"Guys don't see me as beautiful... I'm too much, too different, not normal": Romantic relationships through the lens of Black women with experience of anorexia

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Abstract
This interpretative phenomenological analysis (IPA) study aimed to explore the experiences of romantic relationships among nine British Black women who have had Anorexia Nervosa (AN), seeking to develop a greater sensitivity as to how the illness can intersect with the impact of race, culture, and interpersonal factors. The findings highlight that Black women who have had AN can experience strong ambivalence about romantic relationships and that this is linked to several factors, including low self-esteem (LSE), conflicting feelings towards sexual intimacy and one's body, and wariness of trust. The findings speak to the complexities involved in navigating boundaries in romantic relationships and highlight how AN can be experienced as not only a barrier to, but at times, perhaps more unexpectedly, also a facilitator of, intimacy. The study highlights how race and culture can conflate with the illness and risk isolating Black women in ways quite specific to them. This research can help support ethical practice by demonstrating a greater awareness of the diversity in individuals' experiences, including those from socially disadvantaged groups whose voices have historically been silenced.

Keywords
Anorexia nervosa, black women, eating disorder, intimacy, race, romantic relationships

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Introduction

The link between anorexia and romantic relationships

Infamously coined as a psychiatric condition with one of the highest mortality rates – five times greater than that in the general population (Jassogne & Zdanowicz, 2018) – Anorexia Nervosa (AN) is an eating disorder (ED) characterised by persistent restrictive eating and/or other pathological weight loss behaviours (APA, 2013). It is usually driven by an intense fear of weight gain and accompanied by body image disturbances (Kostecka et al., 2019). Individuals with EDs, which include those with AN, Bulimia Nervosa (BN), Binge Eating Disorder (BED), Avoidant/Restrictive Food Intake Disorder (ARFID) and Other Specified Feeding or Eating Disorder (OSFED), experience a significantly reduced quality of life not only when compared to healthy controls, but even when compared to those with other psychological and physical conditions (Jenkins et al., 2011). But one of the ways in which AN seems to differ from other EDs relates to how difficult it is to treat (Gregertsen et al., 2017). With only one third of AN patients seeking help and high rates of relapse in those that do (Berends et al., 2018; Bulik, 2021), the lifetime prevalence of AN is up to 4% among females and 0.3% among males (van Eeden et al., 2021).

Restriction in AN occurs across multiple domains in one`s life; the sufferer curtails not only food, but also communication and physical and emotional contact such that they often withdraw into the private world of the ED (Hudepohl, 2011). Indeed, consistent with the description of EDs as 'diseases of disconnection' (Tantillo, 2006), AN can make a significant assault on sufferers' need for closeness, tenderness, and sexual desires. The adverse impact of AN on one's social functioning is perhaps exacerbated by the fact that its peak age of onset is 15–19 years – a key period of the life course for the formation of intimate relationships (Micali et al., 2013).

Romantic relationships are one of the most important domains of life and are strongly related to subjective wellbeing (Kansky, 2018) so understanding any association they have with eating difficulties, including AN, is critical. Arcelus et al. (2012) conducted a systematic review of 20 articles exploring the association between intimacy and disordered eating and found a significant bidirectional relationship between these two variables, with several factors (e.g., body dissatisfaction; sexual dysfunction; and communication difficulties) identified as contributing to this link. This has been supported by more recent studies. Spivak-Lavi and Gewirtz-Meydan (2023), for instance, highlight that women with EDs, many of whom experience high levels of body self-consciousness during sexual activity, often use sex as a means of seeking self-affirmation and partner approval - motivations linked to sexual dissatisfaction. In regard to AN specifically, Krenz's (2018) research – one of the few qualitative as opposed to quantitative studies in this field – argues that communication is critical to fostering intimacy within a romantic relationship in which one member has AN.

Although research demonstrates that having an ED like AN can impact the romantic relationships of all sufferers, significant gaps in the literature remain. Most of the research that does exist in this area, has focused on simply exploring the interaction between AN and romantic relationships per se. One key omission is that it has ignored a core

component of self identity for a significant proportion of women. There has been a neglect of, and an insensitivity to, the additional impact that race, culture and ethnicity can have.

The specific yet neglected relational experiences of Black women with anorexia

Black women with EDs may be faced with relational challenges that are unique to them. Black women, even without eating difficulties, are less likely to be in a committed romantic relationship than non-Black women due to their having to contend with additional systemic barriers.[1] Black women with EDs are also the least likely to receive treatment for their condition compared to other ethnic groups (Williams, 2019), despite recent research suggesting that EDs affect ethnic minorities, including Black women, just as much as they affect White people (Cheng et al., 2019). Furthermore, existing research in this area has been overwhelmingly Eurocentric (Grabe & Hyde, 2006), leaving the intersectionality of romantic relationships, EDs, and race largely unexplored.

Only recently has research on EDs and romantic relationships started to include Black women to any significant extent in their samples and of the limited research that does exist, most has been produced in the US. Hogan (2017), for instance, used interpretative phenomenological analysis (IPA) to explore the intimate experiences of women with eating difficulties, 70% of whom were African American. While her findings suggest that Black women may be particularly vulnerable to eating and body image disturbances due to the interaction of their multiple oppressed identities, it would be beneficial to further explore the experiences of Black women living outside the US, as they may face different but potentially comparable challenges related to identity and socialisation (e.g., Aspinall & Chinouya, 2008). US men and women, for example, report more exposure to positive body talk than English men and women (Payne et al., 2011), which is likely to influence their body perception and their relationship to food.

