

Chapter

THE ROLE OF ETHNICITY AND CULTURE IN BODY DISSATISFACTION AND DISORDERED EATING AMONG YOUNG FEMALES

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ABSTRACT

The drive for thinness as part of the ideal female body form is prevalent in Western societies. However, this drive is not necessarily uniformly adopted by all; many women from minority ethnic, particularly Black or African and Caribbean, backgrounds do not accept being thin as part of their cultural beauty standards. In this vein, their ethnic identity and cultural practices and beliefs have been suggested to act as a buffer against body dissatisfaction and appearance esteem issues. The present chapter examines the relationship between ethnic identity, culture, body dissatisfaction and related disordered eating behaviours among diverse ethnic groups of adolescent and young adult females. Particular attention is paid to the notion of attractiveness and beauty ideals or standards across ethnic groups particularly relative to the Eurocentric 'thin ideals' prevalent in Western societies, and how cultural and subcultural notions of beauty that differ from the thin ideals may operate as a protective factor for some females and not others. It is discussed how, despite a stronger ethnic identity and higher body satisfaction, the Black woman (and certain other minority females) is not totally immune from eating disorders and that, in fact, the Black-White gap in the prevalence of

eating disorders has been narrowing in recent times. The prominent theoretical models that have been documented to account for the phenomenon together with the key empirical findings are used to illuminate such increasingly recognised and debated issues while the ‘gaps’ still remaining in the literature are highlighted for future research directions.

INTRODUCTION

Although it is a widely held maxim that ‘beauty is in the eye of the beholder,’ and there exist a great deal of individual and cultural variations of beauty ideals and attractiveness standards that can also change over time, evidence has accumulated to show that certain beauty criteria seem nevertheless to dominate certain sections of the world. Most notably, in White-majority societies attractiveness appears to be defined overwhelmingly by White or Caucasian criteria, and beauty standards of women of colour, or ethnic minority groups, are often overlooked in the process (Mok 1998). The ‘Eurocentric’ criteria have important implications for the many non-White ethnic minority female members in those societies in terms of the development of their self-concepts, where physical self-evaluations play a particularly significant role since preadolescence (Jaffe and Mahle Lutter 1995). Such a value-laden self-concept, often pitted against some prominent attractiveness standards, known as the body image among diverse ethnic groups of women has become a well-researched area for the past two decades.

This is a chapter dedicated to explore the literature on the relationship between ethnic identity, body image dissatisfaction and related eating behaviour among diverse ethnic groups of adolescent and young adult females. The next section will thereby first provide an overview of the links between ethnicity, identity and body image dissatisfaction to examine this phenomenon that has become increasingly recognised and debated in recent years.

At the same time, there is clear evidence from a number of fields (e.g., ethnic studies, anthropological observations, sociological research, psychological studies on mental health) to suggest that White standards of attractiveness exert a deleterious effect on ethnic minority women’s psychological well-being and physical health. Now a rapidly accumulating volume of work shows that eating disorders, historically perceived to be illnesses of the young White woman or those of European descent, are increasingly experienced by ethnic minority women in the Western world (see

Flowers, Levesque and Fischer 2012, Rogers Wood and Petrie 2010, Stojek and Fischer 2013, for reviews, for instance). And although there has been an increase in research comparing disordered eating symptomatology across ethnic groups, studies that have explored the mechanisms underlying the development of symptoms in non-White or minority populations remain comparably scarce. The available literature on such potential mechanisms associating body image dissatisfaction to disordered eating behaviour will be examined in the penultimate section of this chapter.

With these issues in mind, it is paramount to ascertain the impact of ethnicity and its associated identity, emotional attachments, and cultural beliefs and practices, whilst living in social environments where standards of attractiveness remain highly Eurocentric, on the well-being of diverse groups of young females. There are ‘gaps’ still within the literature in terms of where and how research could go as far as the relationship between ethnicity, body image and mental and physical well-being is concerned. The last section of the chapter will review these key concepts while ‘homing in’ on where future studies can focus on or how they may take shape before a general conclusion amalgamating all the issues that have been discussed.

ETHNICITY, IDENTITY AND BODY DISSATISFACTION

It is fair to say that body image dissatisfaction is highly prevalent among women across the world. This dissatisfaction is already commonplace among preadolescent girls (McLaughlin, Belon, Smith and Erickson 2015), and it becomes increasingly common through adolescence and well into adulthood (Jaffee and Mahle Lutter 1995, Talwar, Carter and Gleaves 2012). The roles of ethnicity and culture are frequently cited in variations of body image dissatisfaction, with the related disordered eating (see the next section), constituting both protective and risk factors. Much literature now reports that ethnic identity is positively associated with general psychological health such as self-esteem for ethnic minorities in all of children, adolescents and adults (Corenblum and Armstrong 2012, Nesdale and Mak 2003, Syed and Azmitia 2009), but research ascertaining its relationship with specific aspects of our well-being—here body satisfaction, and weight and eating concerns—require confirmation. From the research that has accrued, the concept known as ‘thin ideal internalisation,’ or internalisation of ‘societal beauty ideals,’ is of central importance. This refers to the (Eurocentric) view, as surmised in the introduction, that being thin is the standardised beauty ideal at least in Western

societies, and how women who ‘internalise’ it—endorse this view for themselves and strive to achieve its relevant criteria—are at greater risk of body image dissatisfaction and related health issues (Rogers Wood and Petrie 2010). This means that those who identify more with the mainstream culture are more likely to adopt attitudes about being thin and become dissatisfied with their own bodies, while those adhering to an ethnic culture that favours other body shapes are not: this discussion will unfold gradually in the following.

Previous research has often documented that, relative to White or Caucasian women, Black women, or women of African and Caribbean backgrounds, held a more positive body image and higher self-esteem (Harris 1994, Molley and Herzberger 1998). Even when weight perception was similar between White and Black adolescents, Black girls were more likely to consider themselves attractive, to like the way they looked, and to feel that their bodies were competent and capable (Jaffee and Mahle Lutter 1995). Also, if there was dissatisfaction with the body for Black women, this was largely related to actual weight problems (overweight or obese) whereas White women were more likely to report dissatisfaction and adopt disordered eating despite being of normal weight (e.g., Abrams, Allen and Gray 1993, Petersons, Rojhani, Steinhaus and Larkin 2000). These findings were seen to bear out the differential body image norms or standards of Black or African subcultures (where thinness is not upheld as the ideal standard of beauty), and the women perceived that men of their race or ethnic culture tended less to prefer thin, small-figured women than their respective White male counterparts. There is also some evidence that Latina culture is similarly appreciative of larger bodies than is US mainstream or White culture (Chamorro and Flores-Ortiz 2000).

