

CHAPTER 7

Look past the color of my skin and how much money I make: Look at ME

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Chapter Objectives

- 1) Define race, ethnicity, and culture as key variables for eating disorders and body image disturbances.
- 2) Identify and describe the etiological factors of eating disorders/body image issues across diverse populations.
- 3) Identify and describe body image and weight loss strategies specific to multi-racial, ethnically diverse males.
- 4) Examine social class as a predictor of eating disorders/body image issues.
- 5) Explain treatment alternatives for a multi-racial, ethnically diverse eating disorder population.

Case Example

Patricia thinks about food constantly. She is always trying to control the calories and fat she eats, but often ends up overeating. Then she feels guilty and takes laxatives so she won't gain weight. Each time this happens she promises herself that the next day she will eat normally and stop the laxatives. However, the next day the same thing happens. She knows this is bad for her body, but she is so afraid of gaining weight. She is so torn emotionally. The problem is that her culture is encouraged to embrace their big, voluptuous bodies. This makes her feel terrible because she doesn't want a big, voluptuous body! She doesn't ever want to be fat—ever, and she doesn't ever want to gain weight. She would rather die from starvation than gain a single pound.

This vignette describes the daily existence of one person seeking treatment for an eating disorder in an eating disorder clinic.

Gabriella was seeking treatment for Bulimia. She reported she doesn't eat all day and then she comes home from work and binges. She always tell herself she's going to eat a normal dinner, but it usually turns into a binge. She has to re-buy food so no one notices all the food is gone.

Most people automatically conjure up the image of a young, middle-class, white female when reading these case examples. In fact, the first quote came from "Patricia," a 26-year-old Black female, and the second from "Gabriella," a 22-year-old Hispanic* woman.

The Great Debate: Race or Ethnicity?

Although race and ethnicity have been used interchangeably when examining body image and eating disorder issues, they are distinct concepts. This chapter will attempt to alleviate the confusion created by the interchangeable use of race and ethnicity in the literature by operating from the following definitions. Race is defined as being a socially constructed category based on a continuous trait across human beings – in this case skin color – that is used to group individuals in a somewhat arbitrary (but power-loaded) fashion (Coakley, 2007). A sub-issue related to race is the category used to identify a particular race. In this chapter, "Black" will be used instead of African-American or Black-American because this term is more inclusive of individuals who are from a country other than the United States. Individuals of Hispanic, Latina, or Mexican descent will be referred to as Hispanic as a more inclusive term. Ethnicity is defined as the acceptance of the norms, mores, and practices of one's culture of origin and the concomitant sense of belonging to that cultural group (APA,

2003). Culture is defined as the belief systems and value orientations that influence customs, norms, practices, and social institutions including psychological processes such as language, caretaking practices, media, educational systems) and organizations such as media and educational systems (APA, 2003, p. 380). When Western culture is referred to in this chapter, it means first-world, economically stable cultures that value individualism, competition, rational thinking, economic displays of status and power, a patriarchal family structure, and a thin female physique (Katz, 1985).

This chapter will focus on multi-racial/ethnicity research, as well as acculturation research to more thoroughly explore an individual's belief system and the psychological processes that go into that belief system. Most of the studies to date about eating disorders and body image issues are geared toward females. Therefore, the majority of this chapter is focused on females, but discussion about males is also included in this chapter.

Disordered Eating and body image issues are not so 'Black and White'

Recently, the stereotypic image of those suffering from eating disorders/disordered eating as being restricted to affluent White females has been challenged (White & Grilo, 2005; Yanovski, 2000). It is not uncommon for persons of color to develop eating issues & body image concerns (Barry & Grilo, 2002; Hudson, Hiripi, Pope, & Kessler, 2007; Jackson & Grilo, 2002; Taylor, Caldwell, Baser, Faison, & Jackson, 2007; White & Grilo, 2005). A primary reason why eating disorders were believed to be restricted to white women is that they were predominately the ones receiving treatment. Specialists conducted most of the early eating/body image research on college campuses or in hospital clinics. For reasons related to economics, access to care, and cultural attitudes toward psychological treatment, middle-class white females were the ones seeking treatment and logically they became the subjects of research (Hudson et al., 2007; Warren, Gleaves, Cepeda-Benito, Fernandez, & Rodriguez-Ruiz, 2005; White & Grilo, 2005).

