

“Most Girls Want to be Skinny”: Body (Dis)Satisfaction Among Ethnically Diverse Women

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Abstract

In this article, I present the findings from an ethnographic study of 18 women college students living in the northeastern United States. I examine how ethnically diverse women dealt with the messages of the dominant White society's obsession with thinness, and whether it affected their perceptions of an ideal body image. From the analysis of the interviews, I identified and extracted several themes related to ethnicity, aesthetic body ideals, body dissatisfaction, and disturbed eating. Grounded in the women's narratives, I found that ethnically diverse women coming of age in American society experience anxieties and emotional stress as they related to others in their daily lives. Their stories shed light on how the body is a vehicle for social mobility and is used by women from marginalized identities to strategically negotiate social inequalities embedded in daily social relationships and interactions that more privileged women do not encounter.

Keywords

adolescents / youth; body image; eating disorders; ethnicity; gender

Since the early 1970s, psychoanalysts, social scientists, and feminists have argued that women's desires for slender bodies were the cause of their eating disorders (Bruch, 1973; Chernin, 1981; Garner & Garfinkel, 1982; Orbach, 1986). Throughout the 1990s, feminists argued for a broader sociocultural analysis of eating disorders, recognizing that women's role in society, contradictory female expectations, and female oppression were essential forces contributing to women's food and body pathologies (Bordo, 1993; Fallon, Katzman, & Wooley, 1994; Nasser, 1997). Recently, there has been a movement toward understanding how sociocultural factors that evoke powerlessness such as poverty, immigration, heterosexism, and rapid sociocultural change affect women's risk for eating disorders (Katzman & Lee, 1997; Nasser, Katzman, & Gordon, 2001; Ruggiero, 2003). The evolution of these arguments reflects the growing awareness that eating disorders are spreading across ethnic, cultural, socioeconomic, and geographical boundaries, raising questions about the sociocultural risk factors of eating disorders (Le Grange, Louw, Breen, & Katzman, 2004; Lee & Lee, 2000; Pike & Borovoy, 2004).

Anorexia nervosa, the most salient eating disorder, has long been considered a culture-bound syndrome “rooted in Western cultural values and conflicts” (Prince, 1985, p. 300) predominantly affecting White, well-educated

women of middle- to upper-class backgrounds living in Western societies (Bruch, 1973). It is well established that eating disorders now afflict women living in Western and non-Western societies, and new research findings suggest that the global rise of eating disorders coincides with economic and social changes associated with acculturation to Western values, which are believed to heighten women's vulnerability to eating disturbances. As women around the world retool their identities in the face of globalization, eating disorders now affect women from different ethnic backgrounds and sociocultural milieus (Becker, Fay, Gilman, & Striegel-Moore, 2007; Lake, Staiger, & Glowinski, 2000; Miller & Pumariega, 2001; Soh, Touyz, & Surgenor, 2006; Tsai, Curbow, & Heinberg, 2003; Wildes, Emery, & Simons, 2001). Clearly, as eating disorders are diagnosed in places once thought “immune” to these illnesses, their cultural boundedness, salient illness expressions (i.e., fat phobia), and prevalence have been questioned, raising concern over the sociocultural

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determinants of eating disorders (see Lee, 1997; van't Hof & Nicolson, 1996).

Until recently, it was believed that African American women, Latinas, and minority women in general do not commonly suffer from body dissatisfaction and eating disorders, because their sociocultural statuses make them less likely to develop an obsessive desire to be thin when compared to White women (Silber, 1986). Despite strong arguments against such naïve standpoints (see Thompson, 1992), eating disorders often continued to be conceptualized as illnesses predominantly affecting White women (Bruch, 1973; Dolan, 1991; Gordon, Perez, & Joiner, 2002). Since the 1990s, a flurry of clinical studies have demonstrated that there is a relationship between heightened socioeconomic status and increased vulnerability to eating disorder symptoms (Lee & Lee, 2000; Polivy & Herman, 2002; Rogers, Resnick, Mitchell, & Blum, 1997). However, the findings have been inconsistent, indicating that more work should be done to tease out the complex relationships among gender, eating disorders, and social status.

This article adds to a growing body of literature showing how and why educated young women from various ethnicities suffer from body dissatisfaction and exhibit eating disorder symptoms. By examining women's narratives about the social meanings of their body, the findings from this study contribute to our understanding of how ethnically diverse women conceptualize beauty and interact with mainstream body ideals. Through a detailed analysis of ethnically, culturally, and socially diverse women's experiences with body image (dis)satisfaction and dietary restraint, I elucidate how the body is used as a site to enhance social mobility and contest certain ethnic valuations of a gendered body.

The Symbolic Power of the Slender Body

Recent cross-cultural research shows that "body image and weight concerns as well as dietary patterns have highly contextualized and locally variable meanings" (Becker, 2004, p. 536). For instance, psychologist and medical anthropologist Anne Becker's work among young women living in rural Fiji sheds light on the meaning attached to the slender body. Becker, Burwell, Gilman, Herzog, and Hamburg (2002) found that rapid social change and exposure to Western television programs corresponded with the adoption of a slender body image ideal and a significant increase in body dissatisfaction, disordered eating patterns, and eating disorders among young Fijian women. An in-depth analysis of 30 qualitative interviews revealed that Fijian women with eating disorders attempted to become socially and economically successful like the women they watched on television

programs (Becker, 2004). Becker's findings suggested that the increase in disordered eating among Fijian women should be understood as a strategy to acquire power rather than an attempt to be thin. For Becker, Fijian women afflicted with eating disorders reshaped their self-image in the hopes of greater economic prosperity, gender equity, and independence. To a similar degree, in Curaçao, a postcolonial island in the Caribbean, Katzman, Hermans, van Hoeken, and Hoek (2004) illustrated how anorexia was common among mixed-ethnicity women of high socioeconomic status who had lived abroad. In their narratives, mixed-race, educated women with experiences traveling and living abroad spoke of their struggles to fit into a higher social class of predominantly White people. They perceived that being thin was one of the ways by which they could gain acceptance. It is increasingly apparent that social, cultural, and historical factors are likely to mediate women's body (dis)satisfaction and eating behaviors.

