kwan et al., 2018; Scott et al., 2019).

Nonetheless, acculturative stress is a far more complicated process as it does not entail total rejection of these individuals' own culture; rather, it embodies the struggle between assimilation and rejection, contributing to poor mental health (Scott et al., 2019). Felix (2017) noted that acculturative stress can be a linear process that entails a total assimilation with the host culture or a total segregation from that culture. Felix added that acculturative stress can also be non-linear to involve separation, which means that individuals reject the values and beliefs of the dominant culture and retain their own cultural beliefs without being totally segregated from that culture. Kwan et al. (2018), Scott et al. (2019), and Talleyrand et al. (2017) noted that African American women's acculturative stress is contextual and falls within the separation category of the acculturation process as they reject the dominant cultural ideals of thinness and accept the ideals of fuller and curvaceous looks. These unique ideals act as a buffering or a protecting system that safeguards African American women from the dominant cultural beauty body ideals but does not eliminate their pressure to fit in (Ross & Gibson-Jones, 2018). Additionally, the intersectionality of being females and Blacks adds further complexity as it exposes African American women to alienation, leading to dire mental and health consequences (Ross & Gibson-Jones, 2018). Ross and Gibson-Jones (2018) noted that there is a positive relationship between acculturative stress and binge eating among African American women, as they use bingeing as a protective mechanism against the pressure to fit in the dominant culture. Binge eating, as a protective mechanism,

reflects the African American women's sense of powerlessness that they experience during their struggle between the pressure of fitting in or adapting and the rejection that they encounter during this process. Accordingly, binge eating behaviors restore the lost sense of control that African American women encounter during the acculturative stress process. Further, the repeated exposure to acculturative stress embodied in the form of the struggle between the pressure to adopt the values and the force to reject these values and beliefs reinforces maladaptive coping strategies manifested in an elevated risk for the development and the maintenance of binge eating behavior (Gomez & Gudiño, 2023; Kwan et al., 2018; Scott et al., 2019). Understanding the incongruence that African American women encounter during the acculturative stress process is deemed necessary to identify the contextual predictors of BED.

Body Image

Exploring the notion of body image in terms of satisfaction and dissatisfaction among African American women is critical in understanding binge eating behavior, which can ultimately assist counselor educators when training counselors to meet the specific and diverse needs of this group of interest. Many researchers explained that within the African American culture, there is acceptance of the cultural norm of large and fuller body ideals and less concern with the thin ideals that are imposed by the dominant culture, leading to a positive body image (Lin et al., 2022; Talleyrand et al., 2017; Wilfred & Lundgren, 2022). Paradoxically, African American women indicate body image dissatisfaction (BID) as a sign of incongruence between their perceived or real body image and their ideal body image and weight. In their quantitative study, Olvera et

al. (2023) found that there was a statistically significant relationship between BID and weight concern among African American women as compared to their Hispanic counterparts. Olvera et al. purported that ethnicity plays a role in this relationship, indicating that this relationship is moderated by the participants' background. This finding adds complexity to the notion of body image among African American women and deems critical in understanding that diversity exists among this group that is worth further understanding and exploring to enhance the counselor educators' knowledge about the complexity of body image.

BID is better understood in terms of regulatory focus theory (RFT), which is centered around what motivates individuals to achieve their goals (Higgins, 2012). RFT has its origin in the self-discrepancy theory, which studies the difference between the actual self and the ideal self in which a wider discrepancy predicts emotional dysregulation that can lead to anxiety and depression (Higgins, 1987). According to the self-discrepancy theory, there are three domains of the self: The actual self or the real attributes that constitutes the self, the ideal self or the attributes that one aspires to possess, and the ought self or the attributes that an individual must possess, such as an obligation or a duty (Higgins, 1987). It is the ideal self in terms of self-evaluation that drives or motivates individuals to change, and in the case of African American women and body image, it is their concern about weight and their BID that motivates them to lose weight (Olvera et al., 2023). This is aligned with the assumption that there is no correlation between body image and BED, but points out inconsistencies between them, as it is hypothesized by Lewandowsks et al. (2023). However, this contradicts the cultural

norms of accepting fuller looks and requires understanding the uniqueness of every African American woman in terms of their aspirations and motivation, and examining any discrepancies that might exist within oneself.

However, in terms of positive body image, the complexity and the specificity of the factors that impact body satisfaction among African American women led to different presentations of the symptomatology of BED (Lin et al., 2022). To illustrate, Talleyrand et al. (2017) noted that African American women's body ideals are dependent on the beauty of hair, nails, and clothes as a function of body satisfaction. Talleyrand et al. also emphasized that positive body image is a function of personal preference, such as the drive to be healthy and fit, and it is also a function of social factors, such as the motive to emulate curvaceous celebrity looks. On the other hand, Lin et al. (2022) stated that the complexity of the factors affecting body image among African American women is contextual and centered around accepting food as a comforting mechanism for different life stressors. The authors also discussed how promoting large portions of food intake led to a positive relationship with food and to a positive self-evaluation shaped by the ideal of fuller looks. Lin et al. also emphasized that within the cultural norms of African American women, there is less concern regarding body weight, which explains the elevated BMI among African American women with BED. These factors contribute to the higher frequency of binge episodes among African American women and to obesity as two unique criteria of BED symptomatology among this group of interest. These factors indicate that African American women with BED will present to treatment with a high BMI and positive body image satisfaction, requiring counselors to have an accurate

understanding of the contextual interplay of these factors and their effect on the symptomatology of BED.

Description of a Binge Episode

Providing an elaborate description of the thoughts, beliefs, and behavior of African American women with BED gives an accurate understanding of what constitutes an episode of binge eating. Generally, it is worth noting that one of the major criteria of a binge episode is the loss of control, along with other criteria, such as eating a subjectively large amount of food followed by feeling uncomfortably full (APA, 2013). It is also well-documented that stress is the precursor of any binge episode, and in the case of African American women, it is the chronic stress in the form of discrimination that has been the common antecedent for the onset of a binge episode (Godbolt et al., 2022; Scott et al., 2019). A general outlook into these episodes in relation to acculturative stress and perceived discrimination reveals consumption of food with high fat and sugar content that is addictive in nature (Ariaza & Lobel, 2018). Stress-induced binge episodes are characterized by gravitating toward unhealthy food as stress disrupts the functioning of ghrelin, a hormone responsible for activating appetite between the brain and the gastrointestinal tract (Feng et al., 2023; Giel et al., 2022).

Relatedly and more specifically, there are two common elements among the existing research of African American women's lived experiences with bingeing, which are subjectivity and specificity that require further exploration. This exploration provides the thick description needed to enlighten counselor educators with the purpose of training counselors to better serve their clients, and it certainly guides in finding answers about

the lived experiences of African American women with BED during their binge episodes. Scott et al. (2019) argued that African American women's cultural conceptualization of fuller looks and the stereotypical body image of a large body built has positive connotations, such as being associated with big mama or big grandma. Scott et al. added that the specificity of this connotation holds that comforting beliefs and feelings are linked to a mother figure, which normalizes the bingeing behavior. Further, the authors stated that many African American women with elevated BMI who fit the criterion of BED diagnosis are either not aware of their diagnosis or consider bingeing an acceptable behavior regardless of its health consequences or its psychopathological meaning.

Another specificity of bingeing is the cultural meaning of food and its central role in family and social gatherings as a sign of love and connection among family members and peers (Scott et al., 2019). Accordingly, African American women find themselves engaged in a pattern of bingeing that they cherish and enjoy, embedded in the contextual centrality of food and eating as an integral part of their daily lives (Godbolt et al., 2022; Scott et al., 2019). Nonetheless, the subjectivity of what happens during the binge episode is contingent on African American women's affect before each episode. To illustrate, Godbolt et al. (2022) emphasized that personal and social stressors are the common precursors for any binge episode that involves eating fatty food, including indulging heavily on fast foods and high-content sugary dessert. Godbolt et al. referred to the label of Strong Black Women (SBW), a stereotypical label that portrays African American women strong in the face of adversity. The participants in the authors' qualitative research expressed being worn out as a result of the expectations that SBW

holds and inflicts on them, leading to emotional responses that require soothing and self-defense mechanisms. The participants described the pressure to fit in classrooms and at work and the subtle rejection from White students and colleagues that led to alienation and a sense of despair (Godbolt et al., 2022). The participants further described that this social and environmental stress was met with the expectation of being fearless under the stereotype of SBW. As a result of this double pressure, the participants described overstuffing themselves with junk, sugary, and fatty snacks to the point of throwing up as an attempt to manage and tolerate stress (Godbolt et al., 2022). For example, one participant was rejected from a graduate program due to unjust representation despite her fitness for the program, causing her emotional pain. As a result of this stressful situation, the participant finds herself heavily indulging in fatty food to relieve her stress (Godbolt et al., 2022). Another example involves a participant eating a whole tray of cookies to soothe herself after feeling alienated in a socially integrated setting. Similarly, a group of African American women found themselves eating all the items on the menu at a fast-food restaurant in response to systematic discrimination (Godbolt et al., 2022). This maladaptive eating behavior was accompanied by feeling uncomfortably full and was marked by a sense of lack of control, adding severity to the maintenance of BED symptoms among African American women.

Similarly, Scott et al. (2022) reiterated the specificity of bingeing and described that African American women embraced the idea of a large figure and often used food, especially fast food, as comfort food. In their qualitative study, Scott et al. described how one of their participants, who was the victim of child molestation, resorted to bingeing in

response to her childhood trauma. Another cultural specificity was related to guilt for wasting food, which led to overeating; additionally, participants reported unfairness in the interpretation of BMI and required a measure of BMI that is contextually relevant to African American women for a fair representation (Scott et al., 2022). Thus, it is evident that bingeing is contextually acceptable at a personal, family, and group level, adding unintended physiological and psychological stress that warrants developing new interventional strategies that are culturally responsive for a better treatment outcome. Accordingly, providing an in-depth understanding of the subjectivity of each of my participants in this study will inform counselor educators about adapting their interventional strategies to enhance the therapeutic outcome of African American women with BED.

Unique Challenges That African American Women Face in Counseling

Understanding the barriers that African American women with BED encounter in counseling is complex and multifaceted, as many factors affect their participation and the treatment outcome. One of the major factors is racial disparity, in which African American women diagnosed with BED do not have equal access to treatment as their White counterparts, despite the higher prevalence of BED among this ethnic and racial group (Good et al., 2019; Mikhail & Klump, 2021). Good et al. (2019) and Mikhail and Klump (2021) emphasized that around 82.5 % of African American women do not seek treatment for BED due to financial barriers such as the absence of universal insurance and the absence of proper allocation of counseling resources. This socioeconomic barrier espouses a burden on those-struggling and reinforces the need for equality to encourage

treatment and prevent treatment drop-out (Good et al., 2019; Scott et al., 2019). However, Good et al. and Mikhail and Klump stated that 8% of African American women receive care for BED due to the subjective belief of losing weight or the drive for a thinner body built. Nonetheless, the socioeconomic factor remains a major barrier for not seeking counseling, is considered part of a larger social problem that reflects the unfair economic treatment, and affirms the reality of oppression that African American women encounter.

Another facet of racial disparity entails the lack of accurate knowledge within the health care system about the high prevalence of BED and its severity among African American women, leading to missed diagnosis (Mikhail & Klump, 2021). What contributes to this lack of knowledge is the underrepresentation of African American women in research and the unconscious bias that eating disorders affect White women more than Black women (Bray et al., 2022; Mikhail & Klump, 2021). Racial disparity extends to involve the absence of screening for eating disorders for minority groups in general and African American women in particular, leading to missed opportunities for treatment (Bray et al., 2022).

Other facets of racial inequity that impact African American women with BED include low socioeconomic status, unemployment, and food insecurity, which are the result of a history of systemic oppression that this group has endured (Bray et al., 2022). For example, it is reported that the consistent absence of food stamps and government assistance food programs has resulted in eating pathologies such as recurrent binge eating patterns as an adjustment behavior to the unavailability of food (Bray et al., 2022). This maladjustment behavior, coupled with the absence of proper allocation of counseling

services, led to high rates of BED among African American women (Goode et al., 2019; Bray et al., 2022). While these facets do not present as direct challenges in counseling, they exist as environmental or external barriers that prevent African American women from seeking mental health services, leading to further exacerbation of BED symptomatology. Bringing to clients' awareness the impact of these barriers on their BED symptoms is key to the success of the treatment plan. Further, acknowledging the accuracy and the specificity of these barriers guides counselor educators when training counselors to ensure that their counseling strategies and techniques are tailored within the cultural context of these multifaceted racial disparities for a better therapeutic outcome.

Other challenges that prevent African American women from seeking counseling pertain to poor therapeutic treatment and outcome, as the traditional interventional methods, such as cognitive behavioral therapy (CBT), for example, are tailored to serve dominant cultural groups (Ross & Gipson-Jones, 2018; Scott et al., 2019). CBT is a hallmark for treating eating disorders, including BED, and can be individually tailored and is considered a universal evidence-based theoretical approach referred to in various mental health disorders (Hay et al., 2020; Hernandez et al., 2020; Naeem et al., 2019). Naeem et al. (2019) argued that CBT, as well as other evidence-based interventions, should be adapted in response to the unique cultural needs of every client. However, Hernandez et al. (2020) noted that the therapeutic outcome of culturally adapted CBT was comparable to CBT while working with Latina clients, indicating that most of the major counseling theories are inclusive in their nature.

Acle et al. (2021) and Soto et al. (2018) argued that culturally adaptive interventions are the function of the cultural knowledge and awareness of the therapists who require a higher level of multicultural competence to meet the diverse needs of their clients. Further, Acle et al. emphasized that the therapeutic alliance and outcome are dependent on the therapists' ability to individualize the language of the chosen theoretical approach or interventional method according to the clients' needs. However, Acle et al. stated that more is needed to integrate the clients' culture when working with marginalized clients diagnosed with eating disorders. The authors added that the clients' culture includes knowledge of their values, beliefs, practices, behaviors, and other sensitive and specific information that are critical for a positive therapeutic outcome. Acle et al. also noted that any cultural barriers that hinder treatment should be sensitively explored in the session, in which therapists should assume a not-knowing stance and take a client-centered approach within the frame of cultural sensitivity to enhance the treatment outcome. The authors reiterated the significance of the in-depth knowledge of the cultural beliefs of ethnic and racial minority individuals diagnosed with eating disorders to increase their likelihood of seeking treatment and enhance their treatment retention rate.

The relevance of this in-depth cultural knowledge is highly pertinent to African American women diagnosed with BED, in which its absence presents as a major barrier in the counseling session as an indicator of the lack of therapeutic connection with the therapist. The heart of this knowledge lies in the values, beliefs, and behaviors of African American women diagnosed with BED, such as their notion of SBW, their separation

from the main cultural ideals of thinness, and their acceptance of curvaceous looks (Godbolt et al., 2022; Ross & Gibson-Jones, 2018). Additionally, the clinical presentation of BED symptomatology that includes the frequency of bingeing, the severity of the diagnostic criteria, and the lack of awareness of possible diagnosis poses as important cultural values that need to be therapeutically explored in the session (Marino & Gaydusek, 2017). Thus, it is imperative that counselors not only be culturally aware of these specific cultural beliefs and behaviors of African American women with BED, but also individualize their theoretical approach to ensure that their clients are heard and understood. This approach is necessary to reduce the barriers that African American women face in counseling to increase their participation and commitment to treatment rates.

Cultural Considerations for Counselor Educators While Training Counselors

The research problem that this study addresses is that counselor educators are ill-equipped to train counselors to meet the culturally specific needs of African American women with BED or with binge eating behavior. The dearth of in-depth knowledge of African American women's unique experiences with BED is the main reason behind the lack of inability of counselor educators to train counselors. Accordingly, the purpose of this study was to illuminate African American women's lived experiences during their binge episodes to help counselor educators better understand these experiences and be able to train and guide counselors about the specifics of their clients' experiences. Nonetheless, some cultural considerations are framed within the cultural competence skills that counselor educators should address when training counselors. These

considerations should be fully explored during supervision with the purpose of introducing and teaching new responsive skills that are based on the newly acquired cultural knowledge to enhance the therapeutic alliance and outcome. It is worth noting that supervision is a professional and ongoing relationship between a supervisor and a supervisee that involves supervisors enhancing the competency level of their supervisees (Bernard & Goodyear, 2019). This relationship is evaluative in its nature and aims at refining the clinical skills of the supervisees and guiding them to become competent counselors to better serve their current and future clients (ACA, 2014; Bernard & Goodyear, 2019). Hence, supervision provides a conducive environment that facilitates the transfer of knowledge from the counselor educators to the counselors under training.