There is recent evidence that the body mass index (BMI), itself a measure of weight in relation to height, is associated with thin-ideal internalisation; the heavier one is, the more he or she wishes or strives to be thin (Rakhkovskaya and Warren 2014). However, ethnic identity moderates this relationship between thin-ideal internalisation and weight and eating concerns, such that for those with weaker ethnic identity their strife for thinness is more strongly related to weight concerns. This research shows that White or European-descent women (who tended to have weaker ethnic identification) showed lower body image satisfaction and more weight and eating concerns than Black women, in particular, who held less thin-ideal internalisation. This is reminiscent of other research (Oney, Cole and Sellers 2011) showing that body image dissatisfaction is linked to lower self-esteem only among African

American men and women for whom race was less central to their identity. In particular, higher private regard (positive feelings about own racial group) and lower body dissatisfaction were associated with higher self-esteem, and low public regard (perceived positive feelings that others have about racial in-group) and higher body dissatisfaction were associated with lower self-esteem.

From one of the scarcer studies with Hispanic women, there was evidence that both White and Latina young women were less satisfied with their lower body than Black women, but the greater dissatisfaction in Latinas was associated with weaker ethnic identity (Warren 2014). Similarly, over in New Zealand, even though there are many similarities between the European and Maori young women generally in terms of body dissatisfaction, BMI is related to body concerns particularly among the European than Maori women, and having a stronger Maori ethnic identity is associated with lower levels of weight concerns (Talwar et al. 2012). Taken together, with few exceptions where the relationship between ethnic identification and body dissatisfaction has not been found (e.g., Baugh et al. 2010, Lester and Petrie 2003), most available research suggests that ethnic identity may serve as a ‘protective’ factor against body dissatisfaction and weight concerns for ethnically diverse female groups. Then, how does this actually ‘work’? How strong does one’s identity have to be to ‘confer’ to one such a sense of body satisfaction that the influence of Eurocentric thin ideals no longer holds sway?

Jean S. Phinney (1992, 1993), the veteran researcher in ethnic identity formation, for particularly the stage of adolescence, defines ethnic identity as the level of identification one has with one’s own ethnic group, and argues that this identification is what links the person’s ethnicity to his/her psychological outcomes. Her model proposes that a strong or committed ethnic identity requires that the individual resolved issues or feelings about his/her own and other groups and this involves contact with his/her own ethnic group for reference as well as other groups as essential to identity development. Applied to the issue of body satisfaction—if identifying with one’s ethnic group includes notions of what is ideal in terms of beauty and attractiveness—it would go that the young Black (or other non-White) woman with stronger ethnic identification would appreciate larger body sizes (or alternative shapes), with a lower concern for being overweight. Conversely those who embrace the mainstream culture would be more vulnerable to the pressures for thinness. And both have been given support through research (e.g., Abrams et al. 1993, Botta 2000, Schooler, Ward, Merriwether and Caruthers 2004). Such works, often designed to find a connection between media use and body image, have tended to find different patterns for White and Black women. While

mainstream media viewing is shown to predict poor body image for White women more than for Black women, Black-oriented media will instead promote healthier image along with ethnic identity. These suggest that effects of media exposure on body image exist in ethnicity-based domains.

Indeed, mass media have long been criticised for promoting unrealistically thin ideals through (often White) models and celebrities contributing to mass body image dissatisfaction among women with some research finding that greater exposure to media is related to greater endorsement of the thin ideal, less satisfaction with one's body, and greater disordered eating symptomatology (e.g., Botta 1999, Harrison 2000, 2001; also the next section). Cultivation theory (Gerbner, Gross, Morgan, and Signorielli, 1994) has long argued that consistent media representations construct, and expose viewers to, a skewed reality (of impossibly thin bodies) that they eventually adopt as if valid, leading to decreased satisfaction with their own bodies. At the same time, researchers are intrigued by how Black women appear to be less vulnerable to the 'thin-ideal' media and be satisfied with their bodies despite being larger and consuming more televised media. To this end, a few theories have been better regarded by scholars from mass communications towards understanding the relationships between media exposure and body dissatisfaction. One of the most prominent ones has been the social comparison theory (Festinger 1954), which posits that as viewers regularly compare themselves to images they find realistic or attainable, efforts are made to narrow the gap if a discrepancy is detected. Yet central to this premise is similarity: individuals typically like to compare themselves more to others similar to themselves. Because most models in mainstream media are White, this tenet may explain why Black women may be generally less susceptible to the influence of those images as the thin models are not treated as valid 'referents' for comparisons. In principle, this 'protection' should work even better for young Black women who have a preference for 'Black-oriented' over mainstream media (O'Connor, Brooks-Gunn and Graber 2000).

The few experimental studies that have made use of stimuli manipulated to represent different body imageries and media portrayals of 'ideal' female bodies to gauge respondent's perceptions have given a rare glimpse into the possible mechanism underlying the association between the representations, expectations about thinness and body satisfaction among young females. For example, an earlier study presented Black female undergraduates' photographs of either Black or White models, or no photographs, for their evaluations, before they completed measures of their own body esteem, self-esteem, racial identity and attractiveness (Makkar and Strube 1995). It was revealed that

body esteem was related to self-esteem for only those who viewed the photographs, and relative self-versus-models attractiveness depended on own self-esteem, racial identity, and the models' race (more attractive versus White models when self-esteem was high and identity was strong). This indicates that beauty 'standards' involve some comparison process, and in the case of Black females with high self-esteem and a secure self-consciousness about their race group, self-evaluations can be heightened against the backdrop of attractiveness attributed to White standards of beauty.