This point is well illustrated in research conducted among ethnic minority women living in the United States. Scholars have grappled over whether ethnic minority women's idealization of a larger body size is associated with greater body satisfaction (see Miller & Pumariega, 2001). The debate might have much to do with differing definitions of beauty ideals and concepts of self among ethnically diverse populations. For instance, following their study of body aesthetics among Black and Latina women, Rubin, Fitts, and Becker (2003) suggested that definitions of beauty move beyond the physical body to encompass embodied ways of being and acting. An in-depth analysis of a focus group with 18 college-educated African American and Latina women indicated that they defined beauty as body ethics, or "values and beliefs regarding care and appreciation of diverse body types" (p. 55). These women had an attitude of "self-acceptance and body nurturance." By rejecting mainstream representations of beauty, one is able to stay "true to oneself," upholding individual cultural values and ideals, reinforcing positive attitudes toward good health and well-being (p. 70). As these and other authors—including Nichter (2000) and Parker et al. (1995)—have demonstrated, Latina and African American women express and embody beauty in ways that boldly challenge and move beyond rigid physical descriptions of the aesthetically appealing body to include attitude, style, and presentation of self.

In this article I build on these earlier studies, and explore the social meaning of the body and how it is used as a vehicle for social mobility. The analysis is grounded in the works of Pierre Bourdieu (1984), who eloquently pointed out that the body is a symbolic marker of class, and signifies social distinction. Bourdieu discussed the social processes and everyday practices that define

individual persons and social distinction, which is accomplished through the accumulation of symbolic capital (e.g., money, education, and social networks). The body, in a Bourdieuan framework, thus acts as a commodity or medium through which certain kinds of capital are acquired. Bourdieu wrote:

The body is the most indisputable materialization of class tastes, which it manifests in several ways. It does this first in the seemingly most natural features of the body, the dimensions (volume, height, weight) and shapes (round or square, stiff or supple, straight or curved) of its visible forms, which express in countless ways a whole relation to the body, i.e., a way of treating it, caring for it, feeding it, maintaining it, which reveals the deepest dispositions of the *habitus*. (1984, p. 190)

According to Bourdieu, the body acts as a commodity or medium through which certain kinds of capital and power are articulated, and where esteemed cultural values are encoded. The women's narratives presented in this article illuminate how attaining a slender body—a form of power—is a means by which women of diverse ethnicities and social classes can overcome inequalities in everyday social relationships and interactions. Focusing on the mundane and ordinary—the social reality most taken for granted—these women's narratives offer rich insight into the complexities of the ways that being thin is a mechanism that women utilize to gain a sense of belonging and acceptance in American society.

Methods

In this study, I employed a feminist methodological framework and collected life histories from 18 college-educated women. The interviews were guided by a semi-structured interview protocol, with several questions intended to bring out descriptions of the women's life experiences related to the social meaning of the body. I asked the young women to talk about their family life; the communities in which they grew up; their adolescence, education, and social interactions; and involvement with peers. In addition, I asked women who immigrated to the United States and women who were born into ethnically diverse families to further explain their experiences of being exposed to more than one culture (i.e., their parents' native cultures and American culture, or their own native culture and American culture). I also gathered what I refer to as "body narratives," which encouraged women to talk about their relationship to food and their bodies, and elicited information on women's perceived beauty ideals as well as dieting practices. This technique permitted an in-depth exploration of

how media imagery and mainstream ideas about beauty influence women's dietary choices and relationships to their bodies. In the process of collecting body narratives, several women recounted their history with food-related troubles. These women's narratives tell how they saw the thin body as a way to gain social acceptance and eventually to improve their relations with others. During the interviews I did not use a voice recorder, but maintained the integrity of women's narratives by transcribing the field notes as soon as possible after the interview and immediately expanding on the notes.¹ As the women spoke, I recorded as much detail as possible, including descriptions of the women—facial expressions, tones, unspoken communication, demeanor—and verbatim quotes. Additionally, I recorded my impressions and interpretation of the emotional condition of the young women before, during, and after the interview (Dewalt & Dewalt, 2002).

As a White, educated woman, I recognized that a critical and reflective approach to the research process was crucial in the study of ethnic minority women. As Adamson and Donovan (2002) stated, "The production of reflexive accounts is essential in all qualitative research projects but particularly in research involving ethnic minorities or 'other' groups" (p. 823). Utilizing a feminist framework allowed me to examine how my own subjectivity influenced the interview process and later my interpretation of the results. Feminist psychological researchers Tolman and Szalacha (1999) addressed this approach in their work: "This psychological approach to data analysis is accomplished in part because this method is explicitly relational, in that the researcher brings her self-knowledge into the process of listening by using clinical methods of empathy to contribute to her understanding of what a girl is saying" (p. 14). This approach placed the young woman as the focus of the inquiries, actively allowing her to construct her story. At the same time, it made me critically aware of how my own life history and subjective biases influence the research process. This methodological approach moved away from homogenizing women, and highlighted their lived experiences.