To illustrate, CBT, as one of the most commonly used evidence-based treatment modalities for BED, involves cognitive changes to see behavioral changes (National Institute for Health and Care Excellence [NIHCE], 2014). During supervision and based on the cultural values explored in this study, counselor educators should discuss with counselors-in-training the importance of beauty ideals such as the beauty of nails, hair, and skin among African American women struggling with binge eating. Accordingly, the therapeutic skills should incorporate this language to convey in-depth understanding of the clients' worldviews and communicate respect and sensitivity to the unique experience of African American women with BED. According to Acle et al. (2022), to enhance the therapeutic alliance with ethnic and racial minority clients, it is very important to understand the beliefs behind the cognitions within the cultural framework of the client. Acle et al. added that culturally competent counselors should collaborate with their

marginalized clients and adopt a curious attitude needed to better understand the value-driven eating behavior. Thus, counselor educators should thoroughly discuss this consideration with their counselors-in-training during supervision as a parallel process or a learning experience for counselors to emulate in their sessions with African American women with BED or binge eating behavior.

CBT also involves bringing to the clients' awareness their eating patterns and, through psychoeducation, informing them about the possibility of meeting the diagnostic criteria of BED (Goode et al., 2019). Additionally, the treatment plan of CBT entails guiding clients to identify the stressors that trigger binge episodes to replace the maladaptive eating behavior with new, effective, and less self-defeating coping skills (Goode et al. 2019; Grilo et al. 2014). Nonetheless, many research has revealed that the treatment retention rate for African American women during CBT treatment has been low, leading them to drop out as there was the absence of culturally sensitive skills that communicate empathy and comprehension of the depth of the problems (Acle et al. 2022; Goode et al., 2019). These culturally sensitive interventional skills should be explored in supervision between the counselor educators and the counselors-in-training with the purpose of enhancing the knowledge of the cultural specificity of African American women with BED. These cultural specificities entail proper knowledge of the notion of SBW, the reliance on food as a soothing mechanism to external stressors, and the rejection of the cultural ideals of thinness (Godbolt et al., 2022; Ross & Gibson-Jones, 2018; Scott et al., 2018). This knowledge is intended to enrich the therapeutic

conversation between the counselor and their African American women clients and aim at building a trusting relationship with them based on respect and sensitivity.

Relatedly, these cultural considerations posit important elements to enhance the therapeutic outcome of any treatment plan for African American women with BED, as they rely on the multicultural competence of the therapists. Nonetheless, the goal is to enhance this competence and ensure that the therapists' skills and knowledge meet the evolving demands and needs of this unique group of interest. Indeed, multicultural competence in terms of traditional interventional theories and skills for treating eating disorders in general and BED in particular is highly effective as counselors utilize skills that are responsive to the needs of African American women. To illustrate, Burton et al. (2020) studied a case report of an 18-year-old African American female with a BMI of approximately 54 who engaged in frequent binge episodes, in which she described losing a sense of control over the quantity of food ingested in every episode. The participant stated that psychological distress was the precursor to every binge eating episode. According to Burton and colleagues, the participant suffered from severe health problems, leading her to be eligible for a heart transplant as a result of her binge eating behavior. The authors described dialectical behavior therapy (DBT) as an interventional strategy referred to by the participant's therapist that yielded improvement in terms of helping the participant to radically accept her situation as a catalyst to change her unhealthy eating pattern. DBT is a structured individual and group theoretical approach designed by Marsha Linehan, an American psychologist, who proposed training clients to regulate their emotions, improve their functioning, and teach them skills to improve their

interpersonal relationships (Linehan, 1993). DBT is founded on the assumption that clients are motivated to change and are willing to commit to therapy with the purpose of not only feeling better but getting better (Linehan, 1993).

At a multicultural level, the interventional strategies, such as the participant's group therapy, were culturally adaptive and sensitive, such as meeting with a group of diverse clients (Burton et al., 2020). Further, Burton et al. (2020) stated that during the psychoeducation phase of DBT, the therapist referred to PowerPoint presentations with African American youth to enhance the therapeutic engagement. While these culturally adaptive interventions are not sufficient, the client reported improvement at the end of her DBT treatment, and she reported hope for a healthier life post her heart transplant surgery (Burton et al., 2020). In addition, the 18-year-old African American participant saw improvement in the frequency of her binge episodes, which constitutes a major therapeutic progress (Burton et al., 2020). This case report demonstrates the significance of traditional interventional modalities in treating eating disorders, but more important reveals the urgency for more in-depth knowledge of the cultural complexity of such cases. These complexities are embedded in African American women's unique worldviews, beliefs, values, and behaviors in relation to their eating behavior (Scott et al., 2019). Being a candidate for a heart transplant surgery at a young age as a consequence of the severity of binge episodes renews the need for new culturally sensitive skills that can not only help African American women with BED but also save their lives. Consequently, counselor educators should be fully equipped to meet the evolving and

unique needs of African American women with BED to be able to transfer this knowledge to their counselors-in-training.

Summary and Conclusions

Above, I presented all the elements of Chapter 2 of this dissertation. Writing the second chapter of a dissertation involves a proper and thorough understanding of the topic on the basis of the existing literature, and provides a transition for the methodology that follows in the third chapter. In summary, I started the second chapter by stating the search strategy along with the keywords that I followed to compile my literature review. Then, I re-presented the theoretical framework that the study is grounded in to guide the literature review and to allow for a coherent flow of ideas within this framework. Next, I started the extensive review of my literature, which included an overview of BED to give the reader a background about the diagnostic criteria of the disorder, its manifestation, and other major characteristics of its symptomatology. This was followed by the etiology and the prevalence of the eating disorder to provide a comprehensive understanding of the manifestation of BED. After that, I explored BED among African American women and expanded on obesity, psychosocial risk factors, negative affect, perceived discrimination, acculturative stress, and body image as specific factors that are needed to gain insight about African American women's lived experiences with BED. I also provided an elaborate description of a binge episode to better answer the research question. I concluded the second chapter with the unique challenges that African American women face in counseling, followed by some cultural considerations that counselor educators should acknowledge with counselors-in-training during supervision.

What was common among all the subtitles of the second chapter was the centrality of the research question and the research problem, in which each section was intended to answer the research question and aimed at solidifying the need for conducting my research study

Chapter 3: Research Method

Research Design and Rationale

I addressed the following research question in this study: “What are the lived experiences of African American women with BED or binge eating behavior during their binge eating episodes?” The main concept of this study entails gaining an in-depth understanding of the lived experiences of African American women with BED or binge eating behavior to inform counselor educators about the cultural subjectivity and specificity of these experiences. Another concept addresses the research problem of this study, which states that counselor educators are ill-equipped to train counselors to meet the cultural needs of African American women with BED. The purpose of this study was to illuminate the experiences of African American women with BED or binge eating behavior to help counselor educators gain the knowledge needed to train counselors to better serve this group of interest.

As such, following the transcendental phenomenological methodology, as the theoretical framework and the philosophical underpinning in this study, provided a foundation for analyzing the participants’ experiences (Husserl, 2013). Methodology pertains to the intersectionality among the epistemology or the philosophy followed in a research study, the study’s design, the beliefs or the rationale, and the values that shape all the study procedures (Ravitch & Carl, 2016). Thus, the methodology I followed in this study constitutes the qualitative research design framed within the facts of the experiences being illuminated and informed by the transcendental phenomenology as the

philosophical underpinning for understanding each procedure in the study (Husserl, 2013; Ravitch & Carl, 2016).

The main construct of this methodology is reaching and gaining an understanding of the pure essence of each participant's experience in its purest being without any external interpretation or interference (Faurot, 2022; Husserl, 2013). Husserl relied on logic and science as the two premises of his philosophy to understand the meaning of a human experience (Faurot, 2022). Using the transcendental phenomenological approach, I rigorously illuminated and analyzed the meaning-making process of my participants' experiences with binge eating (Pula, 2022). One of the hallmarks of Husserl's phenomenology is the concept of epoché or bracketing, meaning researchers setting aside their judgments about a human experience to allow the reality and the richness of the natural flow of this experience to be discovered (Peoples, 2021; Pula, 2022). As such, bracketing adds rigor to the process of understanding the lived experience and facilitates its meaning, which is embedded in the natural attitude of the constructed reality (Husserl, 1977). Accordingly, the transcendental phenomenological methodology is appropriate for my research study because it provides the fundamentals to illuminate my participants' lived experiences with BED, while requiring me to suspend any judgments that can interfere with the meaning of these experiences.

I chose the transcendental phenomenology for this qualitative study to remain systematic while seeking out the unanticipated reality of my participants' experiences (Ravitch & Carl, 2016). By applying the emergent nature of the qualitative paradigm, I remained responsive and flexible in understanding the beliefs, values, and behaviors

associated with every binge episode of my participants (Ravitch & Carl, 2016). Further, the qualitative inquiry facilitated examination of the meaning of these contextualized beliefs and behaviors that precede each episode to better understand the reality of my participants' lived experiences (Patton, 2015; Ravitch & Carl, 2016). The meaning-making process assigned to each binge episode is guided by the transcendental phenomenological methodology, which encompasses reaching the natural being of each experience and how African American women make sense of their lived experiences (Lewis-Beck et al., 2023; Peoples, 2023). Hence, I chose the qualitative transcendental phenomenological methodology for this research study because quantifying the data does not align with the research question, problem, or purpose (Ravitch & Carl, 2016).

However, it is worth noting that I chose the transcendental phenomenological methodology after careful deliberation of other approaches within the qualitative paradigm. Ravitch and Carl (2016) specified that there are more than 10 approaches of qualitative research; however, the most commonly followed are ethnography, case study, action research, grounded theory research, and narrative research. Ravitch and Carl added that the choice of the approach depends on the alignment between the approach and the research question. For example, the grounded theory approach entails developing a general theory from the data collected, as it relies on comparing and contrasting concepts or a set of concepts (Patton, 2015; Ravitch & Carl, 2016). Generating a theory from the data collected did not answer the question of my study, and did not provide the framework needed to describe the binge episodes and the meaning assigned to these episodes. Similarly, the narrative approach, which involves studying and analyzing the

participants' stories, journals, or diaries to retell the phenomenon understudy, did not align with my research question (Ravitch & Carl, 2016). Specifically, the narrative researcher focuses on social factors shaping these stories, a construct that is not central to my research question and problem. Neither of these two approaches describes the lived experiences of African American women with BED. In addition, none of the other qualitative approaches provides me with an understanding of how my participants make sense of the values and beliefs attached to each binge episode. Consequently, I used the transcendental phenomenological approach to illuminate my participants 'lived experiences and to critically and philosophically analyze the meaning of these experiences.

Role of the Researcher

The role of a qualitative researcher is complex and multifaceted, and most important, it is grounded in ethical practice. The complexity of my role as a qualitative researcher can be explained from the reflexivity perspective, as it entails all the boundaries I am assuming within this role. First, it is imperative to emphasize that there was no relationship between me and any of my participants, and the recruitment procedures were in accordance with Walden University guidelines and done within ethical, professional, and best practices (ACA, 2014; Ravitch & Carl, 2016). However, my ethical role necessitates paying close attention to any accidental relationship with my participants during the interview and disclosing this relationship (Peoples, 2021; Ravitch & Carl, 2016). This communicated ethical practice safeguarded the well-being of my participants and eliminated any potential conflict of interest that might result from any

accidental relationship (ACA, 2014). Additionally, my commitment to ethical practice entailed confidentiality and maintaining a non-judgmental attitude that embraces sensitivity, inclusion, honesty, professionalism, and respect for my participants' time and effort (Patton, 2015; Ravitch & Carl, 2016).

The second assumption within reflexivity entailed paying careful attention to any personal bias that can interfere with my role as a qualitative transcendental phenomenological researcher. According to Patton (2015), reflexivity means self-reflection. Patton took reflexivity to a deeper level to entail in-depth self-awareness and mindfulness in relation to others. This requires qualitative researchers to be committed to a higher level of interaction with participants based on beneficence or not harming. Additionally, reflexive researchers are committed to continuously examining their role regarding how they are affecting not only the interview process but also the whole research process (Peddle, 2022). Reflexivity involves the researcher's deliberate effort to engage themselves in an ongoing process of scrutinizing their values, beliefs, and assumptions in relation to their participants and the research methodology (Peddle, 2022). The aim is to safeguard subjectivity and ensure that these values and beliefs do not interfere with the participants' experiences or with the researcher's procedural process (Patton, 2015; Peddle, 2022). Reflexivity reflects the researcher's ability to exercise a higher level of self-discipline required to conduct ethical research built on honesty without any personal bias that contradicts the role of a qualitative researcher (Peddle, 2022).

Accordingly, and to prevent any personal bias that can negatively impact my role, I plan to engage in a deliberate and continuous process of in-depth self-reflection as one of my major ethical and professional obligations as a researcher (ACA, 2014; Peddle, 2022; Ravitch & Carl, 2016). This obligation is reflected in crafting a clear informed consent to my participants that conveys clarity, sensitivity, respect, and appreciation for their time and effort. The deliberate process also involves setting aside personal values that can interfere with the interview process or any other step in my study. This process is aligned with epoché or bracketing, endorsed by Husserl, which requires researchers to suspend any personal judgment to allow understanding of the essence of the lived experiences of participants (Husserl, 2013). This premise reinforces trustworthiness in my study, enhances its rigor, and is aligned with my ethical and professional responsibility toward my role as a researcher (ACA, 2014; Husserl, 2013).

Methodology

Participant Selection Logic

The purpose of this qualitative transcendental phenomenological study was to illuminate the lived experiences of African American women with BED or binge eating behavior to provide an in-depth knowledge about these experiences needed to help counselor educators better train counselors. Accordingly, the participants should be living in the United States, above 18 years old, identify themselves as females, and identify themselves as African American or Black women.

Sampling Criteria

The sampling criteria of this study were based on the logic of selecting participants who can provide rich information and are knowledgeable about the life events of the human experience under study. According to Patton (2015), unlike quantitative researchers who seek generalization and aim at non-probability sampling, qualitative researchers proactively and purposefully search for knowledgeable participants who are well-informed and immersed in the phenomena under study. Patton added that this purposeful selection of information-rich cases or participants is referred to as purposeful sampling, which helps qualitative researchers find answers to their research questions and provides an in-depth understanding of the research problem. Peoples (2021) added that snowball sampling paired with purposeful sampling facilitates the selection process and guides qualitative researchers to reach more knowledgeable participants. Snowball sampling involves asking the purposefully selected participants to refer people they know who are also knowledgeable about the subject under study (Ravitch & Carl, 2016).

Accordingly, I implemented purposeful and snowball sampling as the participant selection method for my study, as this method provided me with African American women who have experienced the life events of a binge episode. By integrating the snowball method, I created a chain of interviewees who had lived many experiences of a binge episode and were willing to be a source of knowledge for my study (Ravitch & Carl, 2016). Determining the sample size is not a major concern for qualitative researchers as they primarily seek information-rich participants who can provide in-depth

knowledge about the illuminated inquiry (Patton, 2015). Peoples (2021) emphasized the concept of saturation as the determining factor for the sample size. However, Peoples suggested a range of 8 to 15 participants as an acceptable sample size that qualitative researchers can consider. Saturation implies that the information provided by the interviewees has become redundant, indicating that the answers provided are enough to inform the research question (Patton, 2015). Thus, I aimed to reach saturation when determining my sample size as the primary criterion for deciding the number of participants for my study.

Recruitment

Once I got the approval of the Institutional Review Board (IRB) at Walden University, I recruited qualified participants via the social media platform Facebook. The initial step entailed posting an announcement or a flyer on the Facebook page of treatment centers, support groups, eating disorder clinics specialized in BED, and counselors with eating disorder specialization. I also distributed the flyer and posted it on the bulletin boards of the public library, grocery stores, department stores, and private gyms in my area. Additionally, I distributed the flyer to weight loss clinics, medical offices, and beauty stores. I got the IRB approval to ask friends and family members to post on their social media accounts. The IRB approval included a $ 25 Amazon gift as a thank-you for my participants' time and effort. The flyer included a brief statement about the purpose of my study and an explanation of my interest in seeking knowledgeable interviewees. The step-by-step recruitment strategy will be outlined below.