As a result of recognizing the limitations of previous research, the following sections will be examined as they relate to multi-racial/ethnic differences in eating disorders (ED) and body image issues: 1) etiology – to determine whether there are risk and protective factors that are specific to particular multi-racial/ethnic groups, 2) treatment – to identify the treatment needs of different ethnic groups, and 3) prevention – to determine whether prevention programs need to be modified to fit the particular needs of each multi-racial/ethnic group (Crago & Shisslak, 2003).

Etiology of Eating Disorders

The etiology of eating disorders over the past few years has reflected mainly Western values investigating sociocultural factors such as the pressure to be thin and

the internalization of thin-body ideals (Warren et al., 2005). On the surface, predominately White, affluent females develop eating disorders and struggle with the thin ideal. In reality, many studies have shown conflicting results about which race or ethnic group is more at risk for eating disorders, excessive dieting, and body dissatisfaction issues (e.g., Barry & Grilo, 2002; Douchis, Hayden, & Wilfley, 2001; Grabe & Hyde, 2006; Rhea, 1999). When researchers dig deeper into the etiology of eating disorders by race, they find that the root of the problem may be in the development of the two types of outcomes: diagnosable eating disorders and eating disorder symptoms (Cummins, Simmons, & Zane, 2005). Diagnosable eating disorders (AN, BN, ED-NOS) have been generated from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) diagnostic criteria for each of these classified eating disorders (APA, 2000).

The diagnostic criteria (DSM IV-TR; APA, 2000) and the symptomology generated from different eating disorder sources (DSM IV-TR; APA, 2000; Feighner, Robins, Gaze, Woodruff, Winokur, & Munoz, 1972; World Health Organization, 1992) have been developed as a result of observing primarily White female populations at in-patient psychiatric facilities or eating disorder facilities. These criteria have shown to be inadequate with non-Western or non-White populations (Agras, Walsh, Fairburn, Wilson, & Kraemer, 2000; Cummins et al., 2005; Ritenbaugh, Shisslak, Teufel, & Leonard-Green, 1996). In other words, the measurement tools are inadequate for addressing unique diagnostic criteria and symptomology among persons of color leading to underreporting and under-diagnosing these individuals (Bagley, Character, & Shelton, 2003; Crago & Shisslak, 2003).

Researchers recognize that individuals who self-identify as Hispanic, Asian, or Black make fewer doctor visits and are less likely to carry health insurance than White individuals. Therefore, less information is documented about eating and body image issues among persons of color which contributes to a deceptively low 3-5% prevalence rate for patients of color in eating disorder clinics (Becker, Franko, Speck, & Herzog, 2003; Bolen, Rhodes, Powell-Griner, Bland, & Holzman, 2000; Cachelin, Rebeck, Veisel, & Striegel-Moore, 2001). In addition, eating disorders often go unrecognized in persons of color or are only acknowledged once they have progressed to a more severe stage (Cummins et al., 2005; Pike & Walsh, 1996).

Over the past decade, an empirical investigation of race and ethnicity differences regarding eating disorders and body image issues has surfaced. There continue to be similar behavioral and psychological characteristics associated with diagnosing someone with eating and body image issues, but different races use different characteristics to control their lives (i.e., restraint, bingeing, laxatives, perfectionism, acculturated stress) (Franko & Striegel-Moore, 2002). Theorizing on the etiology of eating disorders has focused heavily on culturally based standards of attractiveness that emphasize extreme thinness. There is a growing awareness that current models lack suf-