The young women in this study were chosen based on their ethnicity and educational status. I used purposive sampling (nonrandomized selection), as well as snowball sampling, a technique that involves referrals by other participants, to recruit ethnically diverse women (Bernard, 2002). All the young women in the study were undergraduate university students between the ages of 18 and 24 attending the same public, 4-year institution located in the northeastern United States. Three of the women in the study were current students of mine. To overcome the power differences embedded in the student-teacher relationship, which can influence the results by creating communication barriers, I conducted interviews with these

students near the end of the semester, or after the completion of the term (see Geiger, 1990). Other young women were recruited through a variety of student organizations including, but not limited to, the Puerto Rican/Latin American Cultural Center, Asian American Cultural Center, Black Students Association, and West Indian Student Awareness Organization. The research was not limited to women who self-identified or who were clinically diagnosed as having or having had an eating disorder. The study was reviewed and received full ethical approval from the University of Connecticut Institutional Review Board prior to the start of the research. At the beginning of each interview, I informed each young woman of my reasons for conducting the research. All women were informed that the information they shared was anonymous and confidential. Additionally, each woman was aware that she could withdraw from the interview process at any point without providing an explanation. Consent was obtained prior to the start of the interview. Pseudonyms are used throughout the article to protect women's identities and maintain confidentiality.

Throughout this article I use the term *ethnically diverse women* to encompass the varied ways that these women self-identified, which included White (7 participants), Hispanic (3 participants), Persian, Filipino, Jamaican, Vietnamese, Peruvian, Black Puerto Rican, Indian Italian, and Asian Indian. The women from ethnic minorities were either born into an immigrant family or had immigrated to the United States during their childhood or adolescence with their families; in one case, a young woman immigrated by herself. Six of the 11 ethnic minority women were not born in the United States, and an additional 5 indicated that their parents were foreign-born and had immigrated to the United States prior to the informant's birth. Ethnic minority women who said that they or their parents had lived in another country prior to living in the United States discussed their affiliation with their country of origin; they maintained varying degrees of connection with the home country. One woman was born in the United States to American-born parents (the mother grew up in Brazil), yet immediately after her birth moved to Costa Rica, where she lived until she was five. This woman described herself as possessing a Latin American rather than Euro-American heritage. The six participants who had exposure to two different countries indicated that they maintained connections to their country of origin through visits and interactions with family members living there. It is important to indicate the length of time these immigrant women had spent in American society. I did this by differentiating between women who were first-generation immigrants to the United States and women who were second-generation immigrants born to immigrant families in the United States. All seven of the White women in the study were born and raised in the

United States. The women's ages ranged from 18 to 23, and the mean age was 20. Social class was self-assessed and ranged from working class (1 participant) to upper-middle class (2 participants), with the other 15 participants identifying as middle class. The heterogeneity of the group allowed for a wide range of perspectives and experiences.

The findings are structured using an analysis of the contradictions, conflicts, and struggles that were present in women's lives, enabling underlying patterns and theoretical concepts to arise from women's narratives (Strauss & Corbin, 1990). I developed a codebook to highlight patterns and ideas that emerged from the themes. In coding the interviews I sought theoretical saturation, which means that neither new cultural data nor new relationships between variables emerged from within the women's narrations (Bernard, 2002, p. 471). In the case of nonsaturation, I conducted subsequent interviews so that theoretical saturation was reached and no new themes were discovered.

Findings

Ethnically diverse women talked about the struggles, tensions, and conflicting expectations they faced growing up and entering American society. An in-depth exploration of women's lives indicated that body (dis)satisfaction was intricately connected to feelings of belonging and acceptance. The thread linking many of the women's narratives was the symbolic power that the slender body engendered, an image that women tended to either desire or reject.

Feminist scholar Susan Bordo (1993) wrote that in contemporary consumer culture, cultural beauty ideals perpetuate the image of the slender body as the epitome of ideal femininity. The slender body is encoded with images of control, achievement, and success—culturally esteemed values specific to womanhood in consumer societies. Bordo contended that the slender body is homogenized, depicting a dominant gender, class, and ethnic type. In line with Bordo's work, the women in the present study reproduced images that reinforced the notion that the heterosexual, middle- to upper-class White woman is the cultural prototype of ideal feminine beauty in American society. Regardless of their ethnic, socioeconomic, and cultural backgrounds, women in the study expressed their conflicts dealing with messages promulgated by the media and endorsed by American society, in which thinness and whiteness symbolize beauty and ideal femininity.

Accepting or Rejecting the Slender "White" Body Ideal

Bordo's (1993) depiction of femininity was echoed in several women's narratives, reinforcing that the slender

White body was a pervasive image in these women's daily lives. Some women explicitly expressed their own desires for this body image, using references to Hollywood movie stars and other celebrities who possessed desirable physical characteristics and who, by extension, embodied power and prestige. For instance, ethnically diverse women reproduced an anglicized image of beauty in which the ideal woman possessed a light skin color (white, tan, or "not too dark"), light eyes (blue, green, or hazel), and light-colored (blonde or light brown) straight hair. Consider the description of an ideal woman given by Lisa, a young White woman of middle- to upper-class background. She excitedly talked about Jessica Simpson² as her ideal:

Her chest is medium sized, and her body in general is really nice. . . . Her hair color [blonde] is really great, but you know it's impossible to get. Jessica's hair is actually darker, like dirty blonde, but she treats it so often, and it's really expensive. They [a cable television station] said she takes extravagant lengths to get her hair that color, and that it really isn't pure blonde.