More recently, a study designed to examine the influence of exposure to thin ideals in Black-oriented programming on young Black women's body image disturbance made use of rap music videos varying in body size to gauge exposure to thin-ideal images (Zhang, Dixon and Conrad 2009). The researchers drew on the 'theory of attributional ambiguity' (Crocker and Major 1989)—where members of stigmatised groups would ponder whether messages about their groups from others (including the media) reflect truly who they are or social stereotypes (thus attributing negative outcomes to prejudice that can provide a buffering effect protecting one's well-being). As mentioned, Black women are less likely to use White media images as referents for beauty standards, preferring in-group over out-group comparisons—except that rap music videos similarly objectify Black women sexually in ways that reproduce thin-ideal imagery, rendering thin Black bodies aspirational. The researchers reported that the effect of exposure to 'thin-ideal' rap videos on Black women's body image was shaped by their ethnic identity strength: for women with a stronger ethnic identity viewing was less related to body dissatisfaction, less drive for thinness and lower bulimic tendencies, but the reverse was true for those with a weaker ethnic identity.

The above findings suggest that young Black women with a weaker ethnic identity are particularly vulnerable to the influence of thin images. Going by the earlier mentioned theoretical premises of social comparison and attributional ambiguity, some may claim that these women rely less on the "Black" culture per se, but tend to endorse beliefs and attitudes on body image reflecting the mainstream standard of beauty, and engage in 'upward' comparisons (against thin White targets) feeling dissatisfied with their bodies (Zhang et al. 2009). For the women with strong ethnic identity, such comparisons are unlikely, as beauty ideals in line with their own culture and a healthier body image are endorsed. This is also apparent in other non-White minorities; a recent study (Schooler and Daniels 2014) with Latina teenagers (age 13-18 years) shows that after viewing photographs of thin sexualised (versus non-sexualised) White women they were more likely to spontaneously

cite their ethnicity in a self-description task—indicator of ethnic identity salience—which was, in turn, associated with their more positive descriptions of own appearance including the body. These findings are in line with the premise that ethnic identity may act as a protective factor that buffers minority young females from the influence of thin media images by shifting the social comparison process away from dominant thin ideals.

The review so far highlights not only the harmful impact of repeated exposure to thin ideals in the media, but also the protective effects of ethnic identity among minority females. Much further research has centred on the degree of ethnic identification and acculturation in relation to body dissatisfaction. As ‘acculturation’ denotes one’s changes in cultural attitudes, values and behaviours resulting from sustained contact (Berry 1980) mainly with the (White) mainstream—including its cultural standards like the thin ideals—these may be accompanied by changes in conceptualisation of the ideal body. Research has already found a link between acculturation and eating disorder (see the next section), thus a link between acculturation and body dissatisfaction and related affect likely form part of the mechanism to disordered eating. Further, apart from ethnic identity, social capitals such as ties to the family and wider ethnic community (who endorse larger body shapes), known to buffer acculturative stress (Romero, Martinez and Carvajal 2007), can make buffers of body-related concerns and dissatisfaction.

Research has explored the culturally relevant variables including ethnic identity and ‘familism’ (the extent to which one feels rooted in the family) as buffers against body- and eating-related issues in Mexican American women (Bettendorf and Fischer 2009). Familism became the strongest buffer, with control concerns, restricted eating and body satisfaction being associated with stronger acculturation only among women who had weaker family ties. Ethnic identity was a buffer, but only on the link between restrictive eating and acculturation. Meanwhile, not all minority women are equally buffered from negative body image. A study of college-age European, African and Asian American females (Sabik, Cole and Ward 2010) has found distinct patterns between these groups. For African Americans high in other-group orientation, appearance esteem had a stronger link with drive for thinness, where the highest engagement with the dominant (European) culture was related to lowest esteem and strongest drive for thinness, rendering them vulnerable to weight concerns. Asian Americans, the group generally under-researched, reported relatively lower appearance esteem, similar to European Americans (who were the most discontent), but also the lowest drive for thinness and weight-based self-worth, despite having the highest other-group orientation.

These differences mean that cultural explanations such as the buffering 'hypothesis' may be useful for some minority women, yet generalising across all groups can overlook other psychological or health issues.

The literature then indicates that ethnic identity and affiliation with the ethnic group—including the family, community and media—may play additive roles by promoting a healthy body image as a normative part of their own culture for many Black and minority females. It is worth noting, however, that many media images of Black (and other minority) women can be as exclusionary as those of White women: Black celebrities typically have lighter skin or more 'Caucasian' features than the majority of their viewers, for instance (see Schooler et al. 2004). It is also important to note that Black and minority women are not totally 'immune' to body image dissatisfaction. The research above has reviewed some protective and risk factors in regard the effects of subscribing to the mainstream beauty ideals. In reality, however, the gap between White and non-White females in body image dissatisfaction and eating disorder has been narrowing for years (e.g., Franko, Becker, Thomas and Herzog 2007, Gilbert 2003). In the next section, the paths from body dissatisfaction to disordered eating will be addressed in this growing phenomenon among diverse groups of females.

FROM BODY DISSATISFACTION TO DISORDERED EATING

Despite the common perceptions to the contrary as explored above, women of diverse ethnic origins do experience body dissatisfaction and eating pathology. Yet meta-analyses do reveal that White or European-descent women suffer from eating disorders more than other women, in particular Black or African-descent women (e.g., O'Neill 2003, Petersons et al. 2000), if the differences are not large. Why prevalence of eating disorders should be lower among the Black female population has been subject to much speculation. This section explores the key explanations for, or pathways to, eating disorders in different groups, most involving a main factor of ethnicity or mainstream acculturation as earlier described, and some in combination with other key factors such as body image concerns, leading to disordered eating behaviours.

Various proponents from sociological and cultural anthropological perspectives have emphasised the role of culture as a risk for developing eating disorder through internalisation of the thin female ideal that is prevalent in the Western world. In specific, the 'sociocultural' model of disordered

eating (Stice 1994) has been a broadly endorsed account. This account explains eating disorders as being channelled through three factors: 1) physical appearance as central for gender self-concept (that physical features are associated with being 'beautiful' as a female); 2) importance of physical appearance for societal success (that being attractive can lead to being successful in careers, relationships and life in general); and 3) thin ideals being promoted for women as earlier discussed. The latter factor in and of itself has received much attention as reviewed in the previous section, but the following will examine whether it can 'take a step further' leading to actual disordered eating in diverse groups of women.