Moreover, Hogan's (2017) study – like many others in this area – comprised women with various types of eating concerns, with most women describing their tendency to "turn to food for comfort" in the form of binge eating. Given the participants' broad range of experiences, this study failed to consider those women specifically with experiences of AN, who may be the most prone to social withdrawal and isolation compared to those with other eating difficulties (e.g., see Budia et al., 2023). This is important to acknowledge given that most research on Black women with eating concerns has tended to focus on those with BED – the most commonly reported ED among Black women (Goode et al., 2022).

Historically, discussions of Black women's body image have been situated in a framework that contrasts their behaviour to that of White women and have been based on the misconception that Black women are 'immune' to restrictive EDs like AN due to their culture not valuing the Eurocentric thin ideal of beauty (Watson et al., 2019). This misconception, which is perhaps exacerbated by the fact that Black women with AN may not fit the 'anorexic stereotype' or the formal diagnostic criteria due to their having a greater muscle and bone mass than their White counterparts (e.g., Ortiz et al., 1992), needs challenging.

Marques et al. (2011) compared the prevalence and impact of EDs across US ethnic groups and found African Americans to not only have the same lifetime prevalence of AN as their White counterparts, but also to suffer from significantly greater levels of cognitive impairment as a result of the condition. Furthermore, although there is a dearth of research into British Black people with experience of AN specifically, dysfunctional eating patterns have been found to be more prevalent in the African-Caribbean population in Britain than their White counterparts (Nasser, 2009).

Taken together, it seems that the stereotype suggesting that Black people, whether in the US or UK, are less impacted by AN is a more complex and multilayered issue than is borne out by the albeit limited research. It may even be the case that Black women are more impacted by this condition due to their having to contend with additional stressors related to their race and ethnicity, including acculturative stress and the subsequent tension between the differing body ideals of their own culture and those perpetuated by mainstream media (Awad et al., 2015). Furthermore, given that AN can occur in the absence of a cultural drive for thinness (Simpson, 2002), some Black women may develop AN, not as a way of seeking acceptance via their bodies, but as a way of trying to *disconnect* from others to protect themselves from abuse or oppression (Smolak & Striegel-Moore, 2001).

Against this backdrop, the present study aimed to answer the question: 'How do British Black women, who have had AN, experience romantic relationships?' By focusing on the experiences of Black African and Black Caribbean women with AN – a socially marginalised group – this research sought to shed light on any additional pressures facing this population so that they may be incorporated by healthcare professionals into their formulations and treatment plans. It was also hoped that the research process itself would be empowering to the Black women involved, giving them the opportunity to have their experiences heard, valued, and respected.

Methods

Ethics

Conducted in accordance with the BPS Code of Ethics and Conduct (2021), this study gained ethical approval from the Research Ethics Committee of City University (see Supplemental Materials, Appendix A).

Participants and design

The present study used a qualitative research design underpinned by a critical realist epistemology. This required the researchers to recognise the independent existence of material processes and social structures whilst still acknowledging that these cannot be directly accessed due to their being mediated through the filter of human experience (Willig, 2012).

The specific qualitative methodology used – interpretative phenomenological analysis (IPA)[2] – is concerned with the detailed exploration of personal lived experience and

meaning-making (Smith & Nizza, 2022). Used to analyse matters of "considerable importance" (Eatough & Smith, 2017, p. 28), particularly those that are "complex" and "emotionally laden" (Smith & Osborn, 2015, p. 1), IPA was deemed suitable for exploring experiences of romantic relationships in the context of AN.

Several ED mental health services and organisations were emailed the recruitment flyer to help with advertising. In line with this study's focus on generating in-depth data, a relatively small, homogeneous sample of nine participants (pseudonyms used) were purposively selected, who met the inclusion criteria[3]: cisgender women between 20-45 years; ≥ 50% Black African or Black Caribbean; living in the UK for ≥ 5 years; with experience of both AN (BMI ≥ 16) and of at least one romantic relationship in the last five years of minimum duration two months. Of the participants included, all were < 35 years; five identified as heterosexual, two as bisexual, and two chose not to say; two-thirds were currently in a romantic relationship, all with men; two-thirds described interracial relationships; and a slight majority (55.6%) identified as full Black (see Table 1).

Participants did not have to have a formal diagnosis of AN so long as they self-identified as having symptoms consistent with this condition during a pre-screening call[4]. Indeed, relying on rigid diagnostic criteria which focus on quantitative data (i.e., Body Mass Index), would have failed to adequately capture the expression of AN in Black women (see Halbeisen et al., 2022) and would have automatically excluded those with AN who had not sought professional support for their symptoms. The term 'AN' was still used in this study, despite participants not needing a formal diagnosis, because the first author wanted to honour, respect, and validate participants' *personal* definitions and interpretations of their symptoms.

If participants asked about the first author's motivation for conducting this study, she shared that she herself, as a woman of dual heritage (Black Caribbean and White British), had experienced AN in her teens. This decision was based on Walton et al.'s (2022) eight empirically grounded techniques for interviewing Black women which include self-disclosure and humble vulnerability. Being authentic in this way helped her gain participants' trust, and thus enhanced the quality of the data collected (see supplemental materials, Appendix E).

The first author initially questioned her own sense of belonging during the interview process as she reflected on her own ethnicity: as someone of dual heritage, was she 'Black enough' to be doing this research? However, through self-reflection she was able to recognise that the very questioning of whether she was an 'insider' or 'outsider' colluded with the oversimplistic binary categories at the root of marginalisation. There are many subtle ways in which a researcher can be both an 'outsider' and an 'insider' because multiple social characteristics intersect to form our identities (Crenshaw, 1989). Thus, the first author attempted to occupy the 'space' between the 'insider' and 'outsider' positions (Dwyer & Buckle, 2009).

