Eating Disorder Symptoms

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**Introduction**

Natural, experimental and naturalistic studies prove that doctors are less likely to diagnose eating disorders in the ethnic minority women than in white women. This discovery is may be due to the stereotype that says that only white women develop eating disorders and therefore been grounded on observations that, ethnic minority women report low rates of body dissatisfaction and eating disorder symptoms than white women (Gordon, Castro, Sitnikov, & Holm-Denoma, 2010). Some suggested that women from ethnic minorities are at a lower risk of eating disturbances because their cultural groups adopt larger and more achievable body ideals, reducing pressure to imitate skinny body (“Disordered eating attitudes and behaviors, psychological adjustment, and ethnic identity: a comparison of black and white female college students. - PubMed - NCBI,” n.d.). Recent studies have not found important differences in symptoms of eating disorders among ethnic groups in the United States. Ethnic minority females may become less endangered from burden to accommodate the majority in the United States ideal (Gordon, 2010). This is a reasonable explanation, given that the majority women living in the United States, regardless of ethnic group, follow the concept of thin ideals that is prevailing across the media(“Disordered eating attitudes and behaviors, psychological adjustment, and ethnic identity: a comparison of black and white female college students. - PubMed - NCBI,” n.d.). Thus, females of all cultural backgrounds may experience a similar experience of a social and cultural burden to imitate American culture.

# Cultural Differences

According to Thomas and Kempa, the inclination to the largest ideal cultural body types, affiliates of ethnic minorities groups may be prone to eating disordered when trying to deal with the pressures associated with discrimination, devalued set member, conflicts between the leading culture and their cultural inheritance (Gordon et al., 2010). In theory, acculturation must be accelerated adoption of the ideals of the body in the United States, such as increased symptoms of eating disorders with increased levels of acculturation (“Disordered eating attitudes and behaviors, psychological adjustment, and ethnic identity: a comparison of black and white female college students. - PubMed - NCBI,” n.d.). That anti fat position among high cultured Latinos and European Americans was high than among low cultured Latin and bicultural Latin who powerfully empathized on both the prevailing culture and that antifat positions as positive and are associated with body resentment and anxiety (Gordon et al., 2010). Among Latina's, high level of acculturation has also been linked to partial eating disorder syndromes and among Mexican American, black women there is an increase of eating disorder.

The study scrutinized eating disorder signs and connected variables between Latina, Black, and White university females. The first suggestion that Latino and Black philosophies adopt greater body shape ideals for females than the mainstream population in the U.S. It was assumed that White females designated slimmer body figure ideals for them as compared to Latinas or Black women. It was a fact that Latinas chose suggestively thinner figures as body ideals as compared to Black females (Gluck and Geliebter, 2002). It was also suggested that placing all white females together was not an appropriate option as it confuses eating behaviors (Gordon et al., 2010). It was observed that there were no significant differences in the selection of ideal body figures among Latinas and White women (Striegel-Moore et al., 2003). It was evident that Latinas and Black females were a considerable acquaintance to the slimmer and ideal body figure with white females.

# Acculturation, Bulimia Nervosa and Acculturative Stress

Acculturation is more conceived as consisting of two factors, such as participants can get high levels of empathy with their culture of inheritance or dominant culture. Body discontent has been associated with bulimia and symptoms of high level of cultural stress reported in black and Latin women but not among blacks women and Latinos who have experienced low levels of cultural stress (Striegel-Moore et al., 2003). Similarly, higher levels of cultural conflict were tied to unhealthy eating attitudes and body dissatisfaction among South Asian women. Such an American body would influence the members so that the contrast between perceived body shape and the ideal body envisaged between black and Latin women (Gluck and Geliebter, 2002). The form of culture in the United States would be more predictable. The study inspected the signs of eating and related disorder variables between Black, Latina, and White women. Latino and Black women adopt a larger body supporting women's ideals more than American culture.

In terms of symptoms of eating disorders, there were no important alterations between Latinas and white women on EDI-DFT and EDI-BD metrics, suggesting similar levels of self-reported body dissatisfaction and drive for thinness. However, black women recorded meaningfully less on both of these scales than Latinas and White women. White women were recorded meaningfully higher on the EDI-B scale than Latinas, who in turn scored much higher on EDI-B than Black women. Symptoms of an eating disorder, combined with the ideal personal body shape data, suggest that black women may be comparatively safe from symptoms of eating disorders compared to Latinas and White women. Women of all ethnic groups are vulnerable to the evolution of eating pathology(Gordon et al., 2010). Doctors must be sensitive to cultural variables that ethnicity may develop and evaluate. Ethnic minority women are at particular risk for eating disorders.