According to the sociocultural model, awareness of the cultural thin ideal can already foster an internalisation of this ideal, leading to body dissatisfaction, which will in turn place individuals at risk for developing eating disorders. This has largely been supported by studies with White women (e.g., Stice 2001, 2002). Past research with non-White women tended to explore concepts that are theoretically or empirically relevant to them (such as ethnic identity or acculturation), or capturing experiences of women that can offer a framework for body- or eating-related concerns. For instance, research has revealed that levels of body dissatisfaction and disordered eating in Latinas are similar to, or even higher than, those of Whites, and that they are susceptible to the kinds of eating and body concerns addressed in Whites, insofar as they are acculturated (reviewed by Bettendorf and Fischer 2009). Yet whether the 'thin ideals' are internalised, or whether it is internalisation that gives rise to disordered eating, is unclear. This queries whether specific traits characterising body dissatisfaction, an affect, do not only transpire into the relevant attitudes such as drive for thinness, but also the behaviour of eating control such as dieting or binge eating. From the limited research assessing disordered eating with this group, evidence for the role of dominant group (Anglo American) orientation rather than that of ethnic identity is apparent. This is the case with a Mexican American sample that included a sub-group diagnosed with eating disorders (Cachelin, Phinney, Schug and Striegel-Moore 2006), and a multi-ethnic urban adolescent sample that included Mexican Americans (Rhea and Thatcher 2013). Thus it appears that, instead of ethnic identity and affiliations to the ethnic culture, findings point to the role of mainstream acculturation, if without specifying thin-ideal internalisation, in the aetiology of eating disorders at least among young Latina females.

Relatively more research examining cultural factors for disordered eating with Black or African American females is available, perhaps due to the fact

that this group has a lower prevalence of eating disorders. Earliest research showing that restrictive eating among Black women was related to the degree to which they assimilated to mainstream culture dated over 20 years ago (Abrams et al. 1993). Petersons et al. (2000) later conducted a nationwide study comparing White and Black college-age females' ethnic identity and feelings and behaviours towards food. Interestingly, ethnic identity was the predictor of all of drive for thinness, body dissatisfaction and bulimia in Whites only, but not Black females, as for Mexican Americans above. The researchers reason that unlike White women, who readily adopt thin beauty ideals emphasised by mainstream culture as part of the identity, this is not the case in Black women reflecting different standards for ideal appearance and lesser tendencies for eating disorders.

More recent research has measured specific elements within acculturation that likely lead to maladaptive eating. One study has tested a measure of expectancies about eating and thinness—beliefs that eating can 'manage' affect and thinness may lead to life improvement (Henrickson, Crowther and Harrington 2010). In this context, the function of eating is posited as central to eating disturbance; women with eating disorders are known to use food to reduce intense feelings, escape from reality, gain control, or maintain the status quo, etc. (Sherwood, Crowther, Wills and Ben-Porath 2000). African Americans experiencing conflict with ethnic identity and cultural demands for beauty and acceptance may be prone to eating disturbance if they endorse these beliefs. Henrickson et al. report that maladaptive eating was negatively associated with ethnic identity (like a buffer) for those with strong expectancies about eating and thinness and positively associated with other-group orientation (as a risk factor) for those with high expectancies about thinness. The latter is of interest since mainstream acculturation serves as a risk factor specifically in women who expect that restraint and thinness can lead to overgeneralised life improvement—similar to the second factor of the sociocultural model on the importance of appearance for societal success. As pressures to conform to the mainstream increase, conflict may arise between maintaining identification with the ethnic culture and the dominant culture. To the extent that minority women expect that eating can help manage their affect or thinness can improve their lives, binge eating and dieting may become mechanisms to cope with stress from this conflict (acculturative stress), which if extreme, may precipitate eating disorders.

In another study from that year to also examine the sociocultural model, Rogers Wood and Petrie (2010) tested African American women from five universities and found that while ethnic identity and societal pressures

regarding thinness were directly related to internalisation of societal beauty ideals, only societal pressures was directly related to body image concerns, and in turn internalisation and body image concerns directly predicted disordered eating. This means that ethnic identity (with societal pressures) has an indirect effect on disordered eating perhaps by lessening the likelihood to adopt mainstream beauty ideals, but it is the adoption (internalisation) of these ideals and body dissatisfaction (that results from societal pressures) that lead to disordered eating. This indirect impact of ethnic identity has also been found for Asian American college women, through its association with self-esteem, which buffers the relationship between pressures for thinness and body preoccupation, which joins forces with thin-ideal internalisation to directly predict eating disorder symptoms (Phan and Tylka 2006).

In a recent study, the influence of thin-ideal internalisation has further been shown to precipitate the onset of restraint or self-initiated attempts to restrict food intake among ethnic minority females, as it has often been found in White samples. In a prospective design, Stojek and Fischer (2013) followed up Black and White students over the first college semester and found that while White women did experience more restraint than Black women both groups experienced an increase over the semester. In addition, endorsement of thinness expectancies added significant increment to the restraint over time and this was not moderated by ethnicity or ethnic identity. The onset phenomenon of disordered eating in ethnic minority women may therefore work in a similar way, from the endorsement of the function of eating and thinness, through body dissatisfaction towards eating restraint, as it does for White women.

A study covered earlier (Bettendorf and Fischer 2009) shows that familism moderated the links between acculturation, body dissatisfaction, control concerns, and restrictive eating, in Mexican American women. Since control and restriction have been consistently addressed as behaviours associated with eating disorders among White women (French et al. 1997), the pathway from internalisation of thin ideals and body dissatisfaction, through control concerns and eating restraints, may be one of the 'default' mechanisms through which certain minority women also develop eating disorders.

Arguably, then, ethnic minorities may experience many of the same sociocultural risk factors, which are well known among their White counterparts, not least internalisation of societal beauty ideals and body dissatisfaction, while research has simply ascertained their relationships with disordered eating.