Data collection and analysis

In-depth semi-structured individual interviews (60–90 minutes) were conducted by the first author. Participants were invited to describe their experiences of romantic

Table 1. Participant demographics.

Pseudonym	Age (years)	Ethnicity	Years Living UK	Sexual Orientation	Current Relationship Status	Children (number)	Partner's Gender	Partner's Ethnicity	Age Developed AN (years)	Education Level	Employment Status
Daphne	25	75% Black African	25 (since birth)	Bisexual	Cohabiting relationship of 11 months	N	M	White	13 (ongoing)	Postgraduate	Employed full-time
Chloe	24	50% Black Caribbean, 50% White	24 (since birth)	Prefer not to say	Non-cohabiting relationship of 4.5 years	N	M	White	15 (ongoing)	Degree (BSc)	Employed full-time
Nadine	26	100% Black African	8	Heterosexual	Single	N	M	White	18 (ongoing)	Postgraduate	Employed full-time
Jennifer	24	50% Black African, 50% White	5	Bisexual	Non-cohabiting relationship of 3 years	N	M	White	22 (ongoing)	Degree (BSc)	Employed full-time
Martha	30	100% Black African	20	Heterosexual	Single	N	M	Black	28 (ongoing)	Degree (BSc)	Unemployed
Leila	33	100% Black African	5+	Heterosexual	Married and co-habiting	Y (3)	M	Black	"Teens" (ongoing)	Degree (BSc)	Employed full-time
Nina	21	100% Black African	21 (since birth)	Heterosexual	Non-cohabiting relationship of 10 months	N	M	Arab	21 (ongoing)	Degree (BSc)	Student
Jo	23	100% Black African	23 (since birth)	Prefer not to say	Single	N	M	Indian	20 (ongoing)	Degree (BSc)	Employed full-time
Rose	30	75% Black, 25% White	30 (since birth)	Heterosexual	Non-cohabiting relationship of 5 months	N	M	Black	17 (ongoing)	Degree (BSc)	Employed full-time

Note. 'Partner' refers to participant's current partner if applicable or to an ex-partner of their choice (with whom they were in a relationship in the last five years).
N = No ; Y = Yes ; M = Man.

relationships in the context of their experiences of AN, and their race, ethnicity and culture. Developing the interview schedule (see supplemental materials, Appendix F) was an iterative process – the first author regularly sought feedback from other researchers, her supervisor, and from service-users before it was finalised.

To begin the analytic process, each interview was transcribed verbatim by the first author before she made notes for each individual transcript. She then constructed statements that captured the experiential core of the participant's account which she then grouped into themes. Once all interviews had been analysed individually, she looked for similarities and differences across transcripts to form group themes based on the accounts of all nine participants.

Given that IPA recognises that researchers' own experiences will influence the findings (Heidegger, 1962), and that multiple social characteristics intersect to form our identities (Crenshaw, 1989), the first author engaged in constant reflexivity – attentiveness to the influence of her own positioning on the research – to guard against projecting her own experiences onto those of her participants whilst at the same time allowing her personal insights to be appropriately utilised as analytic leverage. She also sought regular supervision from the second author – an experienced qualitative researcher with extensive IPA training – throughout the research process. Relevant guidelines were followed to ensure quality control in the research (Nizza et al., 2021; Yardley, 2000).

Results

In answering the research question, "How do Black women who have had AN experience romantic relationships?", five main themes emerged from the analysis: Something wrong with me?; Ambivalence about romantic relationships; Difficulties navigating boundaries; Complex relationship to sex and the body; and Reflections, hopes and fears. The notion of 'space' – a concept that can have both literal and figurative meanings – seemed to cut across all five themes and is further taken up in the Discussion section.

Something wrong with me?

This theme captures the lack of confidence participants expressed in their value and positioning in the world and how this has impacted their experiences of romantic relationships. An important and persistent feature of participants' descriptions was the sense in which they felt they were different, unworthy, and inferior to other women, especially in respect of relationships.

Fragile self-esteem. All participants described grappling with low self-esteem (LSE); the fragility of which often seemed to mirror their physical vulnerability. Their LSE impacted their romantic relationships in various ways.

Daphne (25 years; 75% Black African), for instance, explained, *"I don't really like myself…anyone who loves me is crazy…I'm just grateful they're there"*.

She described how her negative self-regard could be so strong that she was just *"grateful"* when anyone showed an interest in her. This notion of indebtedness to one's partner was echoed by Nadine (26 years; 100% Black African) as she highlighted the sense of obligation she feels towards her partner during sex: *"…I must impress him… make him feel like he's not wasted his time"*. Several participants described how the love they have for themselves depends on the extent to which they feel accepted by their partners. Indeed, for Nadine, the prospect of a romantic relationship would mean *"everything"* to her and was a way of her getting *"bursts of a sense of self-worth"*.

Martha's (30 years; 100% Black African) desire to be accepted manifested itself in her compulsion to stay slim: "*I thought if I gained weight, he'd no longer love me*". Similarly, Jennifer (24 years; 50% Black African, 50% White British), ashamed of her body, worried that her partner would reject her because of it:

> It was difficult to be intimate…I feared how he'd react to my body…I had low self-esteem…one day I'd be on top of the world because I lost two pounds…[but] I'd hate talking to my partner when I'd gained (Jennifer).

Like Martha and Jennifer, Rose (30 years; 75% Black African/Caribbean, 25% White British) described using her weight as a barometer for her sense of desirability and value*:*

> My main need is to feel loved and to have my boyfriend's attention…when I wasn't in a relationship, I was very focused on losing weight but…now I'm in a relationship…the pressure isn't there (Rose).