Lisa was enthusiastic when she spoke of her idealized image of beauty. She shared her knowledge of the practices Jessica Simpson engaged in to become beautiful. Lisa also had blonde hair, which she frequently had treated at a hair salon. Her subtle comparison of herself to Jessica Simpson reinforced that the slender, anglicized body was the ideal that she strove for; yet, Lisa was aware that this body is nearly impossible to achieve, because it is expensive and individuals must engage in "extravagant" beauty practices to achieve the desired results. Despite the impossibility of attaining this ideal, she dyed her hair, strictly monitored her diet, and exercised. Lisa was able to engage in these beauty regimes and self-disciplinary practices because she had access to the resources necessary to cultivate the highly desirable yet decidedly rare body image. She had the financial resources, leisure time, and knowledge of the practices that she must engage in to achieve this ideal. By embodying the slender White body, Lisa possessed social capital, which was visible in the contours of her body as well as in the ways in which she adorned her body. Near the end of our discussion, Lisa stated with an air of confidence, "I buy designer clothes. You get a better fit, and your clothes aren't the same as everyone else's." Through daily food, body, and consumer practices, Lisa was able to elevate her social status and prestige by molding her body into an image that encodes dominant gender ideology and embodies social distinction.

Abby, a Black Puerto Rican woman who grew up in a "snobby," upper-middle-class neighborhood, similarly

emphasized whiteness in descriptions of ideal feminine beauty. Her narrative echoed Lisa's, and adds to understanding of the complexity with which thinness and whiteness are embedded in women's definitions of beauty and experiences of their bodies. When Abby was asked to discuss her image of the ideal woman, she responded, "She should have a natural tan, not too dark and not too light; green or hazel eyes; and straight hair." She continued to state, "I hate curly hair, because I have curly hair." Abby idealized lighter shades and hues of beauty. She was not alone, as many women in the study talked about lighter-skinned women who had long, straight, light-colored hair, light eyes, and a glistening tan as the epitome of beauty. Frizzy, kinky, or curly hair (nonstraight hair) deviates from White standards of beauty, which can become, for some women, a source of conflict and anxiety (Patton, 2006). The desire for long, flowing, straight, and preferably blonde (or lighter) hair—which, as Lisa pointed out, requires time and money—pervades women's depictions of beauty in American society (see Nichter, 2000; Nichter & Vuckovic, 1994). Desiring beauty based on the standards of the so-called ideal White woman was a theme connecting many of the young women's voices, and was not specifically linked to ethnicity and/or social class. This begs the question: What do lighter shades of skin; soft, smooth, and sleek hair; and a svelte figure offer ethnically diverse women? Does the slender body engender social distinction, and by extension, wealth and power?

Jessica, a White woman from a lower-middle-class background, provided insight into the complexities of desiring the White, slender body. As she explained, the "skinny girl" possesses valued personality characteristics: "Skinny girls . . . are always portrayed as the sexy, intelligent, successful, and in-control women." The opposite of the skinny girl is the chubby or fat girl who, as Jessica explained, is "fat, funny, and clumsy." Most noteworthy is that Jessica conflated slenderness with social, sexual, intellectual, personal, and economic success, so that being slender raised one's social status. She was well aware that the fat body does not offer the same level of prestige. This point was clarified when Jessica stated, "If someone calls me fat, I get upset." In American society, the fat body is seen as possessing an "incorrect attitude," symbolizes a body out of control, and is situated at the bottom of the hierarchy of valued body ideals (Bordo, 1993, p. 203). Lisa's comments align with Becker's (2004) findings that the slender female body embodies positive attributes, and that cultivating a culturally valued aesthetic body ideal is a method to experience social rewards and improved social positioning. Desiring slender bodies because of the esteem they embody is problematic, however. As Lisa articulated, a young woman's self-worth is inexorably linked to the size and shape of

her body. In line with Jessica, many other women associated the “skinny girl” with positive characteristics, expressing their desires to mold their bodies and selves into the images that pervade their daily lives. As the women discussed above illustrate, in American society, “The current standard of beauty is a White, young, slim, tall, and upper class woman” (Patton, 2006 p. 30), an image that unfortunately marginalizes other forms of femininity and female beauty.

Not all women idealize the White, slender body. Several women contested the uncritical consumption of media images that promote thinness as the feminine ideal. Kantha, who is Jamaican, mocked the image of the slender White girl. She said, “The skinny White girl has the attitude of ‘I’m perfect.’” Kantha lived in Jamaica until early adolescence, and then moved to a low-income Puerto Rican community. As a first generation immigrant woman, she rejected such oppressive images of the “White girl,” and talked about how beauty is fluid and encompasses both inner and outer beauty. Kantha outlined her culture’s notions of beauty, comparing Jamaican women’s beauty ideals and American models of beauty: in the United States, the emphasis is rigidly limited to types of physical beauty, and there is little emphasis on inner beauty. In America, Kantha explained, “[t]he White girl is tall and skinny and blond”; she is also “perfect.” In addition, Kantha elaborated that White girls “have a firmer body, and a flat stomach.” Regarding Jamaican culture, she said,

We are into appearance, but there are different kinds of outer beauty. In the States it’s about being skinny, and there is more of an emphasis on outer physical beauty, and we don’t emphasize it as much. It’s different—a more curvaceous body type. Ideally, the female is curvy, has a big butt, big boobs [breasts], everything is big. . . . Black girls might want a flat stomach, but they don’t want to be too skinny. . . . Just because you’re thinner doesn’t mean you are good on the inside.

Similarly, Adriana, who was born in Peru and moved to the United States at the age of 13, expressed a comparable definition of beauty. For her, beauty extended beyond the body: “Appearance is important, but it’s about style.” She described that there are “Black” clothes, “like ghetto style,” and “White” clothes.³ Adriana named the “high-end” stores where “White” clothes could be bought. For her and many other non-White women, beauty depended on style and what they decide to put on their body—not the size and shape of their body.