Instrumentation

The instruments I used to collect data in my study were interviews and follow-up interviews. Specifically, the interview questions were semistructured, individualized, contextualized, and centered around my participants' lived experiences, including all the life events associated with their binge episodes (Ravitch & Carl, 2016). The interview was a suitable instrument for collecting data because it embodied an intentional conversation between my participants and me. It was based on curiosity to seek in-depth knowledge about their binge episodes (Patton, 2015). This understanding was facilitated by the interaction between me and the reflective nature of my interview questions in accordance with the unanticipated nature that drives my study (Creswell & Creswell, 2018; Patton, 2015). The choice of semistructured interview questions pertained to understanding the essence of the phenomenon of BED or binge eating behavior as experienced by my participants. Semistructured interview questions served as an instrument to allow the natural flow of the life events surrounding the binge episodes of my participants (Peoples, 2021). Further, semistructured questions were crafted to guide participants in describing their experiences and thinking about examples surrounding these experiences in a relaxed yet disciplined manner that yields an in-depth understanding of the phenomenon under study (Peoples, 2021; Ravitch & Carl, 2016). Consequently, my semistructured questions aimed to help my participants describe their experiences with BED through examples, triggers, and other relevant factors that shape these experiences.

Further, my role entailed intent listening to every detail, fact, value, and belief my participants share and focusing on their non-verbal communication and cues to ensure in-depth knowledge of these valuable lived experiences (Patton, 2015; Ravitch & Carl, 2016). Thus, this instrument was deemed appropriate as the data collection method required to answer my research question and inform my research problem. To ensure a thorough understanding of these experiences, I supplemented my interviews with follow-up interviews to address any missing information and for further clarification and verification (Peoples, 2021). Moreover, I referred to probing in the original and the follow-up interviews to further explore a statement, word, or cue mentioned by my participants that seemed relevant and informative (Creswell & Creswell, 2018; Patton, 2015). I included a copy of the script I referred to at the beginning of each interview, screening questions, and the eight interview questions in Appendix C.

Procedures

The research question that this study addressed is: “What are the lived experiences of African American women with BED or binge eating behavior during their binge eating episodes?” The procedures for collecting and analyzing data were framed within the transcendental phenomenological theoretical framework and aligned with the qualitative paradigm. In terms of data collection, semistructured interviews were conducted to gain an in-depth understanding of the lived experiences of African American women with BED or binge eating behavior. Participants were recruited from social media sites such as the Facebook pages of binge eating disorder treatment and support groups. The results of the data analysis will guide counselor educators to better

train counselors to meet the cultural needs of this group of interest and enhance their therapeutic outcomes.

The procedures for recruiting participants are detailed in this section. The interviews were conducted via audio-recorded Zoom but commenced after the approval of the IRB at Walden University. The initial step was sending an email to the Facebook page contacts of many eating disorder treatment centers, support groups, and eating disorder clinics specialized in BED, asking their permission to post a recruitment flyer on their main pages. My choice of these sites was based on their BED screening services for diverse clients, and their client-centered approach was required to attract clients struggling with BED. According to Creswell and Creswell (2018), during the data collection process, qualitative researchers purposefully identify resourceful sites that can provide valuable data, a practice aligned with purposeful sampling. Hence, these sites present the best purposeful selection needed to recruit well-informed participants who can best help me gain an understanding of my research problem.

As for the email that I sent to the above Facebook page contacts, it included a brief introduction of myself, the purpose of my study, and a request for posting on their main page. I included a copy of this email in Appendix A. Upon the contact individuals' approval, they posted a flyer on their Facebook pages that included an announcement about looking for volunteers, a brief purpose of the research study, the requirements that volunteers must meet, and brief information about how I would interview them, along with my email address for those interested. I included a copy of the flyer in Appendix B.

After receiving emails from interested participants, I sent a welcoming email with a brief re-introduction of the purpose of my study, along with an informed consent that detailed all the expectations and responsibilities. The informed consent clarified questions and helped my participants understand their role in their participation decision and other decision-making processes during the interview. The following step-by-step outline includes, first, waiting to receive an email from potential participants indicating their intention to take part in my study. Then, I responded to assign a mutually agreed date and time, including the time zones and the Zoom link, for proper and accessible communication needed to commence the interview. I included in the email the informed consent for my participants to review, and to respond back with “I consent” if they agree to all the terms of the consent form. I included a copy of the email in Appendix A. Third, after receiving the email with the “I consent” phrase and the agreed date and time, I commenced the interview with my participants by reading the interview protocol located in Appendix C. I integrated the screening questions as a further step needed to ensure that they meet the qualifying criteria for binge eating behavior for the study. To this end, I crafted ten questions related to BED based on the *Diagnostic Manual* that I asked my participants after the demographic questions. Hence, I asked my participants a few demographic questions, such as their age, gender, height, and weight, that can be helpful for data analysis; then, I asked the ten screening questions. As such, I stated the interview protocol, asked the demographic questions, and asked the screening questions before beginning the interview questions. Finally, after finishing the last interview question, I thanked my participants for their time and communicated my appreciation for their

valuable participation in my study. I reminded them about the follow-up interview in about 2 or 3 weeks. I also sent a thank-you email after the initial interview. I included a copy of the initial email and the informed consent in Appendices A and B.

Data Analysis Plan

The purpose of a transcendental phenomenological researcher is to analyze the data collected in its entirety and its pure essence (Aguas, 2022; Peoples, 2021). The data analysis process is systematic and depends on the emergent nature of the participants' narrative while paying close attention to the minute details of every reality discussed (Peoples, 2021). The premise is epoché or bracketing, which entails suspending any personal judgment that can interfere with the derived contextual meaning of the participants' human experience (Aguas, 2022). The description of this human experience should be recognizable to others who have had a similar experience, with a focus on its essence and the meaning-making process (Peoples, 2021). The data analysis process requires developing a plan to organize and manage the collected data, which includes transcribing, pre-coding, and coding the data with the purpose of generating themes (Ravitch & Carl, 2016).

The data analysis approach I employed in this study was inductive, and I relied on hand coding to uncover the meaning of my participants' narratives to reach themes (Creswell & Creswell, 2018; Ravitch & Carl, 2016). I followed the six systematic steps stated by Peoples (2021) when analyzing the interviews and the follow-up interviews to facilitate replication by other researchers and add rigor to the findings. The data analysis method aligned with these tenets and procedural steps is Giorgi's data analysis method, a

descriptive method framed within the phenomenological approach of epoché or bracketing (Giorgi et al., 2017). Giorgi's method is rooted in Husserl's philosophical underpinning, yet it is structured to ensure rigor while describing the essence of the human experience under study (Giorgi et al., 2017). It relies on the consciousness of the narrative or experience presented and on accurately communicating them to others through description (Giorgi, 2014). Giorgi's emphasis on description draws on data collected after immersing oneself in the data to clarify and make explicit the phenomenon being experienced (Giorgi, 2014).

Additionally, Giorgi's method transforms the data by identifying themes based on the meaning revealed from the essence of the lived experience described (Koivisto et al., 2002). As such, employing Giorgi's method as the foundation for analyzing the data facilitated the description and the transformation of the data. It provided a theoretical underpinning needed to align the data analysis with the philosophical underpinning of the study. I also referred to journaling as part of reflecting on my thought processes at this juncture in my research study. My informal journaling was aligned with Husserl's concept of bracketing, in which I was cognizant of the thought process that involves setting aside any personal assumptions that may interfere with understanding my participants' lived experiences with binge behavior (Faurot, 2022). This was an ongoing step that guided me in refining my skills and responding to any required changes during the data collection process and data analysis.

Six Data Analysis Steps Endorsed by Peoples (2021)

Step 1: General Reading of the Transcripts. The first step entailed a general reading of the transcribed interviews as a preliminary revision to eliminate any unnecessary language or cues hindering the text's understanding (Peoples, 2021). For example, an excerpt of the original script of P 1's description of her binge episode was, "Um…I mean a meal for me is a meal. It's like a small plate but I would its just a continuation of eating all day." The first step involved eliminating linguistic fillers and preparing a readable excerpt. Thus, the revised excerpt would look like, "So, I mean, a meal for me is a meal, it is like a small plate. But it would be just a continuation of eating all day."

This step aimed to prepare a readable transcribed text that facilitated the sequential steps; additionally, it involved the beginning of the ongoing process of data analysis, as it helped me to get acquainted with the data and start the formative analysis needed to make sense of it (Agua, 2022; Ravitch & Carl, 2016). In essence, according to Giorgi's method, this step endorses fidelity, intentionality, and acknowledgment of the data collected as a whole entity ready to be described (Giorgi, 2014).

Step 2: Allocating Preliminary Meaning Units. This is similar to pre-coding, in which I re-read the texts to further familiarize myself with their context (Ravitch & Carl, 2016). It also necessitated highlighting, circling, or marking noteworthy repetitive or irrelevant data to ensure an iterative look at the interview questions in relation to the research question (Giorgi, 2014; Ravitch & Carl, 2016). I transformed these allocated preliminary units of the chunks of data into Excel files, denoted for each participant.

These chunks of meaningful data answer the research question and inform the research problem. They constituted the thick description needed to generate themes. This step entailed an in-depth revision of the transcribed text as a preliminary step for the onset of the coding process. The premise of this step was to immerse myself in the data collected while being aware of my role as a researcher and ensuring that I am following the concept of bracketing to maintain neutrality in approaching the data analysis process (Giorgi, 2014). For example, one of the preliminary meaning units of P2 was "It would be racing thought. But it would be somewhat of a satisfaction with it during the episode," generating the theme, a feast-like episode filled with conflicting emotions.

Step 3: Final Meaning Unit. A closer look at this step involved starting the coding process. According to Ravitch and Carl (2016), "Coding is assigning meaning to data" (p. 248), but the process is multilayered, laborious, and aims at segmenting or categorizing the data collected (Creswell & Creswell, 2018). It is the heart of the data analysis process as it organizes the data into manageable categories or chunks that serve as meaning units to be clustered together to generate themes for analysis and discussion (Peoples, 2022; Ravitch & Carl, 2016; Tesch, 1990). Thus, the purpose of the coding process was to organize data and construct meaning that would yield analytical themes (Williams & Moser, 2019). My approach to coding was inductive and involved staying close to my participants' language, as this was aligned with the transcendental framework of the study and with Giorgi's rationale for describing data (Giorgi, 2014; Ravitch & Carl, 2016; Williams & Moser, 2019). A code can be words, numbers, or phrases that closely and meaningfully describe and uncover the interviewees' answers and reflect the

underlying meaning of these answers (Williams & Moser, 2019). As part of my data analysis plan, my selected codes were clear, short, dynamic, consistent, and related to the research question and problem as an antecedent for starting the analysis process (Ravitch & Carl, 2016). This step allowed the flow of the next procedural steps and ensured that a concrete structure was needed for a complete data analysis process. An example of this step includes assigning themes such as "Stress as a precursor for binge eating" based on the preliminary meaning units. This theme was supported by P3's description of her binge episode. She stated, "I think there was so much pressure at work…I was there struggling. I was eating…It's stress relief." P4 reiterated, "I am going to relieve this stress…I got to binge eating in that relationship," in reference to her bingeing as a response to stress. More examples of the themes include "Binge eating as a manifestation of internal struggle" and "Binge eating as part of multilayered problem."

Step 4: Synthesizing Final Meaning Units. The fourth step, according to Peoples' (2021) data analysis plan, is synthesizing final meaning units across participants into situated narratives, which involved deriving meaning from the themes of direct quotes of the interviews into illustrated themes. The premise was to allow the themes to emerge from the meaning units among all participants through careful revision and re-reading of my participants' interviews to ensure coherence among the themes to facilitate the data analysis (Giorgi, 2014). Specifically, this step required careful reading of each interview, jotting down meaningful topics, and clustering similar topics (Creswell & Creswell, 2018). Then, arranging them into categories with the purpose of synthesizing the categories into meaning units that are interrelated. Examples of the illustrated themes

include “Barriers to counseling despite the need for support during the binge eating behavior,” which was supported by quotes like, “I don’t really have time…other things take precedent,” as described by P1. P7 mentioned, “…I didn’t have…enough courage…and also trusting the person I’m going to seek help from.” The illustrated themes also include an explanation of these themes and quotes in terms of their meaning-making process and in relation to the research problem.

Step 5: Synthesizing Situated Narratives. The fifth step, delineated by Peoples (2021), involved synthesizing these situated narratives from the previous step into general narratives, which involves grouping the themes together based on their recurrence and the meaning derived among participants, as part of the data analysis process (Nuuyoma et al., 2024). Giorgi (2014) denoted that phenomenological researchers opt for concrete steps to derive meaning and themes, as data require laborious work to be synthesized and analyzed. Consequently, this step enhanced the preparation of the data and guided me in assuming an active role in this process. To illustrate, all participants reported two main themes: “Stress as a precursor to binge eating,” and “Ownership of the emotions and a high level of self-awareness.” Most participants experienced “Binge eating as a manifestation of internal struggle, filling a void or an emptiness,” and “Over occupied with weight gain and body image.” Another example involved some participants reporting their “Inability to satisfy the urge to binge,” and Environmental and emotional factors played a role in the development and maintenance of binge eating.”

Step 6: Generating General Description. Finally, the sixth step involves creating a general description of the themes across the population by focusing on

combining common themes to make analysis easier in relation to phenomenological analysis (Peoples, 2021). It includes agreeing on and validating the final themes and turning them into a broad description that represents African American women. This data analysis process is iterative and requires repeatedly reading and re-reading my transcribed interviews and connecting the codes to develop themes, as discussed in Chapter 4. I will present the data in a table (Table 1.2 in Chapter 4) for clarity and as a guide for reproducing the study.

Issues of Trustworthiness

Assessing the trustworthiness of qualitative research depends on its credibility, transferability, dependability, and confirmability, indicating the rigor of the research study.

Credibility

Credibility, equivalent to internal validity in quantitative research, is achieved by conducting research with coherence among its research question, design, and data collection and by following its recursive nature (Ravitch & Carl, 2016; Subedi, 2023). To ensure credibility, I maintained the coherence and the logical flow needed to align the research question with the transcendental phenomenological design of the study. Additionally, I adhered to the iterative nature of the paradigm by assuming an active role in building on the sections of the study and the concepts discussed to yield a whole and complex study that answers the research problem (Ravitch & Carl, 2016). Moreover, conducting follow-up interviews helped me to further discover rich data that can answer my research question and enhance this coherence, leading to validity.

Transferability

Transferability or external validity is another measure to assess the trustworthiness of qualitative research and thus ensure rigor. It is equated with generalizability in quantitative research; nonetheless, generalizability is not an aim in qualitative research (Ravitch & Carl, 2016). The objective is to provide findings that could be transferable to another context, considering any contextual differences, and after a proper understanding of the intricacies of these findings (Subedi, 2023). To achieve transferability, I provided thick and rich descriptions of the life events and the contexts that my participants shared in their interviews and follow-up interviews, allowing for clarity of the specifics needed to be transferred to other possibly similar contexts (Ravitch & Carl, 2016; Subedi, 2023).

Dependability and Confirmability

Dependability, or consistency, is equivalent to reliability in quantitative research. To ensure dependability, I followed a coherent design and was consistent in following the rationale of my research design (Ravitch & Carl, 2016). This is embedded in ensuring that the data collection method is aligned with the research question and the theoretical framework, measures that are parallel to the notion of credibility. As for confirmability, it entails suspending any biases or prejudices that can interfere with the research design or findings to allow these findings to be confirmed (Subedi, 2023). This is the premise of my study, which is embedded bracketing and engaging in an ongoing process of reflexivity through journaling to allow a pure description of the essence of the lived experiences of my participants.

Ethical Procedures

The ethical considerations I followed during the data collection and analysis processes align with Walden University's IRB expectations embedded in protecting my participants' welfare, ensuring their confidentiality, and respecting our professional boundaries. First, crafting a clear informed consent that explained my participants' rights, such as their right to decline to participate in the study or to withdraw at any time from the interview, ensured the clarity needed to communicate the ethical standards of Walden University. Second, I followed every procedure needed to ensure my participants' confidentiality, such as deleting their names or other names mentioned in their interviews and assigning them identifiers. I also communicated with my participants via Walden University's email to maintain the professionalism needed throughout the study. All data collected will be stored on my computer, which I solely have access to and is protected with a secure password; additionally, I will destroy the data collected by deleting it from my computer after a period of five years in accordance with Walden University's IRB guidelines. Last, respecting the boundaries of my participants was my utmost ethical obligation, which entailed disclosing any accidental personal relationship with any of my participants.

