Ethnic identity, thin-ideal internalization, and eating pathology in ethnically diverse college women

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ABSTRACT

Although much research suggests that ethnic identity is positively correlated with psychological health for ethnic minority women, research examining ethnic identity's relationships to thin-ideal internalization, weight concerns, and eating concerns is sparse. Consequently, this study examined these relationships in European American, African American, Latina, and Asian American college women ($N = 816$). As expected, univariate analyses of variance indicated that European American women scored lowest on ethnic identity and highest on eating and weight concerns, whereas African American women scored lowest on thin-ideal internalization. Hierarchical regression analyses indicated that ethnic identity was negatively associated with eating and weight concerns, while body mass index and thin-ideal internalization were positively associated. Ethnic identity moderated the relationship between thin-ideal internalization and eating concerns such that the relationship was stronger for participants with lower ethnic identity. These results suggest ethnic identity may be a direct or interactive protective factor against eating concerns in ethnically diverse college women.

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Introduction

A growing body of research suggests that ethnic identity is associated with psychological health, particularly for ethnic minorities in the United States (Martinez & Dukes, 1997; Nagel, 1994; Umaña-Taylor, Wong, Gonzales, & Dumka, 2012). According to prominent ethnic and racial formation theories (Helms, 1990; Phinney, 1996), *ethnic identity* encompasses a sense of belonging to or acceptance of the norms and practices of one's cultural or subcultural group. As such, ethnic identity contributes to a sense of community, culture formation, and self-enhancement (Nagel, 1994). For example, Martinez and Dukes (1997) found positive associations between ethnic identity and life purpose, self-esteem, and self-confidence in a sample of 12,386 high school students. Similarly, in a study examining gender, ethnic identity, and academic adjustment, ethnic identity buffered the negative link between discrimination and externalizing behaviors in Mexican American middle school students (Umaña-Taylor et al., 2012).

Given the positive associations between ethnic identity and mental health, ethnic identity may serve as a protective factor against eating pathology. Research conducted almost exclusively with African American samples lends some support for this theory (Henrickson, Crowther, & Harrington, 2010; Stein, Corte, & Ronis, 2010; Stojek, Fischer, & Collins, 2010; Turnage, 2004). For example, Turnage (2004) found positive associations between ethnic identity, global self-esteem, and positive appearance evaluation in a community sample of 105 African American female high school students. More recently, Henrickson et al. (2010) found a negative relationship between ethnic identity and disordered eating symptoms (e.g., purging, binge-eating, preoccupation with food, body shape or weight) in a sample of 93 undergraduate African American women.

Although the inverse relationship between ethnic identity and disordered eating has empirical support in African American samples, research investigating this relationship among Asian American, Latina, and other ethnic minority groups is very sparse with less consistent results. On one hand, Stein et al. (2010) found that ethnic identity negatively predicted binge eating behaviors in community Mexican American women. On the other hand, Barry and Garner (2001) found that ethnic identity was not significantly correlated with the desire to become thin in a community sample of female East-Asian immigrants. Likewise, Rhea and Thatcher (2013) found that ethnic identity, combined with high self-esteem, correlated with lower eating pathology in African American, but not European American or Mexican American, female high school students. Consequently, to further explore these relationships, this study examined the relationships between ethnic identity,

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thin-ideal internalization, weight concerns, and eating concerns in a sample of European American, African American, Hispanic/Latina, and Asian American women.

Ethnic Identity, Thin-Ideal Media Internalization, and Eating Pathology

One way that ethnic identity could be protective against eating pathology in ethnic minority women is by helping women reject mainstream Western media values and the thin ideal as self-relevant. The media refers to widespread Western mass communication outlets such as the Internet, television, magazines, advertisements, and video games. In Western cultures, these outlets promote the thin ideal by providing unrealistic depictions of women as predominantly thin, young, hypersexual, and Caucasian (Scharrer, 2013). Furthermore, Western culture's emphasis on individualism and personal responsibility exacerbates the pressure to become thin by describing overweight individuals as weak, undisciplined, and responsible for their undesirable size (Brownell et al., 2010). Overall, endorsement of a thin ideal as personally relevant, referred to as *thin-ideal internalization*, is a key risk-factor for weight and eating concerns (Homan, 2010; Levine & Murnen, 2009; Scharrer, 2013). For example, a meta-analysis of media endorsement, body image, and eating pathology research found that exposure to thin-ideal media is a risk factor of negative body image and disordered eating symptoms (Levine & Murnen, 2009).