Adriana, a first-generation immigrant woman, rejected outright the White beauty codes. She explained why: When she entered American society as an adolescent she

immediately recognized her already devalued position as an ethnic minority, and refused to be further denigrated. She continued to idealize a voluptuous body image that coincided with her notions of beauty, and contested hegemonic Western beauty codes. The value Adriana placed on her ethno-specific body ideal was revealed in the following comment: “Minorities are much more accepting of bigger bodies. Blacks and Hispanics want big butts, hips, a different body type altogether.” According to Adriana, White girls “are like clones,” and they succumb to pressures of the media. She indicated that the media cause many White women to develop anorexia. As a woman of minority status who had to overcome oppressive racial, ethnic, and cultural barriers living in American society, she asserted, “I have my own personality. I live up to my own expectations. I don’t conform to society, because we’ve done it for so long.” Adriana openly criticized White women and their “weakness,” suggesting that they do not have the strength of personality to reject dominant and oppressive images of beauty. It is their weakness that also contributes to their body dissatisfaction and eating pathologies. Often, African American and ethnic minority women are pitted against the dominant cultural standard of beauty, contributing to oppression and marginalization (Patton, 2006). Adriana’s words echoed other ethnic minority women who asserted their agency by challenging mainstream beauty norms. Several women rejected the slender body and refused to comply with constraints imposed by the dominant White culture, ultimately exhibiting their social power through their identification with ethno-specific body images that embraced diverse notions of beauty.

Women of African, Latina, and Philippino cultural backgrounds not only talked about the curvaceous body as beautiful, but also how a woman presents herself through her hair style, attitude, and fashion to reveal her overall beauty. This is consistent with Nichter’s (2000) and Rubin et al.’s (2003) findings that body size is not the sole indicator of beauty, but taking care of the body and presenting themselves positively frames some women’s definitions of beauty. Similar to body ethics, the term employed by the women of color in the study by Rubin et al., these women’s notion of beauty rejected “the dominant cultural ethos that encourages women to reshape their bodies to emulate the cultural ideal” (p. 70). Several women in my study proudly identified with their minority status, asserting that their ideas of beauty differ from mainstream representations of the “White girl,” and promote a more extensive and expressive notion of female beauty.

The Slender Body as Social Mobility

Not all ethnic minority women rejected or resisted the slender body image. Some women desired the slender

body ideal because they viewed it as a vehicle for increased social acceptance and mobility. For many of the women trying to “fit in” to American society, the slender body had currency. Women who felt alienated from their peer groups, communities, and American society more generally talked about how being skinny offered them an improved sense of belonging. For instance, Gabriella said, “You need to be skinny to get the guys. Where I’m from, guys don’t like girls who are too skinny. . . . The country is poor and people don’t worry about their weight and eating healthy.” Gabriella was born in Ecuador, where she lived until she was 16 years old. Her parents wanted her to attend a university in the United States because they believed that she would have better opportunities after her schooling. She described the transition to the United States as difficult, particularly because all of her friends were in Ecuador and it was not easy to make new friends. Her family moved to a very rich area in the northeastern United States that is predominantly White. Although she had a few White friends, she often felt uncomfortable and out of place. Additionally, Gabriella felt alienated from her peer group because of her larger body size:

In high school everyone is skinny, and being my size, which is bigger, made me feel abnormal. I worry about weight now, about being skinny. The first time I worried about my weight was when I was eighteen. I went shopping and I tried to fit into some clothes. I guess I was a little bit bigger than what is normal here. I thought that if I lost weight then I would look good, and well, also I liked a guy, and I wanted to look good so he would like me.

Gabriella entered American society during late adolescence, and was increasingly concerned with acceptance from her peer group. Already feeling isolated and disconnected from her home country, she recognized that having a slender body permitted her increased social acceptance from her peers. Although she believed, initially, that the body was her avenue to social acceptance among her social group—particularly male peers—she realized that in the end, “it’s about personality,” not the physical body that attracts others.

Obtaining a sense of belonging through the slender body was also used by other women. Consider Sita’s narrative. Sita was born in Oman and moved to southern India (where her parents were from) at the age of about six; she and lived there until she was 13. Her parents wanted greater educational experiences for her and her siblings. Sita had a rather difficult entry into American society. Her family moved to a small town in the northeastern United States, and she described this town and the high school she

attended as “horrible, small, and not diverse.” Sita faced discrimination from her peers. She explained, “The students didn’t know how to treat minorities. I was subjected to stereotypes; they assumed that India is a poor country, and that I was Hindu. But I’m Christian.” The following academic year, her family moved to an urban area in the same region that was much more ethnically diverse. There she was able to “blend in” and feel “normal.”

Sita’s “body narrative” was the first to alert me to the struggles that immigrant women can experience as they try to fit in to adolescent peer groups in American society. Sita and other women explained that recognizing the pervasiveness of the slender body and its importance creates an immense inner conflict: “In America the images are of skinny models; skinny is the idealized body type, and most girls want to be skinny.” Sita described herself as “chubby” back in India and, although her cousins often picked on her, she was not bothered by their taunts. Shortly after she moved to America, however, her weight decreased from 140 to 122 pounds. Listening to her story, I asked her to explain her rapid weight loss. Sita quickly explained that she was not trying to lose weight; rather, she attributed her weight loss to growing up and “growing into” her body. Yet, as Sita explained, “being chubby isn’t good.” Rather, she recognized that the media promotes slenderness and “being skinny” as the image of ideal femininity and perfection. At the time of interview Sita was attempting to “eat healthy.” She was much more conscientious about her weight and body size. On a daily basis she was reminded of the importance of being thin. “In the United States, girls make a big deal about being skinny. This is because every day you see a trend to be skinny.” As Sita narrated her ideal image of beauty—gracefully tall, slim, with feminine curves and size-5 pants—it was evident that the description of her own body closely resonated with her ideal.