Summary

In sum, I presented the third chapter of this study above. Specifically, I detailed the research method and design and described all the methodological steps. I also explained the selection logic, instrumentation, procedural steps for recruitment, and all the necessary steps needed to start collecting data. Further, I discussed trustworthiness

issues and presented the layout for the data analysis plan. These sections will help me commence the fourth chapter, which involves presenting the research findings and connecting them with the transcendental phenomenological underpinning of the study.

Chapter 4: Results

Introduction

In Chapter 4, I will present the research findings and data collection and analysis, and connect these findings with the transcendental phenomenological philosophical underpinning of the study. Specifically, I will describe the setting, participant demographics, data collection method, and the findings, which include elaborating on the illustrated themes, general narratives, and providing a general description of these themes. Next, I will discuss the theoretical connection I have made, and then conclude this chapter by expanding on the implementation of credibility, transferability, dependability, and confirmability as validity and reliability measures of the study's findings.

Setting

In this qualitative transcendental phenomenological study, I conducted semi-structured interviews via Zoom audio-recorded conference calls as the data collection method. I interviewed eight participants during April 2025 from my home office, a private and quiet area, to ensure a professional and confidential environment. I used my personal computer, on which I am the only user, to record the Zoom interviews and utilized the voice recorder of a backup computer, in case of unexpected technology failure. Both computers are set up with passwords and are kept in my home office. I communicated with my participants via Walden University's email address and maintained a prompt response throughout our communication. No personal or

organizational conditions influenced my research participants' experiences within this setting, posing no influence on the research results.

Demographics

The age of the participants interviewed ranged between 25 and 43 years. All eight participants interviewed identified themselves as African American females with diverse occupations. Three participants reported an African ethnic background; two reported as African Americans, and there was no mention of the ethnic or racial background for three participants. I collected the height and weight of all the participants, and six participants reported their height and weight in the metric system.

Data Collection

After obtaining the Walden University IRB approval, I contacted many eating disorder treatment centers, support groups, eating disorder clinics specialized in BED, and counselors with eating disorder training. I obtained their email addresses from their social media pages or websites. I sent emails requesting their permission to post my flyer on all their social media accounts and physical offices. Initially, the IRB approval did not include compensation; nonetheless, the recruitment process seemed more difficult than expected. I requested a change in the process to include a $ 25 Amazon gift card as a thank-you gift for my participants' time. After obtaining the IRB approval, I resent the above centers to repost the updated flyer. I also distributed the updated flyer and posted it on the bulletin boards of the public library in my area, private gyms, grocery stores, and department stores, as allowed by their administrators. In addition, I distributed flyers to weight loss clinics, medical offices, beauty stores, and other relevant public and private

businesses in my area. I got the IRB approval to ask friends and family members to post on their social media accounts, and I asked colleagues to spread the word about my study as part of snowball sampling. After all these adjustments, I started receiving emails from interested participants immediately, allowing for efficiency in the data collection process. The addition of the incentive increased participant engagement, as it reflected my appreciation of their time and effort. I included a copy of the flyer in Appendix B.

Upon receiving emails from interested participants, I responded promptly and scheduled the interviews. The interviews ranged between 40 and 60 minutes. I conducted one follow-up interview and requested three follow-ups from three participants, but they did not respond to my request. There was no need for follow-up interviews for the four remaining participants, as the probing was sufficient to answer all the questions and provide further clarifications. During the interviews, I started by reading the protocol, screening questions, and the eight interview questions. The screening questions served the same purpose as the interview questions, as the majority of the participants described their overall experiences with binge eating at the onset of the interview, providing the thick description needed to answer the research question. There were no unusual circumstances during the eight interviews. All the interviews were saved on both computers with passwords, and the printouts are stored in a locked cabinet. I deleted the interviews from the backup computer once I finished analyzing the data.

Findings

Next, I began coding the collected data, another step in the ongoing data analysis process, following the six steps outlined by Peoples (2021). The first step entailed

reading the auto-Zoom-generated scripts of the eight interviews and eliminating unreadable and unnecessary words, such as linguistic fillers, to make the transcripts easier to analyze. In the second step, I re-read the transcripts to get acquainted with the narrative and to highlight preliminary meaning units as meaningful chunks of data that will help generate themes. I copied these meaning units to an Excel file that I created for the eight participants, grouping the meaning units under each of the screening and interview questions, respectively. This grouping method initiates the coding process, which entails designating meaning to these preliminary meaning units based on the premise of describing the essence of the experience being studied. These codes constitute the final meaning units or the themes that reflect the underlying meaning of the essence of my participants' lived experiences with binge eating behaviors. This required thoughtful and systematic consideration of my participants' life events with binge eating, along with the factors that preceded the episodes, as described in each response. This led to the fourth step, the illustrated themes, which involves grouping, synthesizing, and refining the common themes (final meaning units) among all participants. This step also entails supporting these newly common themes with direct quotes from the participants' responses to the screening and the interview questions. Next, I grouped the themes into a general narrative, which involves thematic analysis of the most recurring themes that inform the research problem. As for the last step of People's (2021) plan, I created the general description of the data collected based on the meaning-making process of the participants' narratives and reflected that on the general population.

Themes

Following the above data analysis steps, I generated 11 themes based on the transcendental phenomenological approach. The themes were (a) stress as a precursor to bingeing, (b) ownership of the emotions and a high level of self-awareness during the episode, (c) binge eating as a manifestation of internal struggle, filling a void or an emptiness, (d) over occupied with weight gain and body image as an added stress, (e) binge eating as part of a multilayered problem, (f) barriers to counseling despite the need for support during the binge eating behavior, (g) search for a meaningful help with the need to be heard and understood, (h) environmental and emotional needs played a role in developing and maintaining binge eating, (i) inability to satisfy the urge to binge, (j) binge eating behavior taking over one's life, (k) A feast-like episode marked with conflicting emotions. The figure below demonstrates the saturation of the themes and reveals their occurrence among each of the eight participants.

Figure 1

Themes

Participants	P1	P2	P3	P4	P5	P6	P7	P8
Theme 1: Stress as a precursor to binge eating	X	X	X	X	X	X	X	
Theme 2: Ownership of the emotions and a high level of self-awareness	X	X	X	X	X	X	X	
Theme 3: Binge eating as a manifestation of internal struggle, filling a void or an emptiness	X	X		X	X	X	X	
Theme 4: Over occupied with weight gain and body image	X	X		X	X	X	X	
Theme 5: Barriers to counseling despite the Need for support during binge eating behavior	X	X			X		X	
Theme 6: Seeking meaningful help with the need To be heard and understood		X		X		X	X	
Theme 7: Binge eating as part of a multilayered problem	X	X		X		X		
Theme 8: Environmental and emotional factors played a role in the development and maintenance of binge eating	X	X		X		X		
Theme 9: Inability to satisfy the urge to binge	X	X						X
Theme 10: Binge eating behavior taking over One's life						X		
Theme 11: A feast-like episode marked with Conflicting emotions		X						

Illustrated Themes

Theme 1: Stress as a Precursor To Bingeing

All eight participants stated stress as a precursor to binge eating. Work-related stress was a common recurrence, but stress related to familial, personal, interpersonal

relationships, and other factors was also evident. All participants expressed how stress and even thinking about stress led to binge eating as an escape or a calming behavior that distracted them from thinking about the source of the stress, or even thinking about the stress. P 1 reported that work-related stress presents itself through disagreements with others at work, feeling misunderstood, and being attacked. To illustrate, she mentioned, “Learning new people and learning new systems…not always agreeing on things: Feeling attacked or misunderstood.” A deeper analysis of the essence of P 1's lived experience with stress indicates being unheard and undervalued as an employee. This created suppressed anger, with the inability to express it, leading to its accumulation. P 1 added “Accumulation of things, breaking point…the stress builds, stuck, stress relief” as an expression of the cyclical pattern of stress that occurs across different aspects of her life, leading to binge eating as the only relief aspect.

Similarly, P 2 noted,

> My mind started to race like a flood of thoughts...…. It’s a really anxiety-filled thought process. If things are going on with my family…that will stress me out. I found my bingeing really kicked in more when I was…in my doc program.

In her reference to family and school-related stress. P 2 added that “…all interrelated with binge eating,” referring to the cyclical pattern of eating in response to stress. P 3 and P 4 expressed the same idea without referencing the cyclical pattern. Their description was more direct, with emphasis on their experience of binge eating as a response to stressors; P 3 stated, “I think there was so much pressure at work…I was there struggling. I was eating…It’s stress relief.” P 4 reiterated, “I'm going to relieve this stress…I got to

binge eating in that relationship," referring to being in a toxic relationship. As for P 5, she described her experience with binge eating after being laid off, and she related that to overthinking and frustration, indicating a sense of powerlessness during her lived experience with a binge episode. To illustrate, P 5 mentioned "…been laid off, so, most of the time, I had to eat…I tend to look for something to do…to remove my stress, so I tend to eat a lot." P 6 and P 7 described bingeing as an "escape plan" and a "distraction" respectively. P 6 noted that lack of "proper planning" was the major stressor at work, leading to "fall on to binge eating very easy." The common element among all the participants is their inability to find a better coping mechanism, reflecting the lack of opportunity to process stress, allowing for a sense of powerlessness and a cyclical pattern of binge eating to manifest itself. P 8's work and familial stressors were embedded in "hectic bosses" and toxic parents, and "I don't have anyone to talk to," leading to binge eating in response to these stressors.

Theme 2: Ownership Of The Emotions And A High Level Of Self-Awareness During The Episode

Ownership of the emotions and maintaining a high level of self-awareness during the binge episode was a common theme among the participants. These emotions ranged from anxiety, depression, and frustration to guilt, which participants were able to articulate and express during the interviews. P 1 and P 3 connected the onset of binge eating to a life event, whereas the rest of the participants focused on the emotions. However, all participants maintained their sense of self-awareness, indicating ownership of their emotions, mental state, and being conscious of their binge eating behavior. For

example, P 1 noted, “From surgery to dieticians to exercise programs. It was more so after the surgery that I started to learn about eating disorders.” P 2 emphasized, “I’m always very self-conscious. There’s some anxiety and depressive episodes that are attached to that.” P 3 expressed sadness, frustration, and guilt, and she explained how she ate almost everything during a four-hour trip, “I had eaten almost everything I had bought. When I got to the hotel room…I had only water.” P 4 mentioned, “I realized I started having some changes in like the way I behave around food,” she added, “I realized what you’ve eaten, you can barely imagine it’s you.” P 5 acknowledged feeling guilty and questioned herself about accountability, “I don’t know if I’ 'm not accountable to myself of that guilt.” Besides feeling guilty, P 6 added, “I think of lack of self-esteem and poor coordination. And it’s something you cannot really predict,” implying being aware of how the binge behavior is negatively affecting her mental health, while recognizing the unpredictability of the episodes.

P 7 reiterated the guilt feeling and noted self-blame as another factor of the negative effect of bingeing on her mental well-being. Specifically, she said, “I feel like I am guilty… It’s like me who has brought all this on myself.” P 7 also noted loss of control, as a new element of having a high level of self-awareness, in which she said, “You actually eat like someone who has not eaten for a few days.” P 8 expanded on loss of control and went further to state the negative effect of bingeing on her physical health. She noted, “It’s a matter of stress, and then afterwards diversion, and then afterward…your discomfort in the stomach.”

Theme 3: Binge Eating As A Manifestation Of Internal Struggle, Filling A Void Or An Emptiness

Every participant exhibited a unique and specific manifestation of her binge behavior and internal struggle. Bingeing served as an escape from the battle between maintaining control and losing it, as well as a way to fill the void between guilt and accountability. This struggle was intertwined with the symptoms of binge eating, intensifying the incongruence the participants experienced, which in turn worsened the binge eating. P 1 had a unique manifestation of the internal struggle. She had weight loss surgery, but resorted to binge eating and regained weight, leading to frustration and guilt. P1 explained, "No one is here. My husband is at work; my children are at school. So, it's just me. An internal battle about this; it is not something you should be doing. I feel the urge wins. A lifelong battle…fill that void with food."

P 2 explained the struggle differently. She said, "There's some anxiety and some depressive episodes that are attached to that. I've never thought about harming myself or anything like that, because of it, but I know it's unhealthy. Race in my mind and all of that keeps me very preoccupied, and it's causing sleep disturbances. Because it's almost like I can't go to sleep unless I have that episode. And I guess that is the loss of control which makes me feel like, at times, I am in control, but I'm not." P 2's lived experience was unique and specific, as there was no direct explanation of the source of any emptiness; instead, she described the binge episode as an "adrenaline rush," indicating excitement but filled with embarrassment as she hid the empty packages of food and binged in private. She noted, "My significant other might wake up or something like that

and see me, you know, hurry up and eat, and then have the packages…" referring to hiding the empty food packages.

P 4 explained bingeing as an escape from the pain of low self-esteem and being judged, or "a pain reliever," filling the emptiness created by having "No one to talk to most of the time." She shared, "I feel like when you are distressed, you have no one to talk to most time. Because you are also going through a lot of lower self, and you think other people judge you. And you can, like, find something to relieve the pain. And that's a reliever." P 6 mentioned, "I kind of think so much about…. what has been stressing me… I kind of feel like I cannot do anything else apart from eating," when she is in distress or when feeling scared or worried about someone she cares about. She also explained the unpredictability of the episodes, sense of loss of control, and lack of support, which add stress, creating a void filled by binge behavior. To illustrate, "It's very distressing, especially when you have no control and no one to assist you…like for example, at work, if you are stressed up…you tend to concentrate on issues at work, then the binge eating is an escape plan for you to feel better."

P 7' internal struggle precedes the binge episode and continues throughout it. It is manifested with the inability to control, guilt, and pressure. She said, "I don't have like the ability to control. Your mind makes like, I don't know if you're playing tricks on yourself, it makes you think also that if I satisfy that need of wanting to eat, I'll feel better." She added, …you are in a struggle with yourself, outside pressure on you…not knowing who to approach." The inability to approach support created a void that was filled with binge eating behavior. P 8 stated, "Like when I'm really struggling… how to

tackle my issues. How to be there for myself, how to deal with the problems. So, I'm doing more of the eating. Like find a solution to my issues I failed to have that solution." P 8's statement resonated with the internal struggle. Her unawareness of how to approach or solve her personal problems created a void that was filled with binge behavior.

Theme 4: Over Occupied With Weight Gain And Body Image As An Added Stress

The participants explained that being overly occupied with weight gain and body image was another common theme. Weight gain is highly associated with BED, but it is not one of its criteria (APA, 2013). This association is best described as an added stress that perpetuates and worsens the symptoms of binge eating, manifested in fat shaming and various microaggressions. This was evident in my participants' narratives, which negatively impacted their mental state. P 2 and P 4's experiences had to do with fat shaming and name-calling; however, P 1, P 6, P 7, and P 8's experiences were embedded in internalized body dissatisfaction that led to frustration and sadness, as an added stress that contributes to the maintenance of binge eating behavior. P 2's experience started with the ongoing fear of gaining weight, "A lot of the women in my family are very, very kind of what we would say stout or like, you know, big boned or hippie." She added, "But I didn't want to feel like uncomfortable with my body and stuff like that. And to be honest with you, my oldest aunt…gave me a nickname of Miss Piggy," indicating fat shaming as a form of microaggression that P 2 endured. P 4 mentioned being ridiculed by others, suggesting a lack of understanding by others of what she was going through. She shared the following, "A friend of mine…. seeing me, she said so many nasty things

about my weight gain…like someone is body shaming…they are making it look funny. But it's not even funny."

P 1, P 6, P 7, and P 8's experiences with body image were different as their weight gain was internalized, leading to body dissatisfaction. To illustrate, P 1 said, "Having lost weight (after the surgery) and now regained that weight. It's kind of a part of that disappointment… appearances that I don't like." P 6 noted, "When you look into the mirror, you kind of think that the 90 kilograms that I weigh are mainly contributed by the binge." Likewise, P 7 shared, "Then you notice after some time…. from the previous month, you've added so much weight, within a very short period of time. So, it's really… frustrating." P 8 reported, "I was really… into weight loss, but with time…I started eating beyond control. I stopped running out. I stopped working out. I stopped being considerate of how I look, in terms of body size, and being mindful of what I eat. Because you kind of think I have worked so hard for a dream body. But now, with the turn of events. I feel like my life is going out of hand…my body is…that kind of body that expands. It makes me feel sad."