The above pattern does seem to converge with the idea that mainstream acculturation or dominant-group orientation, and in particular components pertaining to felt societal pressures about thin ideals and internalisation of the ideals, poses a risk factor towards eating disorders through body dissatisfaction in ethnic minority women. It can be that for those who are more 'mainstream' oriented, pressures to be thin are heightened and the likely 'precursors' towards eating restraint like internalisation of thin ideals and body image concerns are elicited, due to greater exposure to, or adoption of, mainstream beauty ideals. Unlike working as a protective factor or buffer from body dissatisfaction as reviewed in the previous section, ethnic identity and ethnic culture orientation seem to exert a more indirect influence, where eating disorder status in women does not tend to be associated with the degree to which they are attached to the ethnic group. Alas, neither identity nor cultural orientation are not either-or constructs; a bi-cultural or bi-dimensional approach to acculturation is recommended (Phinney 2003) that takes into account how much the individual orients towards both host and ethnic cultures for adjustments and well-being. In the case of disordered eating, it could be that markers of more 'mainstream' cultural orientation (such as the use of the English language and having White/Anglo American friends) can give greater access or exposure to societal norms governing attractiveness standards and related sex-role attitudes (Cachelin et al. 2006). The attitudinal and concomitant behavioural changes that result in the disordered eating such as body image concerns and eating restrictions are therefore directly impacted by what one adopts from the host culture, even though body dissatisfaction, as reviewed earlier, may be buffered by what one holds onto from the ethnic culture that upholds alternative beauty ideals.

Having established the above trend, it is timely to note that recent meta-analyses (e.g., Franko et al. 2007) reveal that White-Black differences in the prevalence of eating disorders are indeed diminishing. Meanwhile, newer evidence suggests that ethnic identity in some cases can be a direct buffer against disordered eating. For African American women, for example, 'self-hatred' specific to racial group membership (measured from self-report racial identity) is associated with negative psychological outcomes, notably maladaptive eating behaviours, and this association is stronger for those with high body dissatisfaction (Flowers et al. 2012). Moreover, when compared to White and Mexican American female adolescents, only Black females who showed a combination of strong ethnic identity and associated high self-esteem reported fewer at-risk (bulimic) disordered eating behaviours. Thus a strong racial identity in Black women may act as a protective factor against

disordered eating, but a weak or negative identity may be an equally potent risk factor that can contribute to the development of eating disorder symptoms.

At the same time, while sociocultural accounts emphasise the role of internalisation of media standards of attractiveness—especially thin-ideal internalisation—in body satisfaction, weight concerns and eating pathology, they rarely investigate how different ethnic groups of women really are in the tendency to endorse thin ideals or how differences may be borne out by their differential risks towards body dissatisfaction and pathological eating (Cheng 2014). Specific cultural factors aside from global forms of ethnic identity and acculturation, such as ethnic belonging, real and perceived racial discrimination and felt pressures towards thinness, should be kept in mind that can complement the overall sociocultural model to understanding disordered eating issues in different groups.

A developing idea in the context of disordered eating termed the objectification theory (see Fredrickson and Roberts 1997, Fredrickson et al. 1998) may add further tenets to existing sociocultural variables. The theory posits that as women and girls are typically acculturated to internalise the observer's perspective as a primary view of their physical selves, this can lead to habitual body monitoring, which can in turn increase tendencies towards anxiety or shame, and decrease awareness of internal bodily and motivational states. As such, this perspective is in part responsible for a range of common mental health risks among women including eating disorders. An argument has been recently put forth that an internalised multicultural inclusive racial identity or attitudes can moderate the relationship between the objectifying experiences (such as exposure to thin female imagery and women seeing themselves objectified in such a way) and internalised societal (thin) standards of beauty. This, in turn, should ameliorate the effects of thin ideals on body image concerns and surveillance that lead to disordered eating (Watson, Ancis, White and Nazari 2013). Indeed, the research reports that when objectifying experiences were high and internalised multicultural inclusive racial identity attitudes were low, young African American women were more likely to internalise the dominant standards of beauty (thinness), which was associated with higher body shame and surveillance, greater appearance anxiety as well as higher levels of disordered eating. These findings suggest that interventions may be developed from counselling ethnic minority girls and young women to develop a more positive and inclusive identity and greater racial awareness to challenge the dominant mainstream standards of beauty to diminish body image concerns and disordered eating.

In sum, although the causes for body image dissatisfaction or related eating disorders are multi-fold, the most direct factors concern an endorsement of beauty standards involving being thin, at times with its perceived function to improve societal success, worries about body image, desires to lose weight and the concomitant maladaptive eating. While preoccupation with the body and eating is a shared factor among women at risk, dissatisfaction from the discrepancy between own body and the ideal is defined by varying sources of cultural inputs, and counter-sources for healthier ideals are available for women of colour. Internalisation of the dominant cultural beauty ideals is, of course, not the only or definitive cause of disordered eating for all ethnic minority females. Other psychological or situational factors (including the tendency to compare own appearance with others, desires to be attractive to boys and negative comments or teasing about appearance; Jaffee and Mahle Lutter 1995)—some of which will be reviewed in the next section—may work independently as well as hand-in-hand with the key factors as above reviewed to heighten the vulnerable women's risk towards disordered eating.

FUTURE DIRECTIONS

The preceding sections have examined the mechanisms through which young ethnic minority, in particular Black, females may be generally at lower risk of body dissatisfaction and eating disorders compared with their White counterparts. Ethnic identity and, relatedly, affiliations to the ethnic group as well as the opposite of orientation to other groups (in particular dominant or mainstream culture) serve as overall protective and risk factors, respectively. However the more specific factors, notably thin-ideal internalisation, societal pressures regarding thinness and expectancies about the function of eating, diet and thinness for managing negativity and improving success or obtaining control, are equally and at times more directly responsible for precipitating the kinds of eating disturbance that can become pathological. Although ethnicity and culture have been shown to make huge potential contribution to numerous females' body image dissatisfaction and associated disordered eating, it is crucial to point out that this is not the full picture, nor do identity and acculturation explain all cases of body dissatisfaction and eating disorder in ethnic minority women.

The overall contributors to body dissatisfaction (ethnic identity with acculturation to ethnic versus mainstream culture) aside, other potential contributory, and in some cases more directly relevant, factors should be taken

into account. For instance, recent research suggests that, particularly among preadolescence and adolescence, teasing by peers is seen by girls to have a highly negative influence on body satisfaction (McLaughlin et al. 2014). In a study of older adult (sorority) Black women, maternal attachment plays a hugely significant predictor of positive body-esteem, with particular regard to the physical condition and weight control, over ethnic identification (Baugh and Barnes 2015). Other studies suggest that ethnic or racial teasing works in addition to other issues that contribute to eating disorders in ethnic minority women, and these include Western beauty ideal (thin) internalisation (Cotter et al. 2015) and perceived discrimination (Cheng 2014). Perhaps more particular to Chinese females, parental overprotection and care and perceived pressures from their best female friends to lose weight, may work alongside low body satisfaction to contribute to eating pathology in both Western-aculturated and traditional women (Humphry and Ricciardelli 2004).