These women illustrated that they believe, at least to some extent, that love is conditional.

Chronic sense of difference and lack of belonging. Several participants described how being educated in a White environment, being different to the 'norm', led to feelings of un-desirability. For Daphne, it contributed to her sense that she *"wasn't pretty or beautiful"*. Similarly, Jo never felt *"the most desired"* and described having significant difficulties *"seeking out potential partners because of the way Britain and racism operate"*. Nadine also expressed her chronic feelings of 'otherness': *"I'm just a bit too much; I'm too different, I'm not normal"*.

Daphne described some of the *"complications that come along with"* being different, particularly in regard to her interracial relationship:

> My partner's White at the moment…you kind of have the rhetoric of: "you shouldn't be dating people outside your race" but that's a pressure that Black men don't face (Daphne).

Daphne's use of the word *"rhetoric"* hints at her scepticism and disapproval of the narrative that Black women should only date Black men. At another level however, her description suggests that she is not completely immune to its subtle impact in Black

society, perhaps explaining why she made a point of saying, as if apologetically, that her partner is White *"at the moment"*.

Daphne highlighted how the pressure to date within one's own race is specific to Black *women*, suggesting that she feels particularly disadvantaged due to the intersection of her race and gender. This was echoed by several other participants, but Nina took the idea of intersectionality even further by highlighting how the impact of the confluence between her race and her ED was made even more complex by a third trigger – due to her partner not being seen as from the White host community either:

> I was scared of being judged because I'm a Black woman with an eating disorder...I just assumed people were thinking: "why is he with her"…[also] you see different minority people but you don't really see two different groups together, so I feel like people were like: "why are these two together?" (Nina)

Ambivalence about romantic relationships

This theme speaks to the complex and often conflicting feelings participants shared about their being in a romantic relationship. It touches on an overarching sense that AN can present as a 'third partner' in any romantic relationship.

Wary of trust, commitment and deep connections. All participants hinted at a general reluctance to enter a romantic relationship or explicitly expressed their lack of trust in others as their default position.

Both Chloe and Rose described avoiding getting too close to their partners. One way in which they described this manifesting itself is in their 'need' to fill time with matters unrelated to the nurturing of an intimate relationship. The time Chloe and her *"long distance"* partner spend together is contained and limited: *"I can't spend the whole weekend with you; I have to clean and stuff"*. Chloe's ambivalence about being in a relationship was shared by Rose, who seemed uncertain about whether her and her partner's limited contact is by circumstance or by choice:

> Our time together is so limited; we see each other once a week overnight and I'm always just kind of like trying to get all this stuff to do – it's all, you know, packed into this 24-hour period (Rose).

By filling the 'space' that her and her partner occupy, Rose is perhaps undermining the opportunity for any meaningful connection.

Mistrust in one's partner and reluctance to self-disclose was common across participants. Jo described finding it *"extremely difficult to open up"* on dates, particularly about her *"neuroses and mental illnesses"*. Similarly, Martha shared: *"I didn't ever tell my partner [that I had anorexia] …because I didn't want to make myself feel inferior"*. Daphne also described having found it hard to be open about her ED with a previous

partner and how this may have compromised her ability to pursue any possible romantic connections at that time:

> I was trying to create intimacy whilst hiding that I had an eating disorder…[but] lots of dating is food-related…so that was quite difficult – and wearing masks for a long time…. I didn't feel I could say: "no I don't want to go to this restaurant because it upsets me" (Daphne).

Daphne's need to hide her ED from her ex-partner speaks to the shame she felt about it. Her expression – *"wearing masks"* – may have both a literal and figurative meaning. She had to wear a physical mask on dates due to the government-imposed restrictions during COVID-19, but she was also metaphorically wearing a mask due to her not being completely honest with her partner.

Many of the participants' descriptions suggest that the level of secrecy associated with AN is not conducive to a romantic relationship – it is as though their AN and their romantic relationship are in a battle against each other.

Are AN and intimacy always in opposition?. This subtheme captures the complex and sometimes paradoxical impact that AN can have on romantic relationships: at times it can be an impenetrable barrier and source of great interpersonal distress; and at others, a conduit for greater intimacy.

Chloe highlighted how her AN has taken over both her and her relationship; it seems to have 'eaten' away at her identity:

> Without AN he'd be able to see different parts of my personality cos I'd probably have other hobbies to fill in that space whereas for a long time…I just had that constant food thought…that was my identity in life (Chloe).

Martha too described how her AN took possession of both her and her relationship: *"me and my partner grew out of each other… the anorexia was really getting into me…so I told him I needed a break"*. Her figurative expression – that she and her partner *"grew out of each other"* is ironic given that we often 'grow out' of clothing if we have become physically bigger in some way. It is possible that Martha was hinting that her AN made her feel as though she was 'too big' to be in a relationship.

This was also captured by Jennifer who said, *"anorexia takes the place of the relationship"* and by Jo who admitted that her AN had left her *"no room for anyone to be intimate with"*. It seems that the women felt they were already 'taken' – 'married' to their AN – and thus did not have space for an intimate partner.

However, the impact of AN on relationships was not always seen as negative by participants. Nina described how, rather than acting as a barrier, AN may have actually helped facilitate intimacy within her relationship:

> Maybe we wouldn't be as close as we are now if I hadn't had anorexia because…it kind of meant that we had a lot of deep conversations that we wouldn't have otherwise had (Nina).

Daphne also recognised AN's benefits – albeit with an undercurrent of quite telling bitterness – as it served to conceal the fissures in her relationship. She described how, without her ED, she would have more *"space in the relationship for other things…not necessarily for the better"*.

