



Implicit out-group preference is associated with eating disorders symptoms amongst Emirati females



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ARTICLE INFO

Article history:

Received 20 August 2015

Received in revised form 29 November 2015

Accepted 16 December 2015

Available online 19 December 2015

Keywords:

Acculturation

Arab

Eating disorders

Identity

In-group evaluation

ABSTRACT

Studies exploring the relationship between acculturation and eating disorders symptoms have proven equivocal. Socially desirable responding associated with the use of explicit measures may account for these mixed findings. This study explores the relationship between in-group identity, acculturation and eating disorders symptoms using both implicit and explicit assessments. Emirati female college students ($N = 94$) completed an affective priming task (APT) designed to implicitly assess Emirati in-group evaluations. Participants also completed explicit measures, including the Westernization Survey and the Multicomponent In-group Identification Scale. Eating disorders symptoms were assessed using the Eating Attitudes Test. Only implicit in-group evaluations were correlated with eating disorders symptoms. Specifically, increases in in-group preference were associated with lower levels of eating disorders symptomatology. Furthermore, participants with an actual out-group preference had significantly higher levels of eating disorders symptomatology compared with those demonstrating an in-group preference.

These findings support the acculturative stress hypothesis, and suggest that the relationship between eating disorders and acculturation may be better understood with reference to implicit rather than explicit in-group evaluations.

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1. Introduction

Acculturation generally refers to a process of cultural change resulting from the meeting of two cultures (Hunt, Schneider, & Comer, 2004; Spindler & Spindler, 1963). In an increasingly globalized world, the health implications of acculturation have attracted widespread scientific attention (Koneru, Weisman, Flynn, & Betancourt, 2007). Yet, this attention has frequently focused on minority immigrant communities in Western nations (Thomas, 2013). Research on acculturation and mental health targeting these minorities has begun to reveal a complex and equivocal picture. Some studies reported a beneficial association, others a detrimental one, and others no association at all (for review see Koneru et al., 2007). In part, these discrepancies seem to arise from differences in the way acculturation was operationalized and/or measured from study to study (Hunt et al., 2004; Koneru et al., 2007). Alternatively, however, they may also have captured context-specific differences in coping with acculturation, or disorder-specific resilience and vulnerability.

In the United Arab Emirates (UAE) the acculturative context differs from that of minority immigrant communities in Western nations. At present, as a result of large-scale migration to the UAE, indigenous citizens (Emiratis) have become a minority. In 2009, the UAE's National Bureau of Statistics (2009) reported that Emiratis comprised only 11.38% of the UAE's total population. This situation is as a result of the nation's rapid socio-economic developments, fuelled by the commercial exploitation of oil and gas reserves since the 1970s (WHO, 2006). Beyond the large number of foreign expatriates in the UAE another proposed acculturative factor is education. Western educational curricula, taught in English, often by Western expatriate teachers, have become increasingly common (Davidson, 2008). Furthermore, the rise in household income has enabled frequent and extended overseas travel, and ensured widespread access to satellite TV, Internet and all forms of information technology (Mourtada-Sabbah, Al-Mutawa, Fox, & Walters, 2008). All of these factors (demography, media, education and travel) are often considered as contributing to widespread acculturation within the UAE, particularly amongst the youth (Alsharekh & Sprinborg, 2008; Bristol-Rhys, 2010; Davidson, 2008; Fox, Mourtada-Sabbah, & Al-Mutawa, 2006; Mourtada-Sabbah et al., 2008; Taryam, 2011).

In terms of health in the UAE, acculturation is viewed as having contributed to an increase in chronic lifestyle disorders, such as diabetes and hypertension (Eapen, Mabrouk, & Bin-Othman, 2006). Similarly,

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acculturation is also suspected of playing a role in the rise of psychological problems (Ghubash, Daradkeh, Al-Muzafari, Manssori, & Abou-Saleh, 2001), particularly those associated with eating and body image concerns (Abou-Saleh, Younis, & Karim, 1996; Gordon, 2000; Nasser, 2009; Schulte & Thomas, 2013; Thomas, Abdulrahman, & Khan, 2010). Cases of eating disorders, specifically anorexia nervosa, were first documented in the United Arab Emirates in the 1990s (Abou-Saleh et al., 1996). Consistent with the 'spectrum hypothesis' of eating disorders, subsequent research identified a relatively high rate of subclinical cases amongst Emirati females (Eapen et al., 2006; Schulte & Thomas, 2013; Thomas et al., 2010); a finding also recently extended to Emirati males (Musaiger, Al-Mannai, & Al-Lalla, 2014). Acculturation – the process by which members of one cultural group adopt the beliefs and behaviors of another group (Solis, Marks, Garcia, & Shelton, 1990) – is commonly proposed as an explanation for the relatively high levels of eating disorders symptomatology found in previous UAE-based studies.

Beyond the UAE context, it has been widely argued that contemporary eating disorders are profoundly influenced by Western social norms (Gordon, 2000, 2001), also referred to as the "global culture of modernity" (Nasser, 2009). This global culture, which has come to characterize many rapidly urbanizing parts of the world, is viewed as eliciting a rise in obesity rates, which is closely followed by increases in weight consciousness and disordered eating. The global culture's media has also been implicated in the rise of disordered eating, and has been criticized for the standardization and marketing of an aesthetic ideal that often challenges traditional body image ideals (Nasser, 2009). In support of this view, Gordon (2001) reviewed epidemiological data for nations where eating disorders first began being reported in the 1990s. He identified four pivotal characteristics that these nations had in common: (1) rising rates of obesity (2) highly developed economies or rapid economic change (3) changing and conflicting gender roles for women and (4) a global consumer culture with an emphasis on slenderness as a female body ideal. All four of Gordon's factors resonate strongly with the UAE's rapid socio-economic transition (Thomas et al., 2010).

