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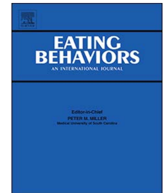

An examination of the relationships between acculturative stress, perceived discrimination, and eating disorder symptoms among ethnic minority college students

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ABSTRACT

Empirical evidence suggests the importance of considering acculturative stress and perceived discrimination in understanding the mental health of ethnic minority groups, including their eating behaviors and associated psychopathology. The current study examined the effect of acculturative stress and perceived discrimination on eating disorder symptoms among ethnic minority undergraduate students. A total of 187 ethnic minority undergraduate students (41.2% men) completed this cross-sectional study by completing self-report questionnaires on a secure online system. Regression analyses revealed a main effect of acculturative stress on eating concern, shape concern, weight concern, drive for thinness, and bulimia but not restraint or body dissatisfaction. Gender moderated the effect of acculturative stress on drive for muscularity, suggesting that this effect was only significant in women, but not men. The main effect of perceived discrimination was significant for restraint, eating concern, shape concern, weight concern, and drive for muscularity but not drive for thinness, bulimia, or body dissatisfaction. Acculturative stress and perceived discrimination are important factors to consider in understanding the development and maintenance of eating disorder symptoms among ethnic minority populations. Targeting these two factors may improve the effectiveness of intervention programs for eating disorder symptoms among ethnic minority undergraduate students.

1. Introduction

Historically, eating disorders have been perceived as a Western culture-bound syndrome occurring among young White women with upper socioeconomic status (e.g., Geller & Thomas, 1999; Gordon, Brattole, Wingate, & Joiner Jr., 2006). This view has been challenged with empirical evidence suggesting otherwise. For example, Marques et al. (2011) found similar prevalence rates of anorexia nervosa and binge eating disorder across ethnic categories (non-Latino White, Latino, Asian, and African American individuals). Moreover, the prevalence of bulimia nervosa was found to be higher in Latino and African American people than non-Latino White individuals, while the prevalence of subclinical binge eating was greater among all three ethnic minority groups as compared to non-Latino White individuals (Marques et al., 2011). Similar findings suggesting comparable rates of eating disorder symptoms across ethnic groups have also been reported in other studies (e.g., Bardone-Cone & Boyd, 2007; Cachelin, Veisel, Barzegamazari, & Streigel-Moore, 2000), indicating that eating disorders affect not only White individuals, but also individuals from ethnic minority groups.

In light of these findings, it is particularly important to understand the factors that contribute to the development and maintenance of eating disorders among individuals who belong to ethnic minority groups. The American Psychological Association (1990) noted the importance of effectively serving diverse populations and provided guidelines in the delivery of effective and culturally competent psychological services for ethnic minority populations. Yet, research focusing on factors particularly relevant to ethnic minority groups is scarce. The purpose of this study was to build on previous literature and examine the role of culturally-relevant factors on eating disorders among ethnic minority groups. Specifically, we examined the effects of acculturative stress and perceived discrimination on eating disorder symptoms among ethnic minority undergraduate students.

Acculturation is the process of assimilating to a different culture, which may include the adoption of the beliefs, attitudes, and behaviors of the dominant culture to minimize the differences between cultures

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(Berry, 1998; Landrine & Klonoff, 1996). This process may be associated with stress as one strives to achieve a balance between cultures, known as acculturative stress (Berry, 1998). Empirical findings reveal pernicious effects of acculturative stress on mental health, including eating disorder symptoms such as bulimic behaviors among African American women and drive for thinness among Latinas (Gordon, Castro, Sitnikov, & Holm-Denoma, 2010). In general, acculturative stress is associated with and predictive of eating disorder symptoms (e.g., bulimic symptoms, drive for thinness, body dissatisfaction) among people who belong to ethnic minority groups (Gordon et al., 2010; Perez, Voelz, Pettit, & Joiner, 2002; Reddy & Crowther, 2007). Individuals experiencing acculturative stress may perceive a sense of alienation or lack of belongingness (Castillo, Conoley, & Brossart, 2004), leading to greater desires to integrate into the mainstream culture. The thin ideals promoted by the dominant culture may present as an opportunity to fit in, which could result in eating disorder symptoms as these ideals are usually unrealistic and unattainable (Warren & Rios, 2013). Kroon Van Diest, Tartakovsky, Stachon, Pettit, and Perez (2014) found that acculturative stress predicted bulimic symptoms among African American, Asian American, and Latina women, even after controlling for general life stress. Moreover, the presence of acculturative stress exacerbated the negative effect of body dissatisfaction on bulimic symptoms in ethnic minority groups (Kroon Van Diest et al., 2014; Perez et al., 2002).

Discrimination refers to unfair treatment that is demeaning or degrading in response to an essential characteristic of a person (e.g., ethnicity, gender, sexual orientation; Landrine, Klonoff, Corral, Fernandez, & Roesch, 2006). Discrimination is a major stressor and appears to contribute to poor mental health and psychological outcomes. Similarly to acculturative stress, empirical findings have shown an association between discrimination and eating psychopathology (Cheng, 2014). One possibility is that some people who belong to ethnic minority groups cope with discrimination by engaging in disordered eating. For example, it has been suggested that eating behaviors and attitudes provide a sense of control to cope with the sense of powerlessness experienced as a result of discriminatory events (Kempa & Thomas, 2000). Therefore, it is crucial to examine the role of perceived discrimination on eating disorder symptoms.