Laleh’s narrative provided a more explicit illustration of how obtaining the thin body afforded her increased social acceptance. Laleh was born in Iran and lived there until the age of 5. She had visited in the United States for extended periods on several occasions with her family before moving alone to the United States when she was 17, to live with relatives. Growing up in Iran, Laleh had felt restricted by the influence that Islam holds in her country. She explained, “I felt that there were better educational opportunities here [in the United States]. There is more freedom.” With her parent’s support, Laleh decided to move to the United States to obtain a better education to broaden her future possibilities. When Laleh was in America on family visits during her adolescence, she had often noticed the differences in clothing and was aware that she did not need to cover herself: “It was natural after a while, and I accepted it.” However, when she moved to the United States she experienced “culture shock.”

In Iran, Laleh had attended a private school for girls, but after moving to the United States she entered a public school that was coeducational. In the period immediately after her entry into American society, Laleh experienced several abrupt changes that led her to reconceptualize her gendered interactions, reconstruct her friend group, and learn how to speak English fluently. Amidst all of this change, for the first time she also realized the importance of the thin body in American society. Laleh clarified, "I realized that the thinner you are, the more accepted you are. In Iran, everyone is covered so it [being thin] isn't important." When Laleh arrived in the United States she was thin, but she quickly began to gain weight from eating junk food: "It was my comfort food." Realizing that body image was important, she became increasingly aware of her growing size and decided to lose weight. At first Laleh restricted the foods in her diet, gradually reducing her food intake to once a day, eating dinner with her relatives. With time, however, her behaviors became less healthy:

I knew I had a problem, I guess I had an eating disorder. Well yes, I had anorexia. . . . Body image was so important to me at that time, and I didn't worry about what anorexia could do to me. I saw magazines and models and saw the perfect body. I also watched TV every day. I'd watch E [entertainment] TV. They'd talk about celebrities. That's where I got a lot of my ideas about not eating. In America fashion and body image are intertwined. . . . American standards are perfection. I went from a size 6 to easily fitting into a size 2, and before I went home for the summer, I was buying a size 0.

Daily, Laleh's peers gave her positive encouragement: "You look good," or "You're so thin." When she shopped, she was excited about buying smaller clothing sizes. Laleh hid her behaviors from her relatives, yet secretly acknowledged to herself that she had an eating disorder. "I knew that I had an eating disorder. I did a lot of research on the Internet and I knew what it was." Within less than a year Laleh dropped nearly six pant sizes and more than 20 pounds. When she returned home that summer, her family immediately noticed her extreme weight loss. "My father knew. He knew about things like this, and he made me speak with a psychologist. But I denied that I had a problem. I didn't want to admit to others that something was wrong with me." Laleh was afraid of what her family and friends might think of her if they knew. In Iran, Laleh explained, anorexia "doesn't exist, there isn't even a word for it. If someone became thinner you would say, 'She lost weight,' but you would not associate it with body-image problems."

Each of the three women discussed above, Gabriella, Sita, and Laleh, were first-generation immigrant women who entered American society during adolescence. Their families' decision to move to the United States (or in the case of Laleh, her parents' encouragement that she move to the United States) were motivated by desires of greater educational opportunities for their children. A common theme that connected these young women was their feelings of alienation and social seclusion as they transitioned to their new life in American society. Aware that the thin body was highly desirable, they expressed their preoccupation with being thin. Faced with other forms of exclusion such as discrimination, the acquisition of the slender body gave these women a sense of power and increased agency as they interacted with their peers. Through the body, they were able to distance themselves from their marginalized ethnic, class, religious, and social identities, creating spaces of recognition and social acceptance.

An in-depth analysis of the narratives of Vanessa, a second-generation immigrant, reveals another scenario of how the thin body permitted her to negotiate feelings of alienation. Vanessa was born into an immigrant family from Latin America, where beauty and femininity are embodied by the full-figured woman. With sadness in her voice, she explained, "If I lived in South America then I would be perfect. They like full-figured women." Vanessa self-identified as Hispanic. She was born in the United States but her mother was from Bolivia and her father was from Honduras. Vanessa knew very little about Latin America and her parent's cultural heritage; she had never traveled to Latin America and her parents rarely talked about their home countries. However, she did know that in Latin America a full-figured woman represents beauty and ideal femininity. As the interview continued, Vanessa went into more detail about how, in American society, there is a rigid definition of beauty. She confirmed that "[o]ther cultures allow for more than one form of beauty; many forms of beauty are present." To illustrate her point, she talked about her trip to Puerto Rico: "The people I was with were talking about pretty women. I saw the women they were talking about, they were chubby in the stomach, but the guys said that was fine." She is certain that "Hispanic girls who aren't stick thin, they're happy." These women were like her mother: "They can eat and to them it is not being stick-thin but a healthy glow and feeling good that is their idea of beauty."

At the beginning of the interview, Vanessa identified herself as Hispanic; yet, as the interview progressed it became clear that she was conflicted about her ethnic identity. "We were never Spanish. In order to be American we felt we had to give up our Spanish heritage, so we never learned it. . . . We had a very American childhood." Growing up in an upper-middle-class neighborhood, she described herself as being more American than Spanish.