Nina and Daphne's accounts perhaps speak to the wider ambivalence that they and several other participants described in regard to their fully 'divorcing' themselves from their AN.

Difficulties navigating boundaries

This theme highlights the difficulties participants experience when in a relationship with another individual and specifically homes in on the notion of 'blurred boundaries'.

Complexities acknowledging and communicating own emotions and needs. Several participants described having difficulties negotiating and expressing their own needs to their partners.

Jo and Chloe highlighted that they find it hard to explicitly communicate what they want in their relationships, with Jo commenting on how she tried to *"imply things"* to her ex-partner and Chloe sharing that she uses her AN to *"show"* her boyfriend *"the pain"* she is in.

Participants also described having difficulty prioritising their own wishes and desires. Nadine, for instance, highlighted how her own needs were subordinate to those of a past sexual partner:

> [During sex] it never occurred to me to not be okay with it…I'm bending over backwards, jumping through hoops…he's given me the time of day…so I have to impress him…as long as you're happy, I'm happy (Nadine).

Martha took things to the other extreme and seemed to solely focus on her own needs: *"I decided to just focus on myself because…I am the one that matters, not them"*. While she did not see her needs as subservient, her strident assertion of them could be seen as similarly representative of her difficulties with navigating boundaries in a relationship, and perhaps as a way for her to protect herself from hurt.

Encouragingly, whilst Chloe, Nadine, and Martha expressed their struggle with negotiating their needs within their relationships, Leila, the only participant to be married with children, recognised the importance of fairness and reciprocal negotiation, stating that relationships are *"a two-way thing"* and must be *"balanced"*.

Fine line between support, suffocation, and dependency. Most participants described the value of striking the right balance between interdependence and independence within a romantic relationship. Nadine highlighted her desire to have a relationship in which both she and her partner can support each other without losing who they are as individuals:

> You know when you just need someone nearby so you can hold onto their shoulder whilst you put on your shoe? I want someone who lets me go on my journey…someone who'll hold me whilst I fix myself…and vice-versa (Nadine).

Nadine's analogy conjures up an image of her wanting to be largely self-sufficient, but with the knowledge that her partner will support and empower her if and when she 'trips up'. Echoing this sentiment, Chloe and Nina both explicitly referred to the importance of having *"good boundaries"* in their romantic relationships. Chloe said she wants to be *"trusting…but not overly reliant"* on her partner whilst Nina shared how she has tried to ensure that her partner is not *"the only person supporting"* her.

Whereas Nadine, Chloe, and Nina seemed to describe the function of interpersonal boundaries as primarily being to prevent their own over-dependency, Daphne suggested that boundaries are also necessary to avoid feeling intruded upon as *"there's sometimes…a pressure to always talk about it [difficult emotions]"*. Daphne alluded to a role reversal and to the fact that her partner, in some ways, had become dependent on *his* need to support *her*. Similarly, Martha described how the lack of boundaries in her past relationship had felt suffocating:

> He was persistent…he would continuously ask me why I was skipping meals…due to the continuous questioning…I decided to take a break…[and] I took time to reflect on myself. Sometimes relationships don't give you that space (Martha).

Distinguishing between friendship and romantic relationship. Several participants described the fine line between platonic friendships and romantic relationships. Chloe captured the complexity in distinguishing between the two:

> Romantic relationships are erm... different to platonic relationships because they're more physically intimate, erm…obviously like sexually probably like more naturally physically intimate…I feel like they're also your best friend as well as your romantic love interest so it's like that platonic love and best friend but also having that next level of like, I don't know (Chloe).

Although Chloe stated that romantic relationships are *"obviously"* sexual, her speech hesitations accentuated her uncertainty about this. She captured how one's romantic partner should also be one's *"best friend"* which begs the question as to where the distinction lies between these two types of relationships.

The blurred line between a platonic and romantic relationship was also alluded to by Jo, but whilst Chloe described how her romantic relationship had progressed from an initial platonic friendship, Jo reflected on how for her, the direction of travel in her relationships tends to be in reverse:

> They (guys) tend to just become friends…even if I flirt with them, it never gets to the point where I'm like: "do you want to go out on a date with me?" [giggles] (Jo).

Jo's giggle was incongruent with the emotional content of what she was saying, perhaps highlighting her sense of confusion, disappointment, or even embarrassment at the situation.

Complex relationship to sex and the body

This theme teases out the complicated, fluctuating, and often contradictory feelings participants have both towards their bodies and towards physical intimacy.

Chloe highlighted how her feelings towards her body are in a constant state of flux as she experiences the competing demands of AN and her partner:

> I knew he thought I was less attractive when I was in the anorexia stage, but I felt amazing…Even though I felt better, I also didn't want to show my body because obviously there was still a part of me like: "I look horrible" (Chloe).

Chloe went on to describe how having such feelings about her body *"unconsciously makes"* her avoid initiating sex, implying that she feels her avoidance of sex is at least partly beyond her control.

Nina also described a sense of powerlessness. She said that despite having *"never wanted to have sex"* with her partner due to her body insecurities, "*she ended up doing it*" anyway, suggesting that she may have felt it was something she 'needed' to do, and that it required the anaesthetising effect of alcohol to make it possible.

Daphne shared how, in her past relationship, rather than sex being for pleasure, it served an alternative dual function – to fulfil her partner's needs and as a 'tool' to 'fix' her low self-esteem:

> It was definitely something that I did for my partner, it wasn't really about me…it had a perverse effect because I was like: "well if I can be used for my body then maybe my body looks good". It was a way of proving to myself that I was still attractive (Daphne).