Theme 5: Binge Eating As Part Of A Multilayered Problem

The binge eating behavior was concurrent with trauma, interpersonal toxic relationships, and insecure attachment. Nonetheless, it seemed difficult for the participants to separate the binge eating behavior from these problems despite their high level of self-awareness during bingeing. This is attributed to the lack of support and the absence of professional help needed to bring further awareness and to process the feelings and thoughts that were associated with the traumas and the binge eating

behavior. These traumas were not explored in the interviews due to time constraints, and as binge eating behavior was the primary focus of the interviews. P 1 reported, “The inability to express oneself due to childhood trauma led to binge eating behavior. Only one who is taking the family around, the sole driver, my mother, and her health - she is on a fixed income…. accumulation of things.” However, these traumas are worth exploring in future research, as they contribute in developing binge eating behavior.

As for P 2, she mentioned, “I did experience a sexual assault” while sharing her lived experience with binge eating behavior. P 4 explained that, “I had some challenges. I was trying to conceive,” which was part of her interpersonal relationship struggle and being in a toxic relationship. P 6 mentioned, “When it comes to the need to be shown love, you feel like no one is there to show you that love…. like the motherly love is not there,” suggesting insecure attachment.

Theme 6: Barriers To Counseling Despite The Need For Support During Binge Eating Behavior

Many participants did not seek professional help due to specific reasons that pertain to the personal challenges that they are facing. Each participant presented a different reason that prevented her from seeking counseling. For example, P 1 mentioned, “I don't really have time…. other things take precedent.” P 2 sought coaching, not counseling, for personal reasons during high school. Hence, the binge eating behavior went unnoticed or unexplored, supporting its presence as part of a multilayered problem. P 2 mentioned, “So, it wasn't an in-depth like sessions or so. It was like a little bit at a

surface level. You ate all that stuff, but maybe you were really hungry because you work out a lot," in reference to her coach's response to her behavior around food.

P 5's response was direct; she did not realize the need for counseling. She said, "Lack of information about…. counseling. I didn't know it was a problem that needed counseling." However, P 6 acknowledged the need for counseling and emphasized her need to be heard and understood when seeking counseling. She stated, "I think by getting the necessary help to counseling, things can get better because they'll guide you and you can continue. I wanted to go to a person who will understand me. Like a person who will be able to use their right diagnosis, give the right medication, and make sure that you are happy." P 7 stated, "…I didn't have… enough courage… and also trusting the person I'm going to seek help from. Basically, getting to know that maybe there is help, I should consider help." P 8 mentioned, "Like, not only on a professional level, let it be like a friend. The person should portray an image of a friend. Like I'm seeing impact, I'm seeing I'm having someone who understands me and who is taking me through the entire process step by step and reassuring me…like a whole motivational journey…. it requires an intervention by a nutritionist."

Theme 7: Seeking Meaningful Help With The Need To Be Heard And Understood

In the context of seeking help, the need to be heard and understood emerged, which P 2, P 4, P 6, P 7, and P 8 emphasized to complement their meaningful search for counseling. This need includes a person-centered comprehensive help, focusing on mental well-being and nutritional needs. To illustrate, P 2 said, "They could probably give me more insight to… unhealthy thinking and behavior patterns that started way

before my recollection…so somebody to help you not only at a mental level…or at a behavioral level, but also in terms of food…. like health coaching… include questions…eating patterns…referring you to nutritionist or a dietitian." P 4 expected that the binge eating behavior to be explored in counseling; she said, "…like let's talk about binge eating," indicating the need and the importance of initiating the conversation about her binge eating behavior. P 4 also mentioned, "… to be aware of what I want," in terms of expecting the counselor to bring to her awareness her needs that were not met. As for P 6, she incorporated the need to get medicated in counseling, which is a misconception about the expectation of counseling. She noted, "...can be solved by maybe counseling sessions and the right medication;" however, P 6 maintained the need for her binge eating behavior to be solved during counseling.

P 7's search for help was different; she needed guidance to be able to progress and be accountable for her bingeing behavior. She noted, "Let me see progress for myself. Let me be a health account." P 8's search for counseling embodied the need to find a friend-like counselor who "…has been instrumental in someone else's life, who was…experiencing the same binge eating that I am…even on a personal level, not only on a professional level, let it be like a friend. The person should portray an image of a friend." P 8 explained the importance of achieving a positive therapeutic outcome. She said, "...what are the triggering factors and how to react…."

Theme 8: Environmental And Emotional Factors Played A Role In The Development And Maintenance Of Binge Eating

As an environmental factor, the lack of resources contributed to bingeing, in which individuals develop the habit of bingeing as a maladaptive behavior when food is available to compensate for its scarcity. The centrality of food during family gatherings perpetuates this behavior, adding complexity and a new layer of understanding to binge eating. P 2 described her experience as follows, “I could even go back to my childhood with going to my other family members' houses and eating a lot because…we didn't have a lot of … resources, and I remember my mom having to go and get public assistance and go to food banks…I was thinking…I'd better eat as much as I can, if there's food that I could kind of hide and take with me, with food being the center of a lot of our gatherings. And then if you didn't eat the food… going to be wasteful… then I would feel guilty around that, too.” The binge eating behavior is a soothing mechanism to avoid feeling guilty, indicating a lack of coping mechanisms needed to process the guilt feeling. Paradoxically, during P 2’s adulthood, she utilized the availability of resources for a grocery “shopping spree” to buy food in preparation for a binge episode, adding complexity for understanding the dual role of resource availability in maintaining binge eating. To illustrate, P 2 mentioned, “…elaborate plan ….to go by the store and then I'm going to get this and then I'm going to get that,” in her reference to a grocery shopping spree, as a frequent occurrence in her description of binge behavior.

P 2 also mentioned, “…I would say… boredom too. I'm just like okay, I'm just relaxing, watching some of my favorite shows, then I feel like, you know, I need to have

snacks. I need …to have something else for comfort," indicating that boredom is an emotional factor contributing for maintaining binge eating behavior. P 1 referred to isolation when she said, "No one's here. My husband is at work, my children are at school," as an emotional factor for maintaining her binge eating behavior. P 4 stated, "You're isolated, you are at home… it makes me feel sad. Not happy…that's a way of going to isolation," when describing her lived experience with a binge episode. Her description points toward the role of isolation in perpetuating binge eating behavior. P 6 shared that "I think lack of finances…when there are salary delays," as another example of the role of an environmental factor in maintaining binge eating behavior.

Theme 9: Inability To Satisfy The Urge To Binge

The urge to binge eat was strong, leading to a cyclical pattern of bingeing to satisfy this urge, exacerbating the emotional or physical pain experienced after each episode. P 1 underwent a weight loss surgery, but resorted to cycles of bingeing, leading to weight gain and a state of "disbelief". P1 noted, "Re-trained myself, so, instead of eating so much all at once… I eat smaller portions; it's still the same habit…the behavior of overeating began again." P 1 added, "I don't feel… the need to stop like there's no stop," referring to the inability to satisfy the bingeing urge. P 2 mentioned, "Eat until you're kind of…get slump and pass out…you've just eaten yourself to the point where you've fallen asleep…you know, you wake back up and eat more." This had negatively affected P 2's physical health, leading to ailments. "Because of my weight, I have a herniated disc…I have injections in my back because of pain." P 7 expressed guilt and frustration in response to satisfying the cycle of this urge. She mentioned, "You think

also that if I satisfy that need of wanting to eat, I'll feel better…You feel guilty." She also noted health problems due to this cyclical pattern. To illustrate, she said, "Then you notice after some time… you fall sick and you go to the GP, that you from the previous month you've added so much weight…within a very short period of time. So, it's really… frustrating."

Theme 10: Binge Eating Behavior Taking Over One's Life

The binge eating behavior is more than an episode measured in minutes or hours. It affects different aspects of one's life, leading to disruptions that seem difficult to restore. This was evident in P 5 and P 8's descriptions of their struggles during the episode and afterwards. P 5 noted that the frequency and unpredictability of the binge eating behavior took over her life and left her feeling out of control and powerless. To illustrate, P 5 mentioned, "I think it made me… deteriorate in terms of going to the gym…you kind of shy away from addressing the issues…powerless, it's mainly in terms of you want to control it." P 5 added, "You cannot even predict the pattern…you can't stop. I don't know, it's like some way you want to do something differently. But…you are not able." This also relates to the sense of loss of control, as a major criterion of BED, which could affect other areas of individuals' lives, as is evident in P 5's description. P 8 stated, "It's something that is beyond control. It takes a lot of like effort too… and you are not able to perform… food is the only way out…chocolate, food, like macaroni, burgers, pizza." P 8 added, "I stopped working out. I stopped being considerate of how I look," indicating the impact of the binge behavior on P 8's lifestyle.

Theme 11: A Feast-Like Episode Marked With Conflicting Emotions

This theme was specific to P 2 and entails conflicting emotions and a new level of preparation filled with excitement in anticipation of the binge episode. The preparation is well-planned and similar to a unique and joyous feast, with the centrality of different kinds of well-seasoned food to meet P 2's palate. P 2 started her description of this feast by noting, "I have to literally kind of plan out… I'm only going to get one of these, but I'm going to get two of that…I have something salty, well, then I got to have something sweet, and then I need to have a soft drink." P 2 continued, "…sort of like an excitement," in reference to her initial feelings after her preparation. P 2 continued to describe the onset of her episode by searching for more food in her home's pantry to add more variety to her food. She said, "I go in the pantry, and I'm scanning the pantry, even though I already kind of had a plan about what I wanted to eat. Something else might catch my eye. I'll have to eat all of them because I don't want to waste it." The onset of the binge eating was marked with enjoyment, followed by calmness during the episode, she stated, "You know, throughout that time I'm eating. And I'm saying to myself, like, oh my gosh, it's so good…so calming. I mean, I literally fall asleep eating…and then I'll wake up, and I'm starting back to chew and eat." Nonetheless, the tone of these emotions changed after she woke the next day and felt embarrassed, leading to stress that was similar to that that preceded any typical episode as described by her. She noted, "I'm waking up, and I have rappers all around me. Or if I'm alert enough, I'm throwing away stuff… then I'm like hurrying up, trying to clean up everything." P 2 reported feeling "satisfied" afterwards; "When I wake up, I won't feel as if I don't feel empty. I feel full."

During P 2's explanation, she shared her spirituality as a general reflection on her binge behavior, in which she indicated conflicting emotions aligned with gluttony, adding incongruency to her views about bingeing. She said, "Maybe I'm not feeling as confident or in touch with my spirituality. I believe in God. I believe, you know, I call on Jesus." P 2 finished her description of her mental state by saying, "I'm just feeling so horrible about myself and the decisions that I've made."

General Narrative

One of the most common and recurring themes among all of the participants was stress as a precursor to binge eating, which also indicated the saturation of these themes. However, stress presented itself differently, but it was consistent in terms of the development and maintenance of binge eating as a maladaptive soothing mechanism to numb this feeling. Work-related stress was a recurring risk factor embedded in a work environment encompassing different mindsets, disagreements, and a focus on adhering to orders. P 1 noted, "Feeling attacked or misunderstood" in her workplace as a precursor to binge eating behavior. Other work-related stress factors included the fear of layoffs, being laid off, or a hectic work schedule. For example, P 3 specified that there is "So much pressure at work, leading to binge eating behavior as a stress relief." Stress also expanded to reach family and interpersonal relationships. P2 revealed thinking that she had to report to work the next day, which created a new level of stress that triggered a binge episode.

Other sources of stress were familial or interpersonal relationships, such as toxic parents or toxic partners, and being a pleaser, in which participants resorted to food to

alleviate this stress. To illustrate, P 4 stated, “I got to binge in that relationship,” and P 8 referred to “hectic bosses” and “toxic parents” as major triggers for binge eating behaviors. Another recurrent theme among all participants was having ownership of the emotions experienced during the episodes and having a high level of awareness of the life events around these episodes. For example, P1 reported learning about binge eating behavior after her weight loss surgery; P 2 emphasized being self-conscious of her binge eating behavior and being self-aware of her anxiety. P2 acknowledged suffering from a “depressive episode” associated with her binge episodes. Additionally, more participants noted guilt and sadness and described a change in their behavior around food. For example, P 4 mentioned, “I realized I started having some changes in like the way I behave around food.” P 5 acknowledged feeling “guilty,” and P 7 specified their sense of “loss of control” and the “unpredictability of the episodes,” indicating their high level of awareness during the binge eating behavior.

Another common theme among most participants was that binge eating was a manifestation of internal struggle. For example, P1 noted that thinking about bingeing has created internal struggle. In contrast, the rest of the participants stated that binge eating was enmeshed among emotional struggles, such as lack of control, fear of being judged, lower self-esteem, lack of a sense of personal accountability to one’s actions, and not standing up for oneself. These struggles overshadowed the symptoms of binge eating, making it difficult to recognize the pattern of eating.

Furthermore, many of the participants reported being occupied with their weight gain and body image as a result of the binge eating behavior, leading to a cycle of fat

shaming, being ridiculed, and name-calling. This cycle added stress, perpetuating the binge eating behavior and adding a layer of personal and emotional problems that went unresolved. However, participants did not manifest body image in the same manner. For example, P 1 and P 6 internalized their negative body image because of their fear of gaining weight after the weight loss surgery, and dissatisfaction with their "appearance" as a sign of body image dissatisfaction. Other participants' experience with body shaming was environmental, such as name-calling and feeling judged, as two forms of microaggressions.

Another theme that many of the participants noted was that the binge behavior was embedded within a multilayered problem, such as childhood trauma, financial difficulties, sexual assault, inability to conceive, and the absence of motherly love. These challenges took precedence over the binge eating behavior, allowing it to be unrecognizable as a problematic behavior that needs treatment.

Additionally, many participants noted the recurrent theme of never seeking counseling despite the need for support and help during the binge eating behavior. They referred to a lack of time, information, and the need for a counselor who understands them as reasons that prevented the participants from seeking counseling. P 2 mentioned that her binge eating was discussed "At a surface level" and was considered a normal hunger after exercise. On the other hand, P 5 did not realize the need for counseling, leading to worsening of her bingeing behavior. Meanwhile, P7 explained the need for a trusting and knowledgeable counselor who can provide comprehensive help. P8

explained the need for a professional helper who acts like a friend and provides reassurance, motivation, and nutritional guidance for healing.

Many participants agreed on the importance of seeking meaningful help during a counseling session, specifically in need to be heard and understood. They attributed the success of counseling to a client-centered approach, in which they expected the counselor to be intentional in initiating the discussion about their binge eating behavior. P 4 noted, “To be aware of what I want,” as an expectation to bring to her awareness her binge eating pattern in counseling, for a positive therapeutic outcome. However, P 7’s therapeutic expectation was different, in which she expected personal accountability as part of the therapeutic help that a counselor can provide.

Some participants talked about the environmental and emotional factors that played a role in developing and maintaining binge eating, as another thematic analysis of the data collected. As an environmental factor, the lack of resources was presented differently between P 2 and P 6. P 2 referred to the lack of and the availability of resources as factors in the onset of binge eating behavior. She mentioned that during her childhood, “I’d better eat as much as I can,” when food was available, due to its scarcity, leading to the development of binge eating behavior that remained with her till adulthood. Alternatively, during P 2’s adulthood, she utilized the availability of resources for grocery shopping sprees as a precedent for a feast-like binge episode. However, P 6 mentioned “lack of finances” as playing a major environmental stressor that perpetuated binge eating behavior, but without providing further behavioral explanation of its mechanism.

Some participants, like P 1, P 2, and P 4, mentioned “boredom” and “isolation,” respectively, as two emotional factors leading to the onset of binge eating behavior. P1 and P 4 referred to isolation that contributed to the onset of their binge eating behavior. P 1 stated, “No one’s here. My husband is at work, my children are at school,” describing her lived experience before a binge episode. P 4 indicated “You’re isolated…it makes me feel sad….” P 2 noted, “I am just relaxing, watching some of my favorite shows, then… I need to have snacks…I need to have something else for comfort,” indicating boredom as a behavior intended to fill the void of boredom.