"The only Spanish we had was the cooking, which is Hispanic." Food was Vanessa's only identification with her Spanish heritage. As I listened to Vanessa, I began to realize that she struggled and expressed conflict about her sense of self and identity. For example, she said,

I wish that I was raised with more of my cultural background, because maybe I would be more care-free about my weight . . . but because I grew up in America, and because it's [the perfect body] everywhere—the porn [pornography] industry, Hollywood, magazines—it's everywhere, so I have to care.

Vanessa implied that because she grew up in American society and was exposed to the "perfect body," which she described as model-like and thin, she, too, valued a slender body. She recognized (and wished) that if she had been raised with her traditional culture's ideas about beauty, then she would have worried less about her physical appearance. But, as Vanessa said, "There is so much propaganda for the perfect body. I read about the ideal female body everywhere. . . . It makes you run in circles to get there, and it makes you miserable." Since an early age, Vanessa had been overly conscious about her weight and body size, so much so that she had used diet pills and illegal drugs to suppress her appetite. She explained that while she was "crazy" on diet pills, and was using cocaine to suppress her appetite, nothing compared to the phase in which she suffered from anorexia.

Vanessa described herself as suffering from anorexia during late middle school and high school, a phase that lasted for nearly 2 years. Although she was never clinically diagnosed by a doctor, she believed that she was anorexic. Her anorexic behaviors began by skipping breakfast, then lunch, and eventually she ate only one meal a day. As she lost weight, she noticed the increased attention she gained from her peer group. "Girls would say to me, 'Wow, you're so thin, you look great.' . . . Guys started to ask me out on dates." Noticing that being thin made her feel more accepted by others, she continued to omit foods and calories from her diet. Within a short time she went from 115 to 98 pounds, which she maintained for nearly a year and a half. For Vanessa, "There was always something that compelled me toward being thin. Either it was you had to fit into the dress for the Christmas ball, or the prom, or some other function; there was always something."

If we consider Laleh's and Vanessa's body narratives, we see how control over food and their body was a way for these women to obtain a sense of belonging. In her ethnographic study of anorexic patients living in various inpatient treatment centers in Australia, Canada, and Scotland, Megan Warin (2010) argued that testimonies of

individuals with anorexia share a "common thread of relatedness" in which self-starvation is used by anorexics to change, transform, and at times reject relationships with others (p. 41). Situating the two cases in this framework, we can see how Warin's concept of relatedness is useful to understand how these women used anorexia to transform their relationships with others and self, specifically their peer group. For instance, Vanessa felt conflicted about her ethnicity and social identity, wavering between identifying with her parent's Hispanic ethnicity and her American identity. Her feelings of conflict were apparent in her body narrative, in which she desired a full-bodied figure and the thin ideal. Laleh, however, suffered from isolation and feelings of disconnection. After learning of the importance of the thin body, she used her knowledge to create a sense of belonging. Even though they talked about increased social recognition from their peers, which momentarily bolstered their self-esteem, these women continued to suffer emotionally and psychologically.

Discussion

In this study there was a pattern among the first-generation women in which they experienced exclusion and social isolation as they transitioned to their new homes, lifestyles, and peer groups. Attending high school in predominantly White, affluent neighborhoods with limited ethnic diversity, they experienced several forms of discrimination that were intricately connected to their ethnic, cultural, religious, and ethno-linguistic backgrounds, making them feel excluded. Experiencing other forms of exclusion, they quickly learned that the slender body was a vehicle through which they could obtain more social power.

Recent contributions of qualitative health researchers touch on how the body acts as a site where anxieties and emotional distresses arising from uncertain social situations can be negotiated. For instance, Kwan (2009) found that overweight and obese women were motivated to lose weight because of what the aesthetically appealing slender body represented: improved status and social power. The women in Kwan's study recognized that "thinness is a culturally valued trait that carries social status and elicits social rewards," ultimately influencing their desires to obtain the slender body (p. 1227). Embodying the thin body permitted women to more easily obtain dates, but also to overcome social stigma and increase self-worth and an overall healthier feeling of well-being. Furthermore, Ferrari, Tweed, Rummens, Skinner, and McVey (2009) suggested that body dissatisfaction might be heightened for immigrant women because of the stress of transitioning to a new society and learning new social and cultural norms. For instance, recognizing the increased

importance of physical appearance, Chinese and Tamil mothers who had recently moved to Canada experienced feelings of loss of their parental role and family status. With time, they also began to feel dissatisfied with their appearance, resulting in dieting and restrictive eating. Similar to the first-generation immigrant women in this study, we see parallels between uncertainties related to social status and identity and heightened levels of emotional distress, which is negotiated through the body.

As the studies discussed above indicate and my findings suggest, ethnic minority women who are socially and economically marginalized and disconnected from their home culture (or in the case of a second-generation immigrant woman, who did not fit in to American society) suffer from feelings of alienation. As already noted, there are reports on several other studies suggesting that “altering one’s body may be a powerful way of accelerating a sense of belonging for women navigating several cultural subsystems” (Katzman et al., 2004, p. 465). The findings of the present study make a crucial point: immigrant women who feel marginalized from the dominant White culture and are distanced from their native culture (or parents’ native culture) use their bodies—which can be cultivated to embody core dominant values and thus heighten one’s social status and increasing power—to gain social acceptance and obtain a sense of belonging. Molding their bodies into a slender ideal that symbolizes prestige and status permits women to retool their identities and bolster their self-worth. It is important to note that the desire for a slender body is not necessarily linked to ethnicity and social class. Rather, as the women in this study illustrate, the thin body is highly desirable because it heightens social status and allows them to negotiate issues of control, autonomy, and power. A fundamental difference among ethnically diverse women is that women from marginalized ethnic and social identities strategically use their bodies to negotiate a series of inequalities and disadvantages that more affluent women do not have to manage.