A few participants highlighted how they see their bodies as symbols, representing more than what can be seen on the surface. Nadine, for example, shared how she does not want to be physically bigger than her partner lest people think she is a *"dominant woman"* and one of *"the loud, stereotypical Black women they don't want"*. There is a sense that Nadine feels that Black women must physically reduce themselves so that they occupy less space. Leila also described how she believes that body size influences how one is perceived; but rather than simply believing that being smaller is better, for her, what the body represents is complex and evolving and is influenced by gendered expectations. After losing a significant amount of weight, she felt she *"didn't have the look you should have if you want to get married"* and was motivated to gain weight so that she could have more of *"a soft-rounded feminine look"*.

Reflections, hopes and fears

This theme captures the fact that most participants, at some point in their interview, reflected on the 'journeys' they have been on thus far in respect of their experience of romantic relationships. They highlighted both their hopes and trepidations as they looked towards a future, some embracing a 'new-found' optimism, others seemingly succumbing to a sense of resignation based on their past experiences.

Importance of empathy, emotional connection and commitment. Nearly all participants emphasised the importance of being understood and having a strong emotional connection in their romantic relationships, but most described this being no easy feat.

When talking about her partner, Chloe shared: *"he struggles to find the patience to deal with me…he just doesn't completely get it"* and Jennifer described how her partner *"sometimes gets angry"* and *"isn't understanding"* of her difficulties. Jo, who also described how she did not always feel understood by her ex-partner, offered a possible explanation:

> His 'able-bodiedness' was maybe not helpful…I would just appreciate someone whose complexities help them to relate…[so that] they can sympathise with how disconnected I am from the rest of the world (Jo).

Daphne echoed Jo's view, highlighting how having a relationship with a partner who has their own mental health struggles can *"mean that they have more empathy and space for you…space that's granted for not feeling good or being perfect"*.

Daphne's use of the word *"space"* may suggest that she feels that her partner lets her express what she is going through without there being any expectations or judgement; his support is without limits – unconditional and boundless. Similarly, Martha highlighted how a perfect romantic relationship would provide: *"a space where you feel comfortable…[where] you don't feel the need to be someone else because the person loves you the way you are"*.

Martha also highlighted the importance of commitment and unconditional love, stating: *"Romance for me is not the flowers – it's when I can see you by my side all the time"*.

Romantic relationships as assets to anorexia recovery. All but two participants explicitly described how helpful overall being in a supportive romantic relationship has been for their AN recovery. Albeit with some qualifications, they described being sustained both affectionately and pragmatically by their partners. Daphne, for example, said: *"My re-lationship has been an asset in my recovery… from an emotional support level…[and] practically as well"*.

Several participants described the helpfulness of their partner's practical support in terms of food: Daphne's partner *"really likes to cook…[which] means there's always food [available]"*; Martha's ex-partner helped *"provide food"* for her; Leila's husband *"goes*

out of his way to buy things" that she likes to eat; and Nina's partner would *"buy food"* with her before offering her "*encouragement*" as she ate.

Jennifer described how her partner is not only there to support her outside of her treatment but also *during* the treatment itself by being available to "*attend therapy sessions*" with her. She claimed that *"he has even gone to the extent of reading about the condition and the recovery process".*

The women seem to appreciate being supported both emotionally and practically by their partners and their making an active effort to engage in the process of their AN recovery.

Is a 'happily ever after' possible or are romantic relationships too effortful?. This subtheme captures how AN seems to have made most participants cautious about romantic relationships but encouragingly, for some, there is a sense that their spirit is not altogether dashed, with the door of hope left ajar.

Nadine expressed feelings of sadness and anger as she lamented that Black women are not taken seriously when dating as they never seem to be someone's end goal:

> As a Black woman, you get told in every definition of the word that you're not someone I am going to take home to my mother but that doesn't mean that I don't want to have fun with you…while I look for my wife (Nadine).

Jo shared Nadine's feelings of despair and hopelessness regarding the prospect of having a future relationship, describing how she feels she is *"just going to be isolated forever".*

In contrast, several participants expressed their hope about the future, with Jennifer stating: *"I will overcome my situation [with anorexia] – it's not a permanent thing because everything comes to an end".* Martha expressed a similar determination to recover from AN and to experience positive future relationships:

> My hopes and dreams are to have a family someday…Anorexia cannot disturb me right now; I think I'm past that and looking to a future. I won't allow my kids to ever struggle with anorexia (Martha).

A few women occupied a middle ground between hopelessness and optimism, holding a more balanced – if more cautious – and perhaps more realistic perspective on their future romantic relationships. Daphne, for instance, argued that having *"a happily ever after is possible…with sheer participation"* and Leila emphasised that whilst *"romantic relationships involve compromise and sacrifice"*, they are *"definitiely"* possible if you *"take one step at a time".*

Discussion

The five key themes highlighted in the Results section above suggest that there is a strong bidirectional connection between romantic relationships and AN. Furthermore, while at

one level the participants' accounts mirror the more generalised experiences of romantic relationships for any woman with AN, by digging a little deeper, they also demonstrate how race and culture can conflate with AN and risk isolating Black women in quite specific ways.

As captured by the first theme, most participants described constantly questioning their sense of self-worth. Consistent with 'need-to-belong' theory (Baumeister & Leary, 1995), they emphasised their strong desire to be accepted by others, particularly by a romantic partner. However, theme two highlights that this desire is often juxtaposed against a fear of getting too close to others, possibly reflective of participants' underlying insecure attachment patterns (e.g., Hazan & Shaver, 1987) or of their difficulties with navigating boundaries in their relationships (theme three). Indeed, aligning with previous research (e.g., Geller et al., 2000), several participants described their tendency to suppress their own needs in relationships, particularly in those that are sexual in nature. This perhaps speaks to participants' complex relationship to sex and their bodies (theme four). Encouragingly, however, the fifth and final theme – 'Reflections, hopes and fears' – introduces a sense of optimism as participants recognise the importance of empathy and understanding in their relationships – traits which they hope can finally loosen the grips of their AN.