Furthermore, the literature hitherto covered on disordered eating has investigated the aspects concerning weight loss. For some cases, especially among African Americans, while strongly identifying with own cultural beauty ideals may protect against disordered eating to lose weight, it may also increase the risk of developing disordered eating towards weight gain such as binge eating. Although African American women are not at greater risk for bulimia or binge eating than other groups, obesity has been a common concern for them (O'Neill 2003), and overweight African American women are less likely than European American women to correctly perceive their weight statuses (Paeratakul et al. 2002). Additionally, heavier weight has been associated with increased body image concerns and binge eating (Hrabosky and Grilo 2007), while depression is strongly associated with overweight for African American women with higher levels of ethnic identity (Siegel, Yancey and McCarthy 2000). On the other hand, recent research shows that low levels of ethnic identity pose a risk factor in African American women for binge eating and bulimic pathology, versus for European American women where high levels of ethnic identity is a risk factor towards binge eating and global eating pathology (Shuttlesworth and Zotter 2011). Therefore, certain cultural sensitivity about matters of weight and eating concerns is needed for future research with diverse populations of women some of whom may be at risk or actually suffer from eating disorders involving weight gain or obesity while culturally responsive approaches that support healthy body image and weight treatment taking into account such diversities should be trialled.

A rare study on this subject area in the UK using a qualitative approach interviewed first- and second-generation Pakistani women on diet, weight

gain, obesity and related health issues (in particular Type 2 diabetes, which is relatively prevalent among that population) has likewise found barriers to addressing the issue (Ludwig, Cox and Ellahi 2011). These included all of cultural, familial and religious factors, including perceptions about the causes of weight gain (that include divine predestination), prioritisation of the family over individual lifestyles for the woman and the influence of Islam. These findings concerning minority females being prone to eating behaviours related to weight gain and ill health mean that multiple dimensions of ethnic identity and culture, including complex beliefs and practices of such groups, need to be understood for novel models that address the risks and propose relevant solutions.

The above also reminds that, though there is a maturing literature on the subject from North American countries and an emerging one from Australasia, research from the UK and Europe, or indeed the non-Western world, is extremely rare in comparison. This is paramount as owing in part to the legacy of colonisation and the pervasiveness of mass communications, much of the world receives a diet of Western or Western-influenced media, with both directly and indirectly its prevalent beauty ideals. There has been evidence that non-Western viewers share a similar beauty ideal of thinness as Western broadcasters, or that their cultural beauty ideals have shifted (to become more westernised; see Lee 1993, Lee and Lee 2000). This is not surprising as it has been reported that Western-aculturated females that have emigrated from countries in the 'East' readily adopt Western standards of attractiveness, including thin ideals (Lake, Staiger and Glowinski 2000). Future studies may explore Western influences on the body image of women and girls in non-Western societies, and whether these have had any impact on their diets, eating attitudes and behaviours and prevalence of eating disorders.

The aforementioned works also highlight the fact that the vast majority of research is correlational and retrospective in design, and based on standardised self-report responses for data. As such, causality cannot be inferred, nor can perspectives of individuals on their body image and ideals, or explanations for decisions taken towards eating behaviours, be revealed and scrutinised. With the several notable exceptions of prospective or experimental research assessing specific aspects of cultural factors or body- and appearance-based evaluations (e.g., Schooler and Daniels 2014, Stojek and Fischer 2013, Zhang et al. 2009), one could form more summative assertions about development of the issues. Research using qualitative methods as cited above could explore the nature of less established issues or even shed light on the experiences or accounts of the sufferers of eating disorders. These types of inquiries, though

more costly, are also more informative and should be encouraged in future research endeavours.

While the links between ethnicity, culture, body dissatisfaction and eating disorders in female ethnic minority populations are becoming more established, another perspective to the matters is perhaps not overly 'pathologising' them. Instead, efforts to promote positive body image, or body appreciation or acceptance, for the women concerned may be preferable, and indeed ethnic identity has been associated with such appreciation (Cotter, Kelly and Mitchell 2015). This is of great interest for practical applications from the perspective of intervention and prevention of eating disorders that can be derived from more research in this area.

CONCLUSION

The literature documents that Black and certain other minority females have fewer concerns about weight or are more satisfied with their bodies compared with their White counterparts. The differentiating factor for the women with higher satisfaction and healthier eating may be their 'frame of reference' as termed by Schooler et al. (2004) in the form of adopting a beauty standard that does not value thinness, which is the Western societies' default marker of being attractive as reflected in their mainstream media. Yet many Black and certain other minority females, in particular those with a strong ethnic identity, do reject the media's thin ideals as a valid source for comparisons and may instead refer to others of their own ethnic background. By not adopting the thin ideals (internalising), these women are likely to be at a lower risk of body dissatisfaction and disordered eating. On the flipside, this means that minority females that do orient more to the mainstream culture, in particular if they adopt its thin ideals (thin-ideal internalisation), may be at greater risk of body dissatisfaction and eating disorders. This risk may be heightened for those who experience some conflict between identifying with the ethnic and dominant cultures, endorse the expectant functions of diet in managing their affect and of thinness in improving their lives, or perceive greater pressures to be thin, and for those who have a weak or negative ethnic identity and related low self-esteem.

Identifying the mechanisms through which females in diverse groups may be at risk for internalising unattainably thin body ideals that leads to disordered eating will be a key for understanding their experiences and treating the attitudes and behaviours. Future work should be directed to

identifying more sociocultural and psychological factors that can promote body satisfaction, challenge unrealistic beauty ideals or decrease their negative impact, and channel maladaptive eating into other forms of coping more suited to the differing demands in diverse groups of the female population.