Additionally, some participants described their inability to satisfy the urge to binge, embedded in a cyclical pattern of eating, which negatively affected their physical and psychological health. P 1 was in a state of “disbelief” when she regained the weight after weight loss surgery. She noted that “There’s no stop” when she engaged in binge eating behavior, indicating that the surgery helped her lose weight, but not in modifying her behavior. She said, “I eat smaller portions,” after the surgery, but without the ability to stop this maladaptive pattern of behavior. P 2 mentioned her being stuck in a cyclical pattern of eating. She noted, “You’ve just eaten…to the point…fallen asleep…you wake back up and eat more.” This cyclical pattern led to physical pain, a similar pattern explained by P 7, who also noted her inability to satisfy the urge to eat, followed by feeling “guilty” and visiting her physician after falling sick.

Some participants, like P 5 and P 8, noted that the binge eating behavior took over their lives, as a new emerging theme expressed by them. They attributed the takeover to the frequency and unpredictability of the binge eating behavior, exacerbating the sense of

powerlessness and loss of control. P 5 stated, “It made me deteriorate” without being able to “address the issue.” P 8 specified, “It is something…beyond control…food is the only way out…you are not able to perform,” expressing frustration about the loss of control and the feeling of helplessness that negatively impacted her lifestyle.

The last theme was specific to only P 2, in which her binge episode was described as a feast-like one marked with conflicting emotions. These emotions ranged between “excitement,” “calmness,” “satisfaction,” and “anxiety.” P 2 started with a well-planned episode with a grocery shopping spree; she stated, “I’m only going to get one of these, but I‘m going to get two of that…I have something salty…something sweet.” P 2 continued gathering food from her pantry room with excitement and enjoyment. The feast continues throughout the night with calmness, “I literally fall asleep eating…and then I’ll wake up …to chew and eat.” P 2 noted feeling “satisfied” afterwards, yet anxious about “throwing away stuff” and feeling “horrible” about the “decisions that I’ve made,” leading to a perpetual cycle of stress.

General Description

Most of the African American women who exhibit binge eating behavior report stress, anxiety, social anxiety, guilt, and fear of being judged, not only as triggers for binge behavior but also as concurrent with the episode. Stress is more prevalent and embedded in the work environment. Stress is also reported at a familial and interpersonal relationship level, in which African American women resort to binge eating as a calming behavior or a stress relief mechanism. They also report feeling unheard and undervalued in the workplace, creating suppressed anger and an inability to express it. Additionally,

the accumulation of stress is attributed to being part of a toxic relationship, having toxic parents, or being a pleaser, leading to binge behavior in response to these stressors. Nonetheless, most of the African American women with binge eating behavior have full ownership of their feelings and have a high level of self-awareness during the episode. Specifically, they are aware of the sense of loss of control and the unpredictability of the binge eating behavior, and they also indicate that they realize the negative impact of bingeing on their physical and mental health.

Most of the African American women with binge eating behavior reveal the struggle and frustration with the weight gain, which led them to be aware of their eating patterns and recognize the need for professional help. Concurrently, they describe the depth of their internal emotional struggle as a sign of incongruence between their desire to gain control and their loss of control during the binge episodes, adding complexity to the internal battle. It is also noted that African American women with binge eating behavior consider binge eating as a manifestation of internal struggle, in which there is a search to fill a void or emptiness. This internal struggle is enmeshed with bingeing and entails frustration, feeling judged, and the struggle between gaining and losing control, which exacerbates the binge eating behavior as an attempt to fill the void created by this struggle. Additionally, African American women with binge eating behavior note that it is part of a multilayered problem and concurrent with trauma, sexual assault, being stuck in a toxic relationship, and insecure attachment. Further, having many responsibilities adds stress and pain to the burden of these personal challenges, making it hard to separate the binge eating behavior from these challenges.

African American women with binge eating behavior indicate being occupied with weight gain and body image, and have endured fat shaming and name-calling as a form of microaggression. This led to internalized body image dissatisfaction, frustration, and disappointment. This overoccupation also served as an added stress and contributed to and interfered with their inability to lead a healthy lifestyle or to break the pattern of binge eating. African American women who exhibit binge eating behavior resort to bingeing as part of a multilayered problem, such as sexual assault and childhood trauma that was never explored as a separate problem or therapeutically resolved.

African American women with binge eating behavior were hesitant in seeking counseling due to a lack of information about counseling, but primarily due to the concern of not being heard and understood in the counseling session. They also report the need for comprehensive help, including seeking a nutritionist and a friend-like counselor who understands their problems and guides them throughout the binge behavior. They describe therapy as a motivational journey tailored to their specific needs, with the need for reassurance and the goal of healing.

Additionally, African American women with binge eating behavior attribute their bingeing to environmental factors, such as lack of resources, and emotional aspects, like boredom and isolation. They report developing binge eating behavior as habitual, compensating for the scarcity of food embedded in the lack of resources. Paradoxically, the availability of resources or finances facilitates grocery shopping sprees for buying various food items in preparation for a binge episode. These factors allow for a cyclical pattern of binge eating with the inability to satisfy the urge to binge in the face of these

stressors. African American women who exhibit binge eating behavior also note that the maladaptive pattern of eating takes over one's life, disrupting their lifestyle and interfering with their ability to exercise or lead a healthy lifestyle due to the frequency and unpredictability of the episodes.

Connection to the Theoretical Framework

From Husserl's phenomenological lens (Husserl, 2013), African American women are intentional in their understanding of their role or position within the structure, context, and content of their narratives about their binge eating behavior. Their consciousness is evident in their descriptions of the horizon, as they allowed themselves to reach a new level of understanding of their lived experience and be present in that experience. The focus was on the present experience that cannot be bracketed, and on African American women's thinking, or noesis, about the binge eating behavior, as the product of this thinking process, or neoma (Faurot, 2022; Peoples, 2021). African American women understand their role amid adversity and how they sacrifice their emotional and physical needs for their family and work. This creates a void that is filled by binge eating behavior as a buffering system. What enhanced this understanding is connecting the present moment with the entirety of the horizon described, focusing on deriving the meaning of the pure essence of the experience of binge eating. African American women describe their binge eating as a response to distress and incongruence in their lives, reflecting a disruption between self-perception and outward behavior. The flow of narrative guided by reason and logic facilitated this understanding, as two major tenets of the transcendental phenomenological approach.

The meaning-making process of African American women's constructed reality indicates that their challenges are unique, in which they are aware of their mental and physical states during and after the binge eating episodes. For example, African American women unveil how binge eating is embedded within a complex set of unresolved emotional and social needs and childhood trauma. This meaning transcends from their openness to new possibilities and insight asserted by their thoughts and beliefs in relation to life events associated with their binge episodes. These life events include different forms of microaggressions, imposed by others, which are internalized, negatively affecting African American women's well-being and lifestyle. Across narratives, African American women emphasize that binge eating is both induced by distress and shaped by incongruence between their constructed realities and external realities, pointing to a collective meaning of the experience.

Validity and Reliability

Credibility

To ensure the credibility of the findings, I aligned the interview questions to the research question and maintained an iterative data analysis approach responsive to the research design. Also, the interview questions complemented each other to ensure coherence and consistency of the narratives, and were followed with probing to maintain the objectivity of the narratives. I provided a thick description of the lived experiences of my participants, which was facilitated by exploratory questions for accuracy. It is essential to note that, as a researcher, I have set aside any personal judgments or worldviews that may interfere with interpreting the data consistently throughout the

research design. I also maintained the self-awareness necessary to fulfill my role as a transcendental phenomenological researcher. This is in accordance with the concept of bracketing that guided me to focus on the essence of the lived experiences of my participants.

Transferability

According to Creswell (2016), transferability entails providing contextually specific data that could apply to different contexts based on participants' fidelity. I maintained the centrality of the pure essence of my participants' lived experiences with binge eating by providing a thick description of the contextual factors surrounding their experiences. This description involves the specifics of the settings, demographics, environmental factors, people involved, and other elements necessary for contextual understanding. This facilitates collecting authentic data that could be replicated in other studies and transferred to contextually different settings.

Dependability

To ensure dependability or consistency, I formulated a research design based on the rationale of the transcendental phenomenological approach as its philosophical underpinning. This rationale guided my data collection and analysis steps, allowing consistency and stability between the research question and the data analysis (Creswell, 2016). I relied on triangulation by anchoring my understanding of the phenomenon of binge eating in the existing literature to inform my knowledge and provide a thorough and solid in-depth understanding of the research question and its implications.

Confirmability

To maintain confirmability or objectivity throughout the data collection and analysis processes, I relied on the continuous process of self-reflection to bring to my awareness any personal biases that can interfere with the objectivity of the data collected. This involves the concept of bracketing, meaning setting aside any personal values or biases that can interfere with the objectivity of interpreting and analyzing the data collected. This was facilitated by the iterative process of the thematic analysis and the rigor of the coding process, which involves allocating preliminary meaning units and generating the final meaning units or themes. The whole process requires vetting of the data in its pure essence to reach the meaning-making process needed for neutral and objective thematic analysis based on the logical flow of themes.

Summary

In Chapter 4, I presented the research findings, which included the setting, participant demographics, data collection method, and analysis. I also thoroughly discussed the coding process and explained my steps to reach the final themes. I included the themes in a tabular form. I detailed the illustrated themes, the general narrative, and the general description of the themes. I concluded the chapter by connecting the findings to the transcendental approach of the study and explaining the issues of trustworthiness. In the next and final chapter, I will compare and contrast the themes with the existing literature to create a dialogue that will further inform the research question and suggest solutions.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to illuminate the lived experiences of African American women with binge eating behavior. I interviewed eight participants to gain an in-depth understanding of their lived experiences with binge eating behavior and to describe the life events, stressors, and risk factors associated with this behavior. The results of this study can be used by counselor educators to train counselors to meet the specific needs of African American women who exhibit binge eating behavior. The research question was: What are the lived experiences of African American women with binge eating behavior during their binge eating episodes? The findings of this study indicated themes that answered the research question and captured the pure essence of the participants' lived experiences. These key findings entail different forms of stress as a precedent for binge behavior, having ownership of the emotions, and a high level of self-awareness during the binge behavior, as the most recurrent themes among the participants of this study. Other key findings include binge eating as a manifestation of internal struggle and over occupation with weight gain and body image, among others.

In the following chapter, I will interpret these findings in relation to the existing literature by creating a dialogue that compares and contrasts the findings with the literature discussed in the second chapter of this study. I will also present these findings in relation to the transcendental phenomenological theoretical framework of the study and present solutions that will enrich the discussion and help counselor educators to train counselors to better serve the therapeutic needs of African American women with binge

eating behavior. I will conclude this chapter by stating its limitations and the recommendations for future research.

Interpretation of the Findings related to the literature

In the following section, I compare and contrast the themes of this study with the findings of other studies to gain a thorough understanding of the lived experiences of African American women with binge eating behavior.

Negative Affect

Assari (2018) and Godbolt et al. (2022) argued that negative affect, which means negative feelings such as stress, anxiety, and anger, is rooted in environmental risk factors and is culturally unique among African American women who exhibit binge eating behavior. Godbolt et al. (2022) referred to unjust treatment in the work environment as a major stressor embedded in the concept of SBW in the face of racial and sexist microaggression, which led to binge eating as a coping mechanism. Although the concept of SBW was not explored in the interviews for this study, the narratives shared a similar meaning with the existing literature, suggesting that the participants implicitly experienced microaggressions. Stress as a precursor to bingeing is the most recurring theme among the participants in this study. One of the significant sources of stress was work-related, followed by familial, interpersonal, and other environmental factors. The similarity between the participants' responses and the literature review includes stress at both work and familial levels. Nonetheless, despite the parallel mechanism, stress was presented differently in the interviews as it was expressed at a micro level. To illustrate, P 1 implied being unheard and undervalued as an employee,

leading to binge eating behavior as a soothing mechanism. Other participants expressed pressure at work, were laid off, and feared being laid off due to work-related stress. These stressors emerged during the interviews but were not explicitly discussed in the literature review of this study.

Godbolt et al. (2022) emphasized that under the notion of SBW, African American women are expected to sacrifice their emotional needs for the sake of their families and work, a finding consistent with the findings of this study. To illustrate, one of the familial stressors that my participants expressed was the endless familial responsibilities that required them to be in charge of their children and parents, creating further stress that led to the maintenance of their binge eating behavior. The finding of stress as a precursor to binge eating behavior that my participants expressed is culturally specific; it is aligned with the SBW specificity that was discussed in Chapter 2. However, the manifestation was different. The notion of SBW was not brought to the participants' awareness during the interviews, suggesting that it remained at a micro level but cannot be separated from the macro level, given the intersectionality of my participants' racial and gender identities. This is consistent with the intersectionality between the racial and sexist microaggressions that were stated by Godbolt et al. (2022).

Description of a Binge Episode

Jackson et al. (2019) argued that culturally specific psychosocial stressors, such as unjust treatment, perpetuated the binge eating behavior as a buffering system to mask the pain created by the unjust treatment. The discussion in the literature review focused on describing the thoughts and emotions associated with binge episodes, such as anxiety,

guilt, and anger. According to Scott et al. (2019), the normalization of binge eating behavior is culturally contextualized and specific, leading to the lack of its awareness as a maladaptive behavior despite its negative physical and psychological effects. On the other hand, participants in this study shared these same emotions when describing their binge episodes, indicating ownership of these emotions. Having ownership of the participants' emotions and a high level of self-awareness, and binge eating as a manifestation of internal struggle to fill a void are two common themes in this study.

The participants of this study expressed feeling anxious, frustrated, angry, and guilty while describing their lived experiences with binge eating behavior, which is consistent with the literature. However, unlike the existing literature, they expressed their awareness of their mental and physical states during and after the binge eating behavior, including recognizing the unpredictability of bingeing. For example, P 5 and P 6 acknowledged feeling guilty, and P 7 indicated the loss of control as another element that negatively affected her mental and physical health. In addition, many participants in this study noted incongruence due to the conflict between their desire to control their food intake and the loss of control experienced during the episodes. This incongruence created a void that was filled by binge eating behavior. The mechanisms behind filling a void and masking the pain are parallel, leading to binge eating behavior, as the same outcome is observed between the literature and the study.

However, P 2's description of her binge episode embodies the specificity described in the literature, yet her description introduces a new subjective manifestation of the binge eating behavior. Many researchers indicated that perceived discrimination,

intersectionality of race and gender, negative affect, and the normalization of binge eating behavior as a contextually acceptable behavior are psychosocial risk factors for binge eating behavior (Assari, 2018; Godbolt et al., 2022; Kuwan et al., 2018; Rogers et al., 2018). P 2 in this study embodies all these psychosocial risk factors, such as being the victim of name-calling, enduring stress at work and familial levels, scarcity of food due to the lack of resources, and the intersectionality of being an African American female. However, her description of the binge episode's specifics differs from that of the rest of the participants and from the literature review. Her binge episode is triggered by racing thoughts or an adrenaline rush, followed by a grocery shopping spree, an exciting process that precedes the onset of the episode. The process of choosing flavored and seasoned foods is well-planned and commences when alone or when family members are asleep. P 2 described being calm during the episode, falling asleep while eating, and then waking up to continue chewing.

P 2 described feeling anxious in the morning while throwing away the wraps as a cover-up. The stress-driven episode and the negative affect afterwards are consistent with the existing literature. However, the calm emotion and the well-planned episode stand out as new individualized findings to inform the research question. P 2 expressed concerns about her spirituality and mentioned gluttony as a thought, hoping to be more in touch with her spirituality as a reflection of her description of the episode. This new finding warrants further exploration in future research but highlights the contextualized difference among participants.

In the literature, there was a focus on the cultural meaning and centrality of food in social and family gatherings (Scott et al., 2019). P 2, in this study, noted the centrality of food as a contributing factor for developing and maintaining binge eating behavior, and she discussed its importance among family gatherings, a finding compatible with the literature. Additionally, the description of food is similar between the study's findings and the review in Chapter 2, consisting of high-fat and sugar content snacks and meals. However, in the review, African American women with binge eating behavior lacked awareness of possible diagnosis. The possibility of formal diagnosis was not explored during the interviews; instead, the participants were aware of their binge eating behavior, which posed as a distressing pattern that affected their daily functioning. This difference between the literature and the findings of this study has to be fully explored in future research, including rejecting bingeing as an acceptable behavior and emphasizing its implications on their physical and mental health.