The notion of 'space' cuts across all five of the identified themes. Forming a close relationship involves overcoming the psychological and physical space – transcending the chasm – existing between self and other (Josselson, 1996). However, as highlighted in this study, many individuals with AN, feeling unworthy, seem to tirelessly attempt to reduce the physical space that they occupy which in turn widens the gap between themselves and the rest of the world. This inevitably compromises their ability to form and maintain interpersonal relationships, particularly those that are intimate in nature.

Several participants described feeling as though they literally occupy too much space in their physical environment, highlighting the complex feelings they have about their own bodies and perhaps touching on the pernicious doubts that AN can instil, especially in the face of existing low self-esteem and experiences of racial discrimination. The findings suggest that for some participants, the interface between their AN and Black identity in the White host community – their multiple intersections of oppression – leaves them feeling as though they do not have a safe 'space' in which they belong. They seem to believe that their presence, both physical and psychological, must become increasingly small so that they can 'fit in' with others' expectations and ultimately gain their acceptance.

One woman described her fear of being physically bigger than her husband due to what she believes this would represent – that she is *"dominant"* and *"unmanageable"*. Her fear may, at least in part, be the consequence of there being a focus on BED and 'obesity' whenever ED research is conducted on Black women, implying that Black women and their bodies are problematic and viewed as 'too much' (e.g., see Cox, 2020). Rooted in gendered racism, this participant's fear about how she may be perceived by others is consistent with the innately intersectional 'Sapphire' stereotype which depicts Black women as large, domineering, aggressive and controlling (Watson et al., 2019). Contrary to what the 'Sapphire' stereotype would predict, many participants in this study described

being submissive in their romantic relationships. Whilst individuals with eating difficulties tend to find it hard to communicate and value their own needs (Watterson et al., 2023), an additional motivation for suppressing their own desires and prioritising those of their partner's may have been to rebel against the 'Sapphire' stereotype and to refute any associated 'negative' assumptions.

Building on a gendered perspective of how women are socialised to relate in romantic relationships, one way in which some participants in this study described prioritising their partners' needs was through sex. Consistent with Spivak-Lavi and Meydan's (2023) research, several participants described focusing on the function of sex (e.g., to appease their partner) rather than on its pleasure. One woman highlighted how she *"bends over backwards"* for her partner during sex. Whilst this resonates with what was found by Hogan (2017) – that women with eating difficulties often try to mould themselves into the 'right' object for others – this same participant highlighted the complexities involved in her doing this; as a *Black* woman, she also felt the need to avoid being 'overly' accommodating as this could risk her being perceived as hypersexual and thus her being treated as little more than a tool for sexual pleasure. Indeed, consistent with the 'Jezebel' stereotype which portrays Black women as alluring and seductive (Anderson et al., 2018), she highlighted how Black women, being reduced to their bodies, can be easily *"fetishised"* by men who see them purely as *"entertainment"*. Her account captures the extent to which society and culture can significantly influence one's attitude towards one's own body.

One woman emphasised the pressure that Black women experience to *"lose their curviness"* so that they can conform to the White definition of beauty; yet another participant described how, despite her desire to continue losing weight, she knew she still had to be *"soft-rounded"* and *"feminine"* for her husband given his preference for *"bigger ladies"*. These accounts challenge what has been asserted in previous studies – that Black women are protected from sociocultural influences that lead to negative body image and EDs (Lovejoy, 2001). The present findings may even demonstrate that Black women are more, not less, vulnerable to eating difficulties and body image concerns due to factors such as racism and acculturative stress.

A few participants gave the impression that there is too much working against them for a positive romantic relationship to be possible in the long-term. Echoing what was highlighted by Bryant et al. (2022), they described being consumed by ED thoughts, with many admitting that their AN restricts the *"space"* they have available – the emotional and psychological capacity – to freely enjoy romantic relationships. One woman even shared that her AN had *"taken the place"* of her romantic partner. This is consistent with past qualitative research where EDs have been shown to take precedence over loving relationships, almost becoming a 'third partner' in an intimate dyad (Antoine et al., 2018).

Some participants seemed resigned, not only to their AN, but to their experiences of racial discrimination and feeling 'doubly' disadvantaged as Black women. Their multiple layers of oppression may mean that the 'normative' conflictual processes experienced in most intimate relationships (see Årseth et al., 2009) are amplified. Indeed, several participants described experiencing powerful dialectical contradictions in their intimate

relationships; oscillating between the need to keep their partners close whilst also wanting to keep intimacy at bay by engaging in avoidant behaviours.

Unsurprisingly, the participants' experiences seemed to impact their general perceptions of romantic relationships and their hopes and dreams for the future. Some participants commented on the idealised myth of romantic love portrayed in the media – the 'happily ever after' that is a staple of romantic movies (Hefner & Wilson, 2013). Encouragingly, most of these participants seemed able to navigate media portrayals of unrealistic love by distancing themselves from these images and by redefining relationships on their own terms and as a result, reported still feeling hopeful about their future opportunities. It is possible, however, that some of these participants felt that they *had* to remain positive in the face of their challenges given one of the many detrimental messages perpetuated by society underpinned by gendered racism – that Black women must always be strong and resilient (Godbolt et al., 2022).