REFERENCES

- Abrams, K. K., Allen, L. R. and Gray, J. J. (1993). Disordered eating attitudes and behaviours, psychological adjustment, and ethnic identity: a comparison of Black and White female college students. *International Journal of Eating Disorders*, 14(1), 49-57.
- Baugh, E. J. and Barnes, A. (2015). An examination of the influence of ethnic identity and parental attachment on the body esteem of Black sorority women. *Journal of Black Studies*, 46(3), 316-329.
- Baugh, E., Mullis, R., Mullis, P., Hicks, M. and Peterson, G. (2010). Ethnic identity and body image among Black and White college females. *Journal of American College Health*, 59(2), 105-109.
- Berry, J. W. (1980). Acculturation as varieties of adaptation. In: A. M. Padilla (Ed.), *Acculturation: theory, models and some new findings* (pp. 9-25). Boulder, CO: Westview.
- Bettendorf, S. K. and Fischer, A. R. (2009). Cultural strengths as moderators of relationship between acculturation to the mainstream US Society and eating- and body-related concerns among Mexican American women. *Journal of Counselling Psychology*, 56(3), 430-440.
- Botta, R. (1999). Television images and adolescent girls' body image disturbance. *Journal of Communication*, 49(2), 22-41.
- Botta, R. A. (2000). The mirror of television: a comparison of Black and White adolescents' body image. *Journal of Communication*, 50, 144-159.
- Cachelin, F. M., Phinney, J. S., Schug, R. A. and Striegel-Moore, R. H. (2006). Acculturation and eating disorders in a Mexican American community sample. *Psychology of Women Quarterly*, 30, 340-347.
- Chamorro, R. and Flores-Ortiz, Y. (2000). Acculturation and disordered eating patterns among Mexican American women. *International Journal of Eating Disorders*, 19, 239-248.
- Cheng, H-L. (2014). Disordered eating among Asian/Asian American women: Racial and cultural factors as correlates. *The Counselling Psychologist*, 42 (6), 821-851.

- Corenblum, B. and Armstrong, H. D. (2012). Racial-ethnic identity development in children in a racial-ethnic minority group. *Canadian Journal of Behavioural Science*, 44(2), 124-137.
- Cotter, E. W., Kelly, N. R. and Mitchell, K. S. (2015). An investigation of body appreciation, ethnic identity, and eating disorder symptoms in Black women. *Journal of Black Psychology*, 41(1), 3-25.
- Flowers, K. C., Levesque, M. J. and Fischer, S. (2012). The relationship between maladaptive eating behaviours and racial identity among African American women in college. *Journal of Black Psychology*, 38(3), 290-312.
- Franko, D. L., Becker, A. E., Thomas, J. J. and Herzog, D. B. (2007). Cross-ethnic differences in eating disorder symptoms and related distress. *International Journal of Eating Disorders*, 40, 156-164.
- Fredrickson, B. L. and Roberts, T. A. (1997). Objectification theory: towards understanding women's lived experience and mental health risks. *Psychology of Women Quarterly*, 21, 173-206.
- Fredrickson, B. L., Roberts, T. A., Noll, S. M., Quinn, D. M. and Twenge, J. M. (1998). That swimsuit becomes you: sex differences in self-objectification, restrained eating, and math performance. *Journal of Personality and Social Psychology*, 75, 269-284.
- French, S. A., Story, M., Neumark-Sztainer, D., Downes, B., Resnick, M. and Blum, R. (1997). Ethnic differences in psychosocial and health behaviour correlates of dieting, purging, and binge eating in a population-based sample of adolescent females. *International Journal of Eating Disorders*, 22, 315-322.
- Gerbner, G., Gross, L., Morgan, M. and Signorielli, N. (1994). Growing up with television: the cultivation perspective. In: J. Bryant (Ed.), *Media effects: advances in theory and research* (pp. 17-41). Hillsdale, NJ: Erlbaum.
- Gilbert, S. (2003). Eating disorders in women of colour. *Clinical Psychology Scientific Proceedings*, 10, 444-455.
- Harris, S. M. (1994). Racial differences in predictors of college women's body image attitudes. *Women and Health*, 21(4), 89-104.
- Harrison, K. (2000). The body electric: thin-ideal media and eating disorders in adolescents. *Journal of Communication*, 50, 119-143.
- Harrison, K. (2001). Ourselves, our bodies: thin-ideal media, self-discrepancies, and eating disorder symptomatology in adolescents. *Journal of Social and Clinical Psychology*, 20(3), 289-323.

- Hendrickson, H. C., Crowther, J. H. and Harrington, E. F. (2010). Ethnic identity and maladaptive eating: expectancies about eating and thinness in African American women. *Cultural Diversity and Ethnic Minority Psychology*, 16(1), 87-93.
- Hrabosky, J. I. and Grilo, C. M. (2007). Body image and eating disordered behavior in a community sample of Black and Hispanic women. *Eating Behaviors*, 8, 106-114.
- Humphry, T. A. and Ricciardelli, L. A. (2004). The development of eating pathology in Chinese-Australian women: acculturation versus culture clash. *International Journal of Eating Disorders*, 35, 579-588.
- Jaffee, L. and Mahle Lutter, J. (1995). Adolescent girls: factors influencing low and high body image. *Melpomene Journal*, 14(2), 14-22.
- Lake, A. J., Staiger, P. K. and Glowinski, H. (2000). Effect of western culture on women's attitudes to eating and perceptions of body shape. *International Journal of Eating Disorders*, 27(1), 83-89.
- Lee, S. (1993). How abnormal is the desire for slimness? A survey of eating attitudes and behavior among Chinese undergraduates in Hong Kong. *Psychological Medicine*, 23, 437-451.
- Lee, S. and Lee, A. M. (2000). Disordered eating in three communities of China: a comparative study of female high school students in Hong Kong, Shenzhen, and rural Hunan. *International Journal of Eating Disorders*, 27, 317-327.
- Lester, R. and Petrie, T. A. (2003). Physical, psychological, and societal correlates of bulimic symptomatology among African American college women. *Journal of Counselling Psychology*, 35, 315-321.
- Ludwig, A. F., Cox, P. and Ellah, B. (2011). Social and cultural construction of obesity among Pakistani Muslim women in North West England. *Public Health Nutrition*, 14(10), 1842-1850.
- Makkar, J. K. and Strube, M. J. (1995). Black women's self-perceptions of attractiveness following exposure to White versus Black beauty standards: the moderating role of racial identity and self-esteem. *Journal of Applied Social Psychology*, 25(17), 1547-1566.
- McLaughlin, E. A., Belon, K. E., Smith, J. E. and Erickson, S. J. (2015). Mothers' and daughters' beliefs about factors affecting preadolescent girls' body satisfaction. *Body Image*, 13, 9-17.
- Mok, T. A. (1998). Asian Americans and standards of attractiveness: what's in the eye of the beholder? *Cultural Diversity and Mental Health*, 4(1), 1-18.

