



Eating Disorders in Women of Color: Explanations and Implications

Background

- * Over the past few years, there has been increasing evidence of disordered eating occurring among racial and ethnic minorities in the United States. Contrary to the persistent belief that eating disorders affect only young, white women, analysis of the Minnesota Adolescent Health Study found that dieting was associated with weight dissatisfaction, perceived overweight, and low body pride in *all* ethnic groups (Story et al, 1997).
- * Similarly, a study conducted by Robinson et al (1996), found that among the leanest 25% of 6th and 7th grade girls, Hispanics and Asians reported significantly more body dissatisfaction than did white girls. Lastly, in a survey of 6,504 adolescents, Asian, Black, Hispanic and Caucasian youth all reported attempting to lose weight at similar rates (32.7%, 31.9%, 36.1% and 34.9% respectively), while among of Native American adolescents, 48.1% were attempting weight loss (Kilpatrick, Ohannessian, & Bartholomew, 1999).

Research and Reporting Bias

- * Exact statistics on the prevalence of eating disorders among women of color are unavailable. Due to our historically biased view that eating disorders only affect white women, relatively little research has been conducted utilizing participants from racial and ethnic minority groups.
- * In spite of these factors, reports of eating disorders among women of color are on the rise. Some of this gain may simply reflect an increase in the *reporting* of these problems rather than actual increases. Three factors affect the rate of reporting among minority women: underreporting of problems by the individual, under and misdiagnosing on the part of the treatment provider, and cultural bias of Diagnostic and Statistical Manual-IV criteria for eating disorders.

Acculturation Effects

- * It is sometimes speculated that women from racial and ethnic minority groups are “immune” to developing eating disorders because their cultural identity provides some amount of protection against body image disturbances. For example, it is frequently asserted that African-American culture embraces larger body types than does the dominant culture, thereby making Black women less prone to body dissatisfaction. Thus, it has been hypothesized that as women of color experience acculturation or assimilation of dominant ideals, they become more susceptible to eating disorders.
- * Kempa & Thomas (2000) define acculturation as “the process of shifting values to the host culture from the culture of origin.” As this occurs, the dominant standards of beauty are internalized and women from minority groups adhere to standards similar to those of white women.
- * Research results regarding this theory have been mixed, with some evidence supporting the idea that highly acculturated women are more vulnerable to eating disorders. In one study of Cuban American women, Jane, Hunter, and Lozzi (1999) found that close identification with Cuban culture was associated with lower EAT-26 scores, indicating less negative attitudes toward eating, and may have a protective factor in the development of eating disorders. Chamorro & Flores-Ortiz (2000) found that second-generation Mexican-American women, those born in the US to foreign-born parents, were the most acculturated and had the highest disordered eating patterns.



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- * Other researchers have suggested that the influence of acculturation on body image formation is much more complex than previously stated. Kempa and Thomas (2000) propose that the effect of acculturation is dependent upon which stage of the ethnic identity process the individual is in. Those in the conformity stage may internalize dominant values of beauty which could lead to eating disorders, while those in the dissonance stage may be highly sensitive to oppressive circumstances and subsequently develop eating problems to cope with these experiences.
- * Similarly, Lake, Staiger, & Glowiski (1999) postulate that eating disorders may result from either the process of assimilation or from the stress of trying to navigate two distinct cultures. Their study supported the “culture clash” argument; they found that “traditional” subjects (those with strong Chinese ethnic identity) were more influenced by western values than were the acculturated group members.
- * Therefore, acculturation *does* matter, but the level of acculturation is not always predictive of vulnerability to eating disorders. It is important to recognize that the differences in findings could be due to diversity within ethnic categories (French et al, 1997). In other words, there is no rigid formula for discerning how acculturation will affect an individual based solely upon their ethnicity.

Sociocultural Factors and Stress

- * Just as eating disorders have varying etiologies in Caucasian women, the same applies for women of color. Contemporary theories regarding the development of disordered eating include sociocultural, environmental, and genetic factors. These same factors are applicable to women of racial and ethnic minority groups as well.
- * Sociocultural factors, including the pervasive media images that embrace a narrowly defined conception of beauty, may be particularly disturbing for some women. Hall (1995) notes that, “people furthest from the (dominant ideal of beauty), specifically women of color, may suffer the psychological effects of low self-esteem, poor body image, and eating disorders.” Furthermore, Osvoid & Sadowsky (1993) found that African-American and Native-American women who were more accepting of white American culture (acculturated) showed significantly more symptoms of anorexia and bulimia than did those who were less accepting.
- * However, sociocultural influences are not the only significant factors in the development of eating disorders. Environmental stress can trigger the onset of disordered eating patterns as well. Among women of color, the process of acculturation can be one such source of stress. Davis and Katzman (1999) note that “by definition, acculturation is the process by which one group asserts its influence over another and what happens is likely to be difficult, reactive, and conflictual, affecting one’s physical as well as psychological functioning.”
- * Yet, women from racial and ethnic minority groups in the United States face substantially more stress resulting from their membership in multiple subordinate groups than that caused by acculturation alone. Thompson (1996) interviewed eighteen women of varying socio-economic status and race and found that eating disorders were frequently a response to environmental stress (i.e. abuse, racism, poverty). Therefore, given the multiple traumas that women of color are exposed to, they may, in fact, be *more* vulnerable to eating disorders.

What's Next?

- * In addition to adopting an attitude of genuine regard and respect for differences, researchers, clinicians, and educators must make efforts to increase their awareness of factors affecting minority populations. These factors include differing worldviews, values, and beliefs; patterns of acculturation, assimilation, and immigration; effects of oppression and ethnic identity; as well as individual differences within every ethnic and racial group.
- * Themes that are evident in disordered eating such as the pursuit of identity, power, validation, self-esteem, and respect, are also pervasive in the lives of oppressed individuals (Root, 1990). It is imperative that we re-examine our assumptions about who is susceptible to disordered eating and ensure that our efforts to combat these issues are inclusive of *all* women.