The current study examined the role of acculturative stress and perceived discrimination on eating disorder symptoms among ethnic minority groups. Existing literature had mostly examined general eating pathology or a few types of specific eating disorder symptoms (e.g., Gordon et al., 2010; Landrine et al., 2006). Our study expanded upon existing literature by comprehensively investigating eight types of eating disorder symptoms (dietary restraint, eating concern, shape concern, weight concern, drive for thinness, bulimia, body dissatisfaction, and drive for muscularity) and by including more ethnic minority groups than most previous studies. Additionally, recent research has demonstrated that eating disorder symptoms are not uncommon in males (e.g., Lavender, De Young, & Anderson, 2010; Sweeting et al., 2015). There is evidence suggesting the presence of gender-specific eating disorder symptoms. For example, a concern for weight such as drive for thinness may be more prevalent in women whereas a desire for muscular body such as drive for muscularity may be more prevalent in men (Grossbard, Lee, Neighbors, & Larimer, 2009). To the knowledge of the authors, no previous study had examined the potential gender differences in the association between acculturative stress and perceived discrimination with eating disorder symptoms. Based on existing literature, we hypothesized that both acculturative stress and perceived discrimination would be associated with greater level of each type of eating disorder symptoms among these ethnic minority groups. The secondary goal of this study was to investigate potential gender differences in the association between acculturative stress and eating disorder symptoms and between perceived discrimination and eating disorder symptoms. Given the exploratory nature of the secondary goal, no a priori hypothesis was proposed.

2. Methods

2.1. Participants and procedure

Participants in this study were a subset of a larger database examining eating behaviors in undergraduate students at a Midwestern university. All ethnic minority participants ($n = 187$) in this prior study were included in the current investigation. The majority of the participants self-identified as women (41.2% men). The sample was comprised of students who identified as Asian or Pacific Islanders (33.2%), African Americans (30.5%), Hispanic or Latinos (15.5%), American Indians and Alaskan Natives (8.6%), and people who identified as Other (12.2%). Twenty-five percent of the participants identified as international students, mostly from China, Nepal, South Korea, India, Canada, and Saudi Arabia. Participants' ages ranged from 18 years old to 44 years old, with a mean age of approximately 20 years old ($M = 20.45$, $SD = 3.53$). With regard to socioeconomic status, 24.7% self-identified as lower class, 68.3% as middle class, and 7.0% as upper class. Participants completed self-report questionnaires and provided demographic information (e.g., gender, ethnic background, socioeconomic status) using a secure online system and received course credit for their participation. Participants provided informed consent prior to their participation and all procedures were approved by an Institutional Review Board.

2.2. Measures

2.2.1. Societal, Attitudinal, Familial, and Environmental Acculturative Stress Scale (SAFE; Mena, Padilla, & Maldonado, 1987)

The SAFE is a 24-item self-report questionnaire that measures acculturative stress in several contexts including social, attitudinal, familial, and environmental. Items are rated on a scale of 0 (not applicable) to 5 (extremely stressful) and are summed to create a total score, with higher scores indicating higher levels of acculturative stress. A sample item is, "I often think about my cultural background". The scale has shown to be a valid and reliable measure for African American (Joiner & Walker, 2002; Perez et al., 2002), Latino (Fuertes & Westbrook, 1996; Kiang, Grzywacz, Marin, Arcury, & Quandt, 2010), and Asian American samples (Mena et al., 1987; Paukert, Pettit, Perez, & Walker, 2006). Cronbach's alpha for the present study was 0.94.

2.2.2. Experiences of Discrimination Questionnaire (EOD; Williams, Yu, Jackson, & Anderson, 1997)

The EOD measures frequency of everyday experiences of discrimination. It consists of 9 items that describe everyday experiences of discrimination and participants are asked to the rate each item on a scale of "almost every day" to "never". A sample item is "You are treated with less courtesy than other people". Items are reverse-scored prior to summing. Scores range from 9 to 54, with higher scores indicating more experiences of discrimination. Research has supported the reliability and validity of the EOD (e.g., Bastos, Celeste, Faerstein, & Barros, 2010), including among African Americans, Asians, Hispanics or Latinos (Kim, Sellbom, & Ford, 2014), and American Indians and Alaskan Natives (Gonzales et al., 2016). The EOD had a Cronbach's alpha of 0.91 for the present sample.

2.2.3. Eating Disorder Examination Questionnaire (EDE-Q; Fairburn & Beglin, 1994)

The EDE-Q is a 28-item measure of the frequency of eating disorder attitudes and behaviors over the past 28 days. The EDE-Q produces four subscale scores: Dietary Restraint, Weight Concern, Shape Concern, and Eating Concern. Each item is rated on a 7-point scale, ranging from 0 (no days/not at all) to 6 (everyday/markedly). "Have you been deliberately trying to limit the amount of food you eat to influence your shape or weight?" is a sample item on the EDE-Q. Items on each subscale are averaged, with higher scores indicating greater pathology. The

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