Body Image

Lin et al. (2013), Talleyrand et al. (2017), and Wilfred and Lundgren (2022) noted that African American culture rejects thinness as the dominant cultural beauty ideal and values fuller looks. The complexity of beauty ideals among African American women extends to include the beauty of hair, nails, and clothes, with less emphasis on body weight, leading to a positive body image (Lin et al., 2013; Talleyrand et al., 2017). This explanation is rooted in the cultural meaning of body image, which was not discussed in the interviews, allowing for emergent themes to be explored and helping to answer the research question. Overoccupation with weight gain and body image, as one of the

emergent themes of this study, differed from the existing literature discussed in Chapter 2. There was consensus among the eight participants about their body dissatisfaction as a result of the weight gain imposed by their binge eating behavior. The participants explained being victims of name-calling, fat shaming, and feeling judged on their looks based on their weight gain, leading to frustration and sadness. The participants reported feeling unheard and alienated in their struggle due to the lack of support at different levels in their lives, which further internalized their negative body image.

Despite the rejection of the dominant cultural beauty ideals, African American women with binge eating behavior experience the pressure to fit into the dominant culture as a result of the acculturative stress process, which entails the struggle between assimilation and rejection (Kwan et al., 2018; Scott et al., 2019). This struggle reinforces bingeing as a maladaptive coping behavior, which negatively affects the notion of body image and adds complexity to the factors affecting body image satisfaction (Wilfred & Lundgren, 2022). While the participants in this study experience the same struggle in terms of their body dissatisfaction, they attribute this struggle to interpersonal and contextual factors, in which they feel powerless. Thus, the literature and the findings of this study are similar in terms of presenting how different psychosocial factors contribute to the development and maintenance of binge eating behavior among African American women.

In terms of binge eating as part of a multilayered problem, there is an overlap between the literature review and the findings of this study. To illustrate, Scott et al (2019) observed that one of their study's participants, who was a victim of child

molestation, resorted to binge eating as a response to her childhood trauma. Similarly, P 2, in this study, expressed having childhood trauma, and P 3 mentioned sexual assault as part of their unresolved internal struggle, an indication that binge eating is a manifestation of this internal battle that needs to be therapeutically addressed.

Unique Barriers to Counseling that African American Women Face

Despite the high prevalence of BED among African American women, 82.5 % of African American women with BED do not seek treatment (Good et al., 2019; Mikhail & Klump, 2021). The existing literature indicates that racial disparity is the primary barrier to seeking counseling, including a lack of resources, food insecurity, and unemployment. All participants in this study did not seek counseling despite their need for support, to be heard, and understood, a finding similar to the existing literature. Their responses include specific reasons, such as the lack of time or courage, or the lack of need to seek therapeutic help, with the emphasis on the need for holistic help that integrates mental, behavioral, and nutritional needs, a finding parallel to the literature, but with more specific or individualized reasons.

Additionally, the literature indicates the need for an in-depth knowledge of the subjectivity and specificity of each African American woman’s experience with binge eating behavior to enhance a better therapeutic outcome. The literature also points toward the underrepresentation of African American women with binge eating in research as the primary reason for the lack of knowledge. As such, the findings of this study provided the cultural specificity and an individualized contextual subjectivity needed for a better understanding of binge eating behavior among African American women. The findings

also enhanced the representation of African American women in research, gaining an understanding of the description of the binge episode. For example, many participants emphasized the importance of nutritional guidance and incorporating a motivational journey into the therapeutic process. One participant expressed her readiness to be held accountable, and another participant expected the initiation of the discussion about binge behavior in the counseling session. These findings reinforce the cultural consideration discussed in the literature, in terms of the importance of modifying the therapeutic skills based on the contextual needs of every African American woman with binge eating behavior. Relatedly, the specificity of each African American woman's experience with binge eating behavior suggests the possible misconception between counseling and different forms of coaching, as two participants mentioned coaching while referring to counseling. This specificity implies the need to raise awareness of the difference between the two services, as a way to guide African American women to achieve the positive therapeutic outcome needed for their healing journey.

Cultural Considerations

Acle et al. (2022) emphasized the importance of multicultural competency when training counselors to meet the needs of marginalized clients. This competency includes understanding the beliefs behind the cognitions framed within the cultural context of the clients' values and worldviews. Acle et al. added that culturally competent counselors should adopt a curious attitude to enhance the therapeutic alliance and help them understand the value-driven eating behavior in depth. This curious attitude lies within the cultural consideration that counselor educators follow when training counselors to meet

the specificity of their marginalized clients. The culturally unique specificity discussed in the literature in Chapter 2 is similar to that explained in the findings of this study, in terms of microaggression, for example.

Nonetheless, the findings explored spirituality and lack of resources as two intricacies that some participants shared as contributing factors for the onset or the maintenance of binge eating behavior. To illustrate, one participant mentioned the role of spirituality in her binge eating behavior and questioned the attitude of gluttony as a humanistic struggle that adds complexity to the pattern of eating. This finding was not discussed in Chapter 2. However, it highlights the importance of integrating unique beliefs, language, and thoughts that African American women with binge eating behavior experience during their binge episodes. It also invites other researchers to further explore spirituality within its culturally contextualized meaning as a reflection of multicultural competency. Additionally, the lack of resources is embedded within the microaggression struggle that African American women with binge eating behavior endure, as explained in the literature review, embodied in unfair treatment and other forms of perceived discrimination. These different forms of microaggression are consistent between the literature and the findings of the study, indicating the persistent exposure of various forms of discrimination among African American women with binge eating behavior, leading to its perpetuation.

Limitations of the Study

This study provided novel information, building on the knowledge of the existing literature; however, it has limitations. One of its limitations is the small sample size,

which limits the ability to generalize the findings to the general population. However, generalizability is not the purpose of qualitative transcendental phenomenological research. Another limitation is the inability to transfer the results of this study to other populations, contexts, or situations, as the results are specific to African American women. Additionally, the findings of this study are contextualized; thus, they cannot be applied to other racial, cultural, or demographic backgrounds.

Recommendations

This study provided a wealth of information about African American women's lived experiences with binge eating behavior and explored contextualized specifics related to these experiences. However, there are general recommendations for future research and specific recommendations for counselor educators.

Recommendations for Future Research

The following recommendations are based on the findings of this study and aim to fill gaps in the literature to provide a thorough understanding of binge eating behavior among African American women. First, relating the specifics of the stressors discussed to the culture at large, which includes exploring the existing literature about the impact of environmental and social stressors on the mental state of African American women, and tying that to the research question. The psychosocial stressors are intertwined, but each deserves distinct research. Second, separating binge eating behavior from other psychological disorders that warrant further exploration and treatment, as binge eating is often recognized as part of a multilayered problem and a manifestation of internal struggle. Third, exploring traumas as part of the internal struggle is a future research topic

worth exploring to understand their impact on binge eating behavior. Specifically, childhood and emotional trauma were mentioned but not discussed in the interviews, as they require a time explicitly devoted to this topic. Thus, future research can help gain a better insight into the role that traumas play in developing and maintaining binge eating behavior. Fourth, illuminating body image as a function of cultural beauty ideals is another recommendation for future study, as this study did not explore beauty ideals at a cultural level. The last recommendation is to examine the role of spirituality in the development and maintenance of binge eating behavior. This topic was briefly highlighted in this study, but it is worth gaining an in-depth understanding of its complex impact on binge eating behavior among African American women.

Recommendations for Counselor Educators:

The following recommendations are specific to counselor educators to guide them with the missing knowledge needed to be better equipped to train counselors to meet all the needs of African American women who exhibit binge eating behavior. First, it is essential to initiate a discussion about binge eating behavior in the counseling session to meet the clients' expectations. Second, exploring a comprehensive treatment plan with the clients that includes addressing the nutritional needs as part of the healing journey. Third, utilizing contextual language that is culturally specific to communicate empathy and enhance therapeutic outcomes. Fourth, understanding the uniqueness of each client's constructed reality to ensure an in-depth understanding of the subjectivity and specificity of their narrative associated with binge eating behavior. The last recommendation involves adjusting the theoretical approach and integrating culturally specified skills,

such as the inclusion of the beauty ideals that shape the thoughts and beliefs of African American women with binge eating behavior.

Social Change Implications

In terms of the implications of social change, this study contributes to social equity in many ways. By choosing a marginalized group with binge eating behavior, I am enhancing African American women's representation in research to illuminate the culturally specific risk factors associated with the binge behavior. The purpose of this study was to describe the lived experiences of African American women with binge eating behavior, and the findings will help counselor educators gain an in-depth understanding of this behavior. The results of this study will inform counselor educators about the cultural needs of this group of interest and train counselors to meet the specific and unique needs of African American women who exhibit binge eating behavior. This knowledge is understood within its cultural context, ensuring that the voices of a racial minority group are heard and bringing more knowledge about the maladaptive pattern of behavior in the counseling field, enhancing social equity. The results of this study will also empower African American women with binge eating behavior by ensuring that they are heard and understood in the counseling session.

Additionally, the in-depth knowledge gained in this study will guide counselor educators about the importance of adjusting the counseling skills to meet the cultural needs of African American women struggling with binge eating. The thematic analysis provides a thick description of the contextualized struggles associated with binge eating, suggesting the importance of adapting the counseling theories and modalities to enhance

the empathic alliance based on the racial minority worldviews. The counseling barriers discussed in this study guide counselor educators to train counselors to adopt a culturally sensitive approach and integrate language highly relevant to their clients' unique needs.

Conclusion

Through this study, I provided a detailed analysis of the lived experiences of African American women's struggles with binge eating behavior through the transcendental phenomenological theoretical framework. African American women who exhibit binge eating behavior link the maladaptive behavior to accumulated stress and suppressed anger at work, familial, and interpersonal levels. The unpredictability of the binge episodes and the sense of loss of control contribute to perpetuating the cyclical pattern of bingeing as a soothing mechanism to mask the pain associated with this pattern. Future research should focus on the interplay of the sense of accountability and spirituality that some participants described in this study, as this enhances the understanding of binge eating behavior and adds further knowledge to the therapeutic approach. The participants' description of their binge episodes unveiled the essence of their struggle and revealed how their binge eating is enmeshed with deeper emotional and childhood traumas. More research is needed to examine binge eating behavior pre- and post-weight loss surgeries to gain insight into the binge behavior post-surgery, as one participant in this study revealed re-gaining the lost weight after a bariatric surgery.

It is my hope that the binge eating behavior is brought to the forefront in the counseling session, as it deserves an in-depth therapeutic exploration to begin the healing journey. When working with African American women with binge eating behavior, it is

crucial to recognize the individualized and unique experience of each woman's experience with body image. Future research should explore the relationship between body image dissatisfaction and beauty cultural ideals to gain a better understanding of the manifestation and maintenance of binge eating behavior. Future research should also focus on incongruence, which results from a conflict between the willingness to gain control over the eating behavior and the loss of control experienced during the binge episodes, which can help African American women with binge eating behavior be in touch with this humanistic disconnect. It is also my hope that this study contributes to the existing literature about binge eating by building on the knowledge of how bingeing creates an urge that is difficult to satisfy, adding further stress that negatively impacts the daily functioning of African American women with binge eating behavior. By capturing the complexity of binge eating behavior among a racial minority group, I hope that counselor educators integrate this valuable information and be intentional in understanding this studied phenomenon in its entirety and natural attitude (Husserl, 1977).

References

Acle, A., Cook, B. J., Siegfried, N., & Beasley, T. (2021). Cultural considerations in the treatment of eating disorders among racial/ethnic minorities: A systematic review. *Journal of Cross-Cultural Psychology*, *52*(5), 468–488. https://doi.org/10.1177/00220221211017664

Adamus-Leach, H. J., Wilson, P. L., O'Connor, D. P., Rhode, P. C., Mama, S. K., & Lee, R. E. (2013). Depression, stress and body fat are associated with binge eating in a community sample of African American and Hispanic women. *Eating and Weight Disorders-Studies on Anorexia Bulimia and Obesity*, *18*(2), 221–227. https://doi.org/10.1007/s40519-013-0021-3

Aguas, P. P. (2022). Fusing approaches in educational research: Data collection and data analysis in phenomenological research. *Qualitative Report*, *27*(1), 1–20. https://doi.org/10.46743/2160-3715/2022.5027

American Counseling Association. (2014). *ACA code of ethics.* Retrieved from https://www.counseling.org/resources/aca-code-of-ethics.pdf

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorder* (5th ed.). Arlington, VA: American Psychiatric Association.

Araiza, A. M., & Lobel, M. (2018). Stress and eating: Definitions, findings, explanations, and implications. *Social & Personality Psychology Compass*, *12*(4), 1. https://doi.org/10.1111/spc3.12378

Assari, S. (2018). Perceived discrimination and binge eating disorder; gender difference in African Americans. *Journal of Clinical Medicine*, *7*(5). https://doi.org/10.3390/jcm7050089

Beck, C. (2021). *Philosophy of phenomenology*. SAGE Publications, Inc. https://doi.org/10.4135/9781071909669

Bernard, J. E. & Goodyear, R. K. (2019). *Fundamentals of clinical supervision*. Boston, MA: Pearson.

Bray, B., Bray, C., Bradley, R., & Zwickey, H. (2022). Binge eating disorder is a social justice issue: A cross-sectional mixed-methods study of binge eating disorder experts' opinions. *International Journal of Environmental Research and Public Health*, *19*(10). https://doi.org/10.3390/ijerph19106243

Brown, K. L., LaRose, J.G., Mezuk, B. (2018). The relationship between body mass index, binge eating disorder and suicidality. *BMC Psychiatry.18*(196), 1-10. https://doi.org/10.1186/s12888-018-1766-z

Burke, N. L., Hazzard, V. M., Schaefer, L. M., Simone, M., O'Flynn, J. L., & Rodgers, R. F. (2023). Socioeconomic status and eating disorder prevalence: At the intersections of gender identity, sexual orientation, and race/ethnicity. *Psychological Medicine*, *53*(9), 4255–4265. https://doi.org/10.1017/S0033291722001015

Burton, E. T., Kamody, R. C., Pluhar, E. I., Gray, E., & Abdullah, S. (2020). Radical acceptance and obesity-related health conditions: A case report. *Journal of*

Clinical Psychology in Medical Settings, *27*(2), 217–225. https://doi.org/10.1007/s10880-019-09696-2

Chao, A. M., Rajagopalan, A. V., Tronieri, J. S., Walsh, O., & Wadden, T. A. (2019). Identification of binge eating disorder criteria: Results of a National Survey of Healthcare Providers. *Journal of Nursing Scholarship*, *51*(4), 399–407. https://doi.org/10.1111/jnu.12468

Chyurlia, L., Tasca, G. A., Bissada, H. (2019). An integrative approach to clinical decision-making for treating patients with binge eating disorder. *Frontiers in Psychology, 10*, 1-14. Retrieved from https://www.frontiersin.org/journals/psychology

Creswell, J. W., Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches. (5th ed).* Thousand Oaks, CA: Sage.

da Luz, F. Q., Mohsin, M., Jana, T. A., Marinho, L. S., Santos, E. dos, I., Pascoareli, L., Gaeta, T., Ferrari, S., Teixeira, P. C., Cordás, T., & Hay, P. (2023). An Examination of the relationships between eating-disorder symptoms, difficulties with emotion regulation, and mental health in people with binge eating disorder. *Behavioral Sciences*, *13*(3), 234-242. https://doi.org/10.3390/bs13030234

Dastan, B., Afshar Zanjani, S., Froueddin Adl, A., & Habibi, M. (2020). The effectiveness of dialectical behaviour therapy for treating women with obesity suffering from BED: A feasibility and pilot study. *Clinical Psychologist, 24*(2), 133-142. https://doi.org/10.1111/cp.12197

Davidson, L., & Solomon, L. A. (2010). The value of transcendental phenomenology for psychology: The case of psychosis. *Les Collectifs du Crip, 1,* 77-79.

Faurot, J. (2022). Ideas by Edmund Husserl. Salem Press Biographical Encyclopedia.