Limitations and future directions

Despite the present research having numeorus strengths, including that it addresses a significant gap in the literature by giving a 'voice' to an underrepresented group, it is not without limitations.

Although the recruitment targeted participants of any sexual orientation, the eventual sample group chose to only describe experiences of being in different-sex relationships. This arguably reproduces many of the common issues in the extant literature in this field which tends to exclusively focus on the experiences of cisgender, heterosexual women (Hartman-Munick et al., 2021). Future research may want to exclusively sample participants who are willing to talk about their experiences of queer relationships. This may allow researchers to better flesh out how matrices of oppression and privilege contribute to the capacity of partners to navigate historical context and discrimination. This could then be later expanded to include the experiences of, not only those who are diverse in terms of their sexual orientation, but also those across a wider spectrum of genders.

Furthermore, none of the questions in the interview schedule explicitly asked participants about their perception of their body size, despite this being a key aspect of intersectional identity with significant implications for all three components of the study's research question – AN, romantic relationships; and race, ethnicity, and culture. If this had been explored, the findings may have been able to shed more light on the concept of sexual objectification and its association with Black women's body perception, ED behaviours, and experiences of romantic relationships.

Finally, the author was conscious that there was little discussion as to how participants who lived outside the UK prior to their five year residency may have navigated their AN and relationships while straddling multiple cultures (culture of origin vs. UK culture). Equally, the study did not specifically discuss issues arising for participants identifying as multiracial. However, while discussing the nuanced differences between participants may have helped to further explore the impact of culture on relationships of Black women with AN, the primary author was concerned that doing so would compromise the demands that IPA makes for a level of homogeneity between participants and would thus require a new

research project. She took the view that a five-year lived UK experience would introduce a proportionate level of similarity between the participants. This relatively arbitrary timeframe – 5 years – is justified given that Black people rate their country of birth as one of the least important determinants of their ethnic identity anyway (Mirza & Warwick, 2024).

Finally, only one method of data collection – interviewing – was utilised. This may have presupposed that participants' language could provide them with all the necessary tools to capture the subtleties of their experiences. While it may be difficult to use multiple methods in practice and indeed most studies only use one (Heath et al., 2018), future qualitative research could enrich the data collected by including various non-traditional data sources, such as the use of journals, music, or art work. This is particularly important for future researchers in this area to consider given the characteristics of the population of interest. Black women, for example, report feeling empowered when they have access to methods of expression that are not limited to just verbal communication (see Few et al., 2003), and individuals with AN, regardless of their race, often face significant challenges with verbal interaction (Davies et al., 2012).

Clinical implications

This study sheds light on the unique relational experiences of Black women with AN – an underrepresented group at risk of social disadvantage and marginalisation – and despite previous research suggesting otherwise, it highlights that Black women can, and do, suffer from AN. The findings may encourage healthcare professionals to be mindful of the particular stressors Black women may face due to the intersectionsality of their race, ethnicity, and gender. This awareness has the potential to help them develop more holistic formulations so they can better meet the needs of a diverse range of clients.

Many of the Black women in this study reported experiencing a power imbalance within their intimate relationships which accentuates the importance of professionals being sensitive to any such power imbalances that may arise within the therapeutic relationship too, and their incorporating cultural competencies, sensitivity, and humility into their clinical work. This study revealed that participants' difficulties with negotiating boundaries in their relationships were often reinforced by factors in the wider system, including their partner's own interactional styles and, more broadly, structural racism; thus, adopting a systemic approach when working with this population is warranted. At a micro level, romantic partners could potentially be involved in the therapy process; and at a macro level, Eurocentric assumptions within the healthcare system should be challenged.

Conclusion

This study explored the experiences of romantic relationships in nine Black women who have had AN, capturing the reciprocal influence of their fragile self-esteem on their romantic relationships, their wariness of trust, and the conflicted feelings they have towards their bodies. The findings speak to the complexities involved in navigating

boundaries in romantic relationships and how relational experiences, particularly those that are gendered and racialised, play a key role in informing the hopes and ambitions for future romantic relationships.

This research demonstrates the potential of IPA as a methodology for qualitative researchers who want to go beyond merely recounting participants' experiences at a descriptive level to capturing the nuanced and often intersectional elements of complex phenomena. The triple components of race, romantic relationships, and AN at the heart of this study challenged the primary author to strike a careful balance – honouring participants' lived experiences by staying close to their words at the descriptive level on the one hand, whilst acknowledging the need for ongoing interpretive analysis to ensure that the findings have relevance to all aspects of the research question. This delicate balancing act may be key when trying to truly capture the complexity of the human experience and it is hoped that this study will inspire further research in this area so that we can better understand, assist, and advocate for underrepresented populations.

Declaration of Conflicting Interests

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Open research statement

As part of IARR's encouragement of open research practices, the author(s) have provided the following information: This research was not pre-registered. The data used in the research cannot be publicly shared as doing so could compromise the confidentiality of participants and/or their partners given the in-depth and personal nature of the qualitative interviews. The materials used in the research (e.g., the interview schedule) are available upon request by emailing: lauren.duncan.3@city.ac.uk.

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Supplemental Material

Supplemental material for this article is available online.

Notes

1. See Monterrosa's (2021) intersectional qualitative research which highlights how racism and a disparate gender ratio precipitated by factors such as unemployment, low income, and higher levels of incarceration, may be driving the romantic precarity seen in Black women.
2. See supplemental materials – Appendix B – for further explanation.

3. See supplemental materials, Appendix C.
4. See supplemental materials, Appendix D.
5. The realm of immediate human experience from the perspective of the reflective meaning-making individual.

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