Nasser (2009) hypothesizes that in the context of such transitional circumstances, those individuals with insufficient adaptive resources to support adjustment to the new cultural environment may suffer from "acculturative stress". She further argues that, in such circumstances, some individuals "resort to the 'body' as a new medium for expressing this cultural confusion and distress" (p. 347). This idea of a relationship between eating disorders and acculturative stress is supported by higher rates of eating disorders symptoms amongst ethnic minority and immigrant populations within Western nations (Davis & Katzman, 1999; Nasser, 1986; Robinson et al., 1996). In addition, several studies conducted amongst individuals in "non-Western" contexts have also reported a positive relationship between measures of Western acculturation and eating disorders symptoms (Al-Adawi et al., 2002; Al-Subaie, 2000; Eapen et al., 2006).

The dominant idea in much of this cross-cultural research is that increased exposure to Western values regarding thinness (i.e., the thin body cult) plays a key role in the development of eating disorders in non-Westerners. This assumption however requires a critical re-examination, especially in light of conflicting findings (Rieger, Touyz, Swain, & Beumont, 2001). Not only have several studies failed to find the anticipated positive relationship between Western acculturation and eating disorders symptoms (Haudek, Rorty, & Henker, 1999; Hill & Bhatti, 1995), at least one study has even reported the opposite link. This study undertaken amongst schoolgirls of Asian origin in the UK, found that elevated eating disorders symptoms were associated with traditional, rather than Western, cultural orientations. The study's authors suggest that it may be the stress caused by cultural adjustment, rather than the influence of Western beauty ideals per se, that contributes to the development of disordered eating (Mumford, Whitehouse, & Platts, 1991).

Interestingly, previous explorations of in-group/out-group evaluations in the context of eating disorders have not involved the use of implicit measures. This omission seems noteworthy, considering that social-cognitive studies frequently report a divergence between implicit and explicit evaluations of societal groups (Amodio & Mendoza, 2010). An early demonstration of this divergence was reported by Rankin and Campbell (1955), who showed that White participants demonstrated significantly greater autonomic arousal when a Black, as opposed to a White, experimenter ostensibly checked their pulse, despite expressing similar attitudes towards both experimenters. Since this seminal study, implicit assessments of group-based evaluations have been widely used in social-psychological research. These measures tend to circumvent socially desirable responding by obtaining a more direct quantification of how positive people feel about the groups they belong to compared to those they do not belong to (Dovidio, Kawakami, Johnson, & Howard, 1997; Fazio & Hilden, 2001; Fazio, Jackson, Dunton, & Williams, 1995; Shoda & McConnell, 2014).

A common implicit measure is the implicit associations task (IAT). In this task, relatively faster response times for sorting in-group targets (e.g., White faces) with positive words (e.g., Good) and out-group targets (e.g., Black faces) with negative words (e.g., Bad) compared to the reversed pairing are viewed as signaling in-group preference (Amodio & Mendoza, 2010). The measure's sensitivity was recently demonstrated by a study exploring in-group preference amongst bilingual (Welsh/English) individuals (Hadden, Ward, Mills, Davies, & Bentall, In Subm). It was found that Welsh participants who spoke Welsh as their mother tongue (L1 speakers) demonstrated a stronger in-group preference than participants who had learned Welsh after learning English (L2 speakers). In other words, the relative preference to associate Welsh forenames (e.g., Ieuan, Dafydd, Cerys) with pleasant target words (e.g., good, smart, clean), and English forenames (e.g., John, Alice, David) with negative target words (e.g., bad, dumb, dirty) over their reverse pairing was larger for L1s than L2s. Interestingly, on an explicit measure, the opposite finding emerged: L2 Welsh speakers reported more positive, pro-Welsh attitudes than their L1 counterparts. These findings further underlined the pivotal divergence often observed between implicit and explicit group-based evaluations.

Building on these findings, the present study used both implicit and explicit measures of in-group evaluation and explored their relationship to eating disorders symptoms. In line with the acculturative stress model, it was hypothesized that relative decreases in in-group preference would be associated with higher levels of eating disorders symptomatology.

2. Method

2.1. Participants

Ninety-four Arab citizens of the United Arab Emirates, all female college students, participated in the study for course credit as part of an introductory psychology class at Zayed University in Abu Dhabi, UAE. All participants were bilingual in Arabic and English. The language of instruction at the university is English, and an IELTS (International English Language Testing System) score of 6 is mandatory for admission to a degree program. The mean age of participants was 21.47 ($SD = 3.87$). Four participants were excluded based on obtaining extreme outlying error rates on the affective priming task, suggesting that they may not have fully comprehended or complied with the task.

2.2. Measures

All self-report measures were presented in dual language form, with English and Arabic presented alongside each other. Bilingual Arabic language faculty undertook the translation and independent back translation of each measure, with oversight by the first author of this paper.

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