Ethnic identity may be protective against thin-ideal internalization, weight concerns, and eating concerns because values and ideals of appearance differ greatly across ethnic groups. Specifically, the thin ideal promoted in Western media is characteristic of White mainstream values and ideals of beauty that may not be salient to individuals who identify with a group that values a larger or different physical ideal or places less emphasis on physical appearance as a determinant of female value (Warren, Gleaves, Cepeda-Benito, Fernandez, & Rodriguez-Ruiz, 2005). For example, African American culture tends to evaluate attractiveness based on a self-confident attitude and good style (Parker, Nichter, Nichter, Vuckovic, Sims, & Ritenbaugh, 1995; Poran, 2006; Rubin, Fitts, & Becker, 2003), as well as toward a curvy, rather than thin, figure (Overstreet, Quinn, & Agocha, 2010; Poran, 2002). Similarly, traditional Latino culture idealizes a larger physique and close, mutually dependent relationships (Chamorro & Flores-Ortiz, 2000; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002; Warren et al., 2005). While upholding similar collectivist values, Asian Americans tend to idealize a thin figure, as well as a paler complexion and European facial features (Hall, 1995; Mintz & Kashubeck, 1999). Consequently, strong ethnic identity may help some ethnic minority women (i.e., African Americans and Latinas) reject extreme thin beauty ideals. Meanwhile, women who strongly identify with their collectivist culture (i.e., Latinas and Asian Americans) may be protected from body dissatisfaction by placing less emphasis on personal appearance as a determinant of worth, although this link may be further shaped by the extent the individual's collectivistic culture idealizes the thin ideal.

Theoretically, differences in levels of ethnic identity may result in variable levels of eating pathology across ethnic groups. Indeed, a large body of research testing the relationship between disordered eating and ethnicity (rather than ethnic identity) lends some support for this hypothesis. Although results are mixed (Ferguson, 2013; Grabe & Hyde, 2006; Nouri, Hill, & Orrell-Valente, 2011), a meta-analysis by Grabe and Hyde (2006) found that European American women had significantly higher body dissatisfaction than African American women. In contrast, in a recent meta-analysis of 204 studies, Ferguson (2013) found little evidence for ethnic differences in the association between media exposure and

body dissatisfaction. Similarly, results of a study comparing Asian American and European American college students indicated that thin-ideal internalization explained the association between media exposure and body dissatisfaction equally for both groups (Nouri et al., 2011).

Studies examining the direct association between ethnic identity and eating pathology would offer more straightforward evidence for its potential protective effects. Unfortunately, this type of research is very sparse. In one of the only studies to examine this possibility, Rogers, Wood, and Petrie (2010) found that ethnic identity was negatively associated with internalization of mainstream Western beauty ideals in a sample of 322 African American female undergraduates. Further investigations of ethnicity, ethnic identity, and other cultural attributes as factors associated with body image and eating-related concerns are warranted.

Ethnic Identity as a Moderator

In addition to being negatively correlated with thin-ideal internalization, weight concerns, and disordered eating for certain ethnic groups, it is possible that ethnic identity may act as protective factor against eating pathology by weakening the relationships between thin-ideal internalization and weight or eating concerns for women who belong to ethnic groups that value a larger or curvier ideal (i.e., African American; Latina). Indeed, limited research on ethnic identity in African American women supports this hypothesis (Rogers et al., 2010; Williams, 2009). For example, Williams (2009) found that African American female undergraduates with a strong ethnic identity exhibited a diminished drive for thinness and reported feeling less pressured to become thin.

It is important to note that for individuals who belong to cultures that traditionally value the thin ideal (i.e., European Americans and Asian Americans), the relationship between ethnic identity and eating pathology is less clear. On one hand, it is possible that ethnic identity is protective because having a sense of belonging to a cultural group is, in and of itself, a resiliency factor. In support of this hypothesis, Stojek et al. (2010) found that stronger ethnic identity predicted lower thinness expectancies and symptoms of bulimia nervosa (e.g., binge eating, self-induced vomiting, excessive exercise) in a study of 493 ethnically diverse college women. Notably, the Stojek et al. (2010) sample included both European American and minority (i.e., African American, Asian American, Latina, etc.) participants. Conversely, if having a stronger sense of ethnic identity means stronger adherence to attaining the thin-ideal (as would be true of European American and Asian American cultures), ethnic identity may have less of a protective effect on weight and eating concerns. However, research supporting this alternative hypothesis is lacking.

Current Study

Despite extensive research suggesting ethnic differences in attitudes toward appearance and beauty standards (Chamorro & Flores-Ortiz, 2000; Hall, 1995; Mintz & Kashubeck, 1999; Poran, 2002, 2006; Rubin et al., 2003; Warren et al., 2005) and positive psychological variables associated with stronger ethnic identity (Henrickson et al., 2010; Martinez & Dukes, 1997; Nagel, 1994; Stein et al., 2010; Stojek et al., 2010; Umaña-Taylor et al., 2012), research examining the relationship between ethnic identity and eating pathology is sparse (Henrickson et al., 2010; Stein et al., 2010; Turnage, 2004). Furthermore, this existing research focuses predominantly on comparing African American and European American women (Soh & Walter, 2013) and rarely includes Asian American and Hispanic/Latina samples.

Consequently, to build on extant research, this study examined the relationships among ethnic identity, thin-ideal internalization,