A young woman’s sensitivity to feelings of exclusion is mediated by her sense of self and the strength of her social identity. Ethnically diverse women who convey a positive self-image and embrace their social identity are less apt to feel disconnected from others and their social worlds, whereas ethnically diverse immigrant women who suffer from feelings of disconnection spurred by social change, exclusion, and/or oppression, who contest their marginalized social identities, can use food refusal to negotiate social relationships in a way that can improve their status. Conceptualizing practices of food refusal within a framework of relatedness helps us to understand the social importance of slender bodies as well as how and why women use their bodies to literally “embody” esteemed cultural values.

Bodies have meaning, and women actively construct their bodies to say something about their identity. By framing this research in a way that expresses how the body is a vehicle for women to gain a sense of belonging, we can see how food refusal is propelled by profound anxieties intricately related to processes of relating to others. As Katzman and Lee (1997) advocated, understanding eating disorders needs to be conceptualized in a framework of “disconnection, transition, and oppression, rather than dieting, weight, and fat phobia” (p. 392). My research findings support such claims and argue for understanding eating disturbances in frameworks that focus on an individual’s social position and relatedness to others. A focus on class and “processes of social referencing” is useful to examine how and why the thin body is so highly desired by ethnic minority women who experience alienation or disconnectedness (Lester, 2004, p. 608).

Furthermore, unlike researchers in previous studies who suggest that differences in body ideals mediate greater body satisfaction, I found that women of ethnic minorities endorse a beauty that extends beyond the physical body. This definition of beauty is fluid, expressive, and representative of one’s inner beauty, attitude, and personality. Ethnically diverse women’s narratives suggest that they embody an ethos of self-acceptance and resist aesthetic body ideals “that oppress virtually all women but which can be particularly oppressive to women of color” (Rubin et al., 2003, p. 71). The findings advocate for a reconceptualization of the body in which beauty goes beyond a rigidly defined notion of physical beauty, toward a more embodied understanding of beauty. Such an approach might clarify why ethnic minority women tend to experience more body satisfaction.

An essential finding is that women of diverse ethnicities utilize the body to negotiate power imbalances that are embedded in everyday social relationships shaped by their ethnic and socioeconomic status. In this study I did not concentrate, however, on the kinds of disadvantages that women of diverse ethnicities and social classes faced. Future work that compares women’s perceived inequalities would bolster the current argument that the strategies for contesting power relations are similar among ethnically diverse women, yet the social disparities are different. Even though the findings provide important information about the underlying sociocultural determinants that motivate women to engage in practices of controlling their food intake and strictly monitoring their bodies, the small sample size is a limiting factor. Additionally, the integrity of the work could have been improved if a tape recorder was used during interviews. To that end, including women from a wide range of ethnicities and socioeconomic statuses, along with a larger sample size of women who express body (dis)satisfaction and exhibit eating

disorder symptoms, would strengthen the conclusions derived from this work.

Conclusion

The findings have important implications for health care specialists trained to detect and treat eating disorders. As recent studies have uncovered, ethnic minority women suffering from eating disorders are less likely to seek treatment. Furthermore, clinical biases influence the diagnoses and treatment of non-White women (Becker, Franko, Specks, & Herzog, 2003; Cachelin & Striegel-Moore, 2006). Becker et al. (2003) found that clinician bias was present in their assessment of health care for eating disorders among an ethnically diverse population of women. In their study, White women were more likely to be recommended for treatment than Native American and Hispanic women. Also, ethnic minority women's expressions of psychological suffering might not resonate with standard eating disorder criteria (Alegria et al., 2007). It is imperative that eating disorder specialists become aware of how cultural beliefs about the self, food, the body, and illness impact an individual's illness experience. Furthermore, specialists must consider how social disparities experienced by minority groups and the power relations that develop from political, economic, and cultural factors over time intersect to condition an individual's health, well-being, and illness experience (Baer, Singer, & Susser, 1997).

As Susan Bordo (1993) eloquently pointed out, the docile female body has been commoditized, and women can engage in a variety of cultural beauty practices (e.g., diet, exercise, makeup, and dress) to normalize their bodies, molding them into highly desired yet nearly unattainable forms. It is naïve to assume that slender, fair-skinned women benefit from the improved status afforded by the slender body, and that women of non-White ethnicities are in some way "protected" from body dissatisfaction and eating disturbances because of idealization of ethno-specific body ideals. As the ethnically diverse women's voices in this study revealed, any young woman, irrespective of ethnicity and social class, might use the body to overcome perceived inequalities present in her everyday social relationships, ultimately increasing her social capital and power in the larger social world. Thus it is essential to understand that women can strategically use slender body norms to transform social relationships, exert agency, and enact social change.

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Notes

1. A voice recorder was not used because it was not available to me. I used quotation marks to designate nonparaphrased language.
2. Jessica Simpson is a Hollywood actress and singer. Throughout her career, the media has focused on her body weight: When she is thin, she is the perfection of American beauty; when she becomes more voluptuous, she is criticized as being fat.
3. Several women used the term *ghetto* to describe individuals from a minority status who participate in hip-hop culture. Participation in hip-hop culture is expressed by one's language, one's style of clothing, and one's attitude in general. Although participation is predominantly by youths from minority groups (Black and Hispanic), White people can also be a part of hip-hop culture. "It depends on if you're thuggin' it," as one young woman told me. As some minority women explained, "thuggin'" refers to a person who challenges—through dress, language, and presentation of self—the values and norms of the dominant, White establishment.

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Bio

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