Feng, B., Harms, J., Chen, E., Gao, P., Xu, P., & He, Y. (2023). Current discoveries and future implications of eating disorders. *International Journal of Environmental Research and Public Health*, *20*(14), 1-17. https://doi.org/10.3390/ijerph20146325

Galmiche, M., Déchelotte, P., Lambert, G., & Tavolacci, M. P. (2019). Prevalence of eating disorders over the 2000–2018 period: A systematic literature review. *American Journal of Clinical Nutrition*, *109*(5), 1402–1413. https://doi.org/10.1093/ajcn/nqy342

Giel, K. E., Bulik, C. M., Fernandez-Aranda, F., Hay, P., Keski-Rahkonen Anna, Kathrin, S., Schmidt, U., & Zipfel, S. (2022). Binge eating disorder (Primer). *Nature Reviews: Disease Primers, 8*(1), 2-16. https://doi.org/10.1038/s41572-022-00344-y

Giorgi, A. (2014). An Affirmation of the phenomenological psychological descriptive method: A response to Rennie (2012). *Psychological Methods*, *19*(4), 542–551. https://doi.org/10.1037/met0000015

Giorgi, A., Giorgi, B., & Morley, J. (2017). The descriptive phenomenological psychological method. In *The SAGE Handbook of Qualitative Research in Psychology* (pp. 176-192). https://doi.org/10.4135/9781526405555

Godbolt, D., Opara, I., & Amutah-Onukagha, N. (2022). Strong Black Women: Linking stereotypes, stress, and overeating among a sample of Black female college students. *Journal of Black Studies*, *53*(6), 609–634. https://doi.org/10.1177/00219347221087453

Gomez, C., & Gudiño, O. G. (2023). Acculturative stress, anxiety, and depression in Latinx youth: The role of behavioral inhibition, cultural values, and active coping. *Child Psychiatry & Human Development*, *54*(4), 1178–1189. https://doi.org/10.1007/s10578-022-01326-7

Goode, R. W., Cowell, M. M., Mazzeo, S. E., Cooper, L. C., Forte, A., Olayia, O., & Bulik, C. M. (2020). Binge eating and binge-eating disorder in Black women: A systematic review. *International Journal of Eating Disorders*, *53*(4), 491–507. https://doi.org/10.1002/eat.23217

Hay, P., Palavras, M. A., da Luz, F. Q., Garnes, S. D. A., Sainsbury, A., Touyz, S., Appolinario, J. C., & Claudino, A. M. (2022). Physical and mental health outcomes of an integrated cognitive behavioural and weight management therapy for people with an eating disorder characterized by binge eating and a high body mass index: A randomized controlled trial. *BMC Psychiatry*, *22*(1), 1–14. https://doi.org/10.1186/s12888-022-04005-y

Hernandez Hernandez, M. E., Waller, G., & Hardy, G. (2020). Cultural adaptations of cognitive behavioural therapy for Latin American patients: unexpected findings from a systematic review. *Cognitive Behaviour Therapist*, *13*, 1–39. https://doi.org/10.1017/S1754470X20000574

Higgins, E. (2012). Regulatory focus theory. In *Handbook of Theories of Social Psychology: Volume 1* (Vol. 1, pp. 483-504). SAGE Publications Ltd, https://doi.org/10.4135/9781446249215

Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review*, *94*(3), 319–340.

Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2012). "The prevalence and correlates of eating disorders in the national comorbidity survey replication": Erratum. *Biological Psychiatry*, *72*(2), 164. https://doi.org/10.1016/j.biopsych.2012.05.016

Husserl, E. (2013). *Idea: General introduction to pure phenomenology*. Routledge.

Husserl, E. (1977). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy.* Kluwer Academic Publishers.

Jackson, J. S., Knight, K. M., & Rafferty, J. A. (2019). Race and unhealthy behaviors: Chronic stress, the HPA Axis, and physical and mental health disparities over the life course. *American Journal of Public Health*, *100*(5), 933–939. https://doi.org/10.2105/AJPH.2008.143446

Koivisto, K., Janhonen, S., & Väisänen, L. (2002). Applying a phenomenological method of analysis derived from Giorgi to a psychiatric nursing study. *Journal of advanced nursing*, *39*(3), 258–265. https://doi.org/10.1046/j.1365-2648.2002.02272.x

Kwan, M. Y., Gordon, K. H., & Minnich, A. M. (2018). An examination of the relationships between acculturative stress, perceived discrimination, and eating disorder symptoms among ethnic minority college students. *Eating Behaviors*, *28*, 25–31. https://doi.org/10.1016/j.eatbeh.2017.12.003

Lewandowska, K., Klinkosz, W., Styk, W., & Kowalczyk, M. (2023). Diversity of binge-eating disorder symptoms is associated with anxiety about getting fat rather than body image: A clinical study of women in Poland. *Nutrients*, *15*(21), 4572. https://doi.org/10.3390/nu15214572

Lewis-Beck, M. S., Bryman, A., & Liao, T. F. (2004). Qualitative research. *The Sage encyclopedia of social science research methods* (pp. 893-894). https://doi.org/10.4135/97814129550589.n783

Lin, M., Gillikin, L. M., Patarinski, A. G. G., Srivastava, P., & Juarascio, A. S. (2022). Characterizing eating disorder psychopathology and body image related constructs in treatment-seeking Black individuals with binge-eating spectrum disorders. *Eating & Weight Disorders*, *27*(1), 373–378. https://doi.org/10.1007/s40519-021-01165-w

Linehan, M. (1993). *Cognitive-behavioral therapy treatment for borderline personality disorder.* Guilford Press: New York.

Longmire-Avital, B., & Finkelstein, J. (2022). Raising super women… and emotional eaters (?): Exploring the relationship between socialized coping responses to discrimination and eating pathology behaviors for collegiate Black

women. *Journal of College Student Psychotherapy*, 1–20. https://doi.org/10.1080/87568225.2022.2043979

Mama, S. K., Schembre, S. M., O'Connor, D. P., Kaplan, C. D., Bode, S., & Lee, R. E. (2015). Effectiveness of lifestyle interventions to reduce binge eating symptoms in African American and Hispanic women. *Appetite, 95,* 269-274. https://doi.org/10.1016/j.appet.2015.07.015

Moravec, J. W., & Martínez-Bravo, M. C. (2023). Global trends in disruptive technological change: Social and policy implications for education. *On the Horizon, 31*(3), 147-173. https://doi.org/10.1108/OTH-02-2023-0007

Marino, J., & Gaydusek, D. (Eds.) (2017). *SAGE Publications, Inc.,* https://doi.org/10.4135/9781483365817

Mikhail, M. E., & Klump, K. L. (2021). A virtual issue highlighting eating disorders in people of black/African and Indigenous heritage. *International Journal of Eating Disorders*, *54*(3), 459–467. https://doi.org/10.1002/eat.23402

Naeem, F., Phiri, P., Rathod, S., & Ayub, M. (2019). Cultural adaptation of cognitive–behavioural therapy. *BJPsych Advances, 25*(6), 387-395. doi:10.1192/bja.2019.15

Naish, K. R., Laliberte, M., MacKillop, J., & Balodis, I. M. (2019). Systematic review of the effects of acute stress in binge eating disorder. *The European Journal of Neuroscience*, *50*(3), 2415–2429. https://doi.org/10.1111/ejn.14110

National Eating Disorder Association. (2021). *Statistics and research on eating disorders.* Retrieved from https://www.nationaleatingdisorders.org/statistics-research-eating-disorders

Nuuyoma, V., Muvumwaeni, S., & Chihururu, L. (2024). Transcultural nursing: A qualitative analysis of nursing students' experiences in a multicultural context in North-Eastern Namibia. *BMC Nursing*, *23*(1), 1–13. https://doi.org/10.1186/s12912-024-01773-8

Olvera, N., Matthews-Ewald, M., Zhang, R., Scherer, R., Fan, W., & Arbona, C. (2023). Weight concern and body image dissatisfaction among Hispanic and African American women. *Women (2673-4184)*, *3*(4), 486–496. https://doi.org/10.3390/women3040037

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Thousand Oaks, CA: Sage.

Peddle, M. (2022). Maintaining reflexivity in qualitative nursing research. *Nursing Open*, *9*(6), 2908–2914. https://doi.org/10.1002/nop2.999

Peoples, K. (2021). *How to write a phenomenological dissertation: A step by step guide* (1st ed.). Thousand Oaks, CA: Sage.

Peoples, K. (2023, March 12). Husserl's understanding of meaning making: An introduction to healing trauma. *Philosophical Healing: Attaining Positive Mental Health Through Philosophy. A Blog by Dr. Kat Peoples.* https://philosophicalhealing.com/2023/03/12/husserls-understanding-of-meaning-making-an-introduction-to-healing-trauma/

Pula, B. (2022). Does phenomenology (still) matter? Three phenomenological traditions and sociological theory. *International Journal of Politics, Culture & Society*, *35*(3), 411–431. https://doi.org/10.1007/s10767-021-09404-9

Ravitch, S. M. & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological.* Thousand Oaks, CA: Sage.

Rodgers, R. F., Berry, R., & Franko, D. L. (2018). Eating disorders in ethnic minorities: An update. *Current Psychiatry Reports*, *20*(10), 1-12. https://doi.org/10.1007/s11920-018-0938-3

Ross, S. V., & Gipson-Jones, T. L. (2018). Acculturative stress and binge eating in African-American women: Where do they go from here? *Association of Black Nursing Faculty Foundation Journal (ABNFF)*, *29*(3), 69–75. Retrieved from https://www.ebsco.com/m/ee/Marketing/titleLists/ccm-subject.htm

Salkind, N. J. (2010). Qualitative research. *In Encyclopedia of research design* (pp.1159-1163). https://doi.org/10.4135/9781412961288.n350

Scott, T. N., Gil-Rivas, V., & Cachelin, F. M. (2019). The need for cultural adaptations to health interventions for African American women: A qualitative analysis. *Cultural Diversity and Ethnic Minority Psychology*, *25*(3), 331–341. https://doi.org/10.1037/cdp0000228

Soto, A., Smith, T. B., Griner, D., Domenech Rodríguez, M., & Bernal, G. (2018). Cultural adaptations and therapist multicultural competence: Two meta-analytic reviews. *Journal of Clinical Psychology*, *74*(11), 1907–1923. https://doi.org/10.1002/jclp.22679

Statistica. (2023). Prevalence of eating disorders in the United States from 2018 to 2019, by condition. Retrieved from https://www.statista.com/statistics/1230106/eating-disorder-prevalence-in-the-united-states-by-condition/

Striegel-Moore, R. H., Dohm, F. A., Kraemer, H. C., Taylor, C. B., Daniels, S., Crawford, P. B., & Schreiber, G. B. (2003). Eating disorders in white and black women. *American Journal of Psychiatry: Official Journal of the American Psychiatry Association, 160*(7), 1326 –1331. http://dx.doi.org/10.1176/appi.ajp.160.7.1326

Subedi, M. (2023). Sampling and trustworthiness issues in qualitative research. *Dhaulagiri: Journal of Sociology & Anthropology*, *17*(1), 61–64. https://doi.org/10.3126/dsaj.v17i01.61146

Talleyrand, R. M., Gordon, A. D., Daquin, J. V., & Johnson, A. J. (2017). Expanding our understanding of eating practices, body image, and appearance in African American women: A qualitative study. *Journal of Black Psychology*, *43*(5), 464–492. https://doi.org/10.1177/0095798416649086

Tesch, R. (1990). *Qualitative research: Analysis types and software tools.* New York: Falme

Udo, T., & Grilo, C. M. (2018). Prevalence and correlates of DSM-5-defined eating disorder in a nationally representative sample of U.S. adults. *Biological Psychiatry, 84*(5), 345-354. . https://doi.org/10.1016/j.biopsych.2018.03.014

Verma, A., & Avgoulas, M. (2015). Eating disorder: Perception of young women and social media portrayal. *International Journal of Health, Wellness, & Society, 5*(4), 97-105. https://doi.org/10.18848/2156-8960/CGP/v05i04/41146

Wilfred, S. A., & Lundgren, J. D. (2021). The double consciousness body image scale: A body image assessment centering the experiences of Black women. *The*

International Journal of Eating Disorders, *54*(10), 1771–1781. https://doi.org/10.1002/eat.23581

Williams, M., & Moser, T. (2019). The art of coding and thematic exploration in qualitative research. *International Management Review*, *15*(1), 45–55. http://www.imrjournal.org/

Yu, Y, Miller, R., & Groth, S. W. (2022). A literature review of dopamine in binge eating. *Journal of Eating Disorders*, *10*(1), 1–26. https://doi.org/10.1186/s40337-022-00531-y

Appendix A: Email To The Contacts Of Treatment Centers, Support Groups, And Other Entities

Hi,

My name is Maria Dibbs; I am a doctoral student at Walden University working on my dissertation titled: “In-depth Understanding of Binge Eating Behavior Among African American Women.”

As the contact of (the designated place), I am contacting you to ask about the possibility of referring to your site to recruit participants for my study. I carefully examined your site and the services you provide to your diverse patients and found alignment between your mission and the reasons that drove me to start writing my dissertation study. As such, I kindly request your permission to post an announcement on your social media accounts, outlining the purpose of my research and inviting African American women with binge eating behavior who are willing to participate in my study. I plan to interview the participants via audio-recorded Zoom at an agreed time and date between the interested participants and me.

Please let me know if posting an announcement on your social media accounts is okay, and I will take it from there. If you have any further questions or need further clarification, I will gladly provide them. I appreciate your help and value our drive to keep helping clients affected by binge eating.

Thank you for your time and attention.

Sincerely,

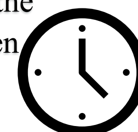
Maria Dibbs

Appendix B: Flyer

Looking for volunteers for a research study about binge eating disorder among African American Women

About the study:

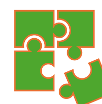
The purpose of the study is to describe the experiences of African American women with binge eating behavior and to gain an in-depth understanding of this behavior.



- A 90-minute audio-recorded Zoom interview
- A 30-minute follow-up interview after 2 weeks
- You will receive a $25 Amazon e-card as a thank-you gift
- Participation is confidential. Names/details will not be revealed.

Volunteers must meet these requirements:

- Identify as African American women & are above 18 years old
- Live in the United States & can speak English
- Have or exhibit binge eating behavior



Appendix C: Interview Script

Hi. I want to re-introduce myself and give you some background about my study. My name is Maria Dibbs; I am a doctoral student at Walden University and am currently working on my dissertation titled: "In-depth Understanding of Binge Eating Disorder Among African American Women." I aim to better understand the lived experiences of African American women with binge eating disorder. Thank you so much for participating in my study. I appreciate your time. Our interview is audio recorded; I am using Zoom and another recording device as a backup. I have eight open-ended questions, so feel free to expand on your answers, as that will better inform my topic. I also have a few demographic questions necessary for the study and ten short screening questions. These screening questions are needed to confirm that you meet the criteria of binge eating disorder. Thus, I will start with the demographic and screening questions and then the eight open-ended questions. I also want to remind you that your answers are confidential, and I will delete your name and assign your answers with letters. Also, please remember that at any time during our interview, you have the right to stop, not complete our interview, or withdraw. The interview should last about one hour and a half. I will contact you for a 30-minute follow-up interview in about 2 or 3 weeks to ask you for clarification or to ask for any missing information that was overlooked during or interview. Do you have any questions before I start with my questions? Please remember that you can stop at any time. Thank you. Let us begin.

Screening Questions

1. How long have you been experiencing binge episodes? How many times per week/month?
2. How long does the binge episode last? Specify in terms of minutes or hours.
3. How would you describe the amount of food eaten in this specified time? For example, is it larger than the usual amount of food eaten in this specified time?
4. Do you ever feel the loss of control over the quantity of food or your inability to stop during these episodes?
5. During these episodes, do you find yourself: (Please indicate which one applies)
    - Eating very quickly than usual
    - Eating till you feel uncomfortably or painfully full
    - Eating while not being hungry
    - Eating by yourself due to embarrassment of your pattern of eating or the amount of food consumed
    - Feeling embarrassed or shameful at the end of the binge episode
6. How would you describe your episode in terms of distress?
7. Do you find yourself unable to stop your binge episode?
8. Have you ever induced vomiting after your binge episodes?
9. Do you use laxatives or do any excessive behavior in response to your binge episodes?
10. What is your weight and height?

These screening questions are based on the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (APA, 2013)

Interview Questions

1. Describe for me your overall experience with binge eating disorder.
2. Describe for me your experience with a single binge episode.
3. Tell me about all the life events that precede a single binge episode.
4. Describe for me how you were affected or not affected by these binge episodes.
5. What factors, if any, triggered a binge episode? Talk more about these triggers.
6. Have you sought counseling during your binge eating experience? If yes, describe for me your counseling experience. Did you feel heard and understood?
7. If not, describe the reasons that prevented you from seeking counseling?
8. How do you think the counselor can enhance/improve your counseling experience with you?