- Molley, B. L. and Herzberger, S. D. (1998). Body image and self-esteem: a comparison of African-American and Caucasian women. *Sex Roles*, 38(7-8), 631-643.
- Nesdale, D. and Mak, A. A. (2003). Ethnic identification, self-esteem, and immigrant psychological health. *International Journal of Intercultural Relations*, 21, 23-40.
- O'Connor, L. A., Brooks-Gunn, J. and Graber, J. (2000). Black and White girls' racial preferences in media and peer choices and the role of socialization for Black girls. *Journal of Family Psychology, Special Issue: Cultural Variation in Families*, 14(3), 510-521.
- Oney, C. N., Cole, E. R. and Sellers, R. M. (2011). Racial identity and gender as moderators of the relationship between body image and self-esteem for African Americans. *Sex Roles*, 65(7-8), 619-631.
- Paeratakul, S., White, M. A., Williamson, D. A., Ryan, D. H. and Bray, G. A. (2002). Sex, race/ethnicity, socioeconomic status, and BMI in relation to self-perception of overweight. *Obesity Research*, 10, 345-350.
- Petersons, M., Rojhani, A., Steinhaus, N. and Larkin, B. (2000). Effect of ethnic identity on attitudes, feelings, and behaviours towards food. *Eating Disorders*, 8, 207-219.
- Phan, T. and Tylka, T. L. (2006). Exploring a model and moderators of disordered eating with Asian American college women. *Journal of Counselling Psychology*, 53(1), 36-47.
- Phinney, J. S. (1992). The multigroup ethnic identity measure: a new scale for use with diverse groups. *Journal of Adolescent Research*, 7(2), 156-176.
- Phinney, J. S. (1993). A three-stage model of ethnic identity development in adolescence. In: M. Bernal and G. Knight (eds.), *Ethnic identity: formation and transmission among Hispanics and other minorities* (pp. 61-79). New York: State University of New York Press.
- Phinney, J. S. (2003). Ethnic identity and acculturation. In: K. M. Chun and P. B. Organista (Eds.), *Acculturation: advances in theory, measurement, and applied research* (pp. 63-81). Washington, DC: American Psychological Association.
- Rakhkovskaya, L. M. and Warren, C. S. (2014). Ethnic identity, thin-ideal internalization, and eating pathology in ethnically diverse college women. *Body Image*, 11(4), 438-445.
- Rhea, D. J. and Thatcher, W. G. (2013). Ethnicity, ethnic identity, self-esteem, and at-risk eating disordered behavior differences of urban adolescent females. *Eating Disorders* 21, 223-237.

- Rogers Wood, N. A. and Petrie, T. A. (2010). Body dissatisfaction, ethnic identity and disordered eating among African American women. *Journal of Counselling Psychology*, 57(2) 141-153.
- Romero, A. J., Martinez, D. and Carvajal, S. C. (2007). Bicultural stress and adolescent risk behaviours in a community sample of Latinos and non-Latino European Americans. *Ethnicity and Health*, 12, 443-463.
- Sabik, N. J. Cole, E. R. and Ward, M. (2010). Are all minority women equally buffered from negative body image? Intra-ethnic moderators of the buffering hypothesis. *Psychology of Women Quarterly*, 34, 139-151.
- Schooler, D. and Daniels, E. A. (2014). 'I am not a skinny toothpick and proud of it': Latina adolescents' ethnic identity and responses to mainstream media images. *Body Image*, 11(1), 11-18.
- Schooler, D., Ward, L. M., Merriwether, A. and Caruthers, A. (2004). Who's that girl: television's role in the body image development of young white and black women. *Psychology of Women Quarterly*, 28, 38-47.
- Sherwood, N. E., Crowther, J. H., Willis, L. and Ben-Porath, Y. S. (2000). The perceived function of eating for bulimic, subclinical bulimic, and non-eating disordered women. *Behavior Therapy*, 31, 777-793.
- Shuttlesworth, M. E. and Zotter, D. (2011). Disordered eating in African American and Caucasian women: the role of ethnic identity. *Journal of Black Studies*, 42(6), 906-922.
- Stice, E. (1994). A review of the evidence for a sociocultural model of bulimia nervosa and an exploration of the mechanisms of action. *Clinical Psychology Review*, 14, 633-661.
- Stice, E. (2001). A prospective test of the dual pathway model of bulimic pathology: mediating effects of dieting and negative affect. *Journal of Abnormal Psychology*, 110, 124-135.
- Stice, E. (2002). Risk and maintenance factors for eating pathology: a meta-analytic review. *Psychological Bulletin*, 128, 825-848.
- Stojek, M. M. K. and Fischer, S. (2013). Thinness expectancies and restraint in Black and White college women: a prospective study. *Eating Behaviours*, 14(3), 269-273.
- Syed, M. and Azmitia, M. (2009). Longitudinal trajectories of ethnic identity during the college years. *Journal of Research on Adolescence*, 19(4), 601-624.
- Talwar, R., Carter, J. D. and Gleaves, D. H. (2012). New Zealand female body image: what roles do ethnicity and body mass play? *New Zealand Journal of Psychology*, 41(1), 69-75.

- Warren, C. S. (2014). Body area dissatisfaction in white, black and Latina female college students in the US: an examination of racially salient appearance areas and ethnic identity. *Ethnic and Racial Studies*, 37(3), 537-556.
- Watson, L. B., Ancis, J. R., White, D. N. and Nazari, N. (2013). Racial identity buffers African American women from body image problems and disordered eating. *Psychology of Women Quarterly*, 37(3), 337-350.
- Zhang, Y., Dixon, T. L. and Conrad, K. (2009). Rap music videos and African American women's body image: the moderating role of ethnic identity. *Journal of Communication*, 59, 262-278.

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