The studies have underlined the significance of considering traditional variables in the valuation and analysis of eating illnesses. Firstly that females of all ethnic groups are susceptible to develop eating disorders. Secondly. Physicians and clinicians need to become more sensitive while assessing and evaluating cultural differences that can put females at risk of developing eating disorders (Gordon et al., 2010). Furthermore, Latinas have more discrepancies regarding their body shape. This shows how and in what circumstances physicians can assess and cure eating disorders. It is also essentially revealed that cognitive behaviors are also associated with the treatment and management of eating disorders. It is not easy to counsel females having an ethnic correlation with their group regarding eating disorders management. When handling women from an indigenous minority culture, the use of interferences and interventions with standard psychoeducation can potentially help in treatment. It is also important to couple therapies along with recommended treatment to enhance the results of the interventions.

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For instance, the study is required scrutinizing Additional Specified Feeding or Eating Disorders in subgroups especially minorities, containing nonconforming however upsetting eating configurations (“Disordered eating attitudes and behaviors, psychological adjustment, and ethnic identity: a comparison of black and white female college students. - PubMed - NCBI,” n.d.). The studies in the future should widen the sample demographics to embrace males, communal specimens, and medical examples (Gordon et al., 2010). Further increased sample size may be required to get a powerful hypothesis. Research in the field of minority groups linked with eating disorders would also be needed to explain the phenomenon and connection of ethnicity and eating disorders among females.

In the United States, the mainstream population is the thin population of females and therefore, minority groups are more exposed to the media as taking thin as an ideal figure. There is high exposure and influence of media in the United States that has led the foundations for thin and slimmer body shape among females (Gordon et al., 2010). It would also be suggested that among females, minority groups are more sentient and conscious to adopt slimmer body shape. Background culture and traditions in different ethnic groups are also been reported to have a significant influence on choosing thin and slimmer body shapes among minority group females.

The studies have forecast that greater intensities of acculturative pressure would be connected with greater proportions of eating disorder signs between Black and Latina females. The studies were also somewhat braced that higher intensities of acculturative stress forecast greater intensities of determination for skinniness between Latinas and bulimic indications in Black females (“Disordered eating attitudes and behaviors, psychological adjustment, and ethnic identity: a comparison of black and white female college students. - PubMed - NCBI,” n.d.). Acculturation, though, as evaluated by SMAS, did not meaningfully forecast eating disorder signs (Gluck and Geliebter, 2002). The study is in requirement of duplication, however, it proposes that acculturative stress is significantly connected to eating disorder indications (Gluck and Geliebter, 2002). Additionally, Black women might have a propensity to manage acculturative stress by bulimic behaviors, whereas Latina females might be additionally disposed to managing acculturative stress by endeavoring to choose to become slimmer.

The findings of the studies should be assessed in terms of the weaknesses and strengths of the research. The fortes of the research comprise of the analysis of eating disorder differences in Latina scholar females that are openly matched to Black and White scholar females. Earlier researches scrutinizing associations among cultural differences and eating disorder indications have usually omitted Latinas (Gordon, Castro, Sitnikov, & Holm-Denoma, 2010). These studies have also used a combined group of Latinas and other ethnic cultures such as non-white females (“Disordered eating attitudes and behaviors, psychological adjustment, and ethnic identity: a comparison of black and white female college students. - PubMed - NCBI,” n.d.). The studies suggested that Black and Latinas are more substantially exposed to acculturative stress however, they were good in coping and managing stress (Gluck and Geliebter, 2002). University and college females have more and higher levels of stress than comparing to those having no exposure to colleges and universities (Gluck and Geliebter, 2002). This suggests that females having exposure to the outside environment have a higher intensity of acculturative stress.

It is suggested that acculturation is associated with stress and minority group females are not good at handling and managing this kind of stress particularly Latin females. Greater levels of cultural differences and conflicts are associated with a higher level of body dissatisfaction among Asian women (Gluck and Geliebter, 2002). In the United States, American women have more influence and effects of media and external atmosphere that develop more consciousness among them regarding body shape and figure. The higher level of cultural differences has contributed to many differences between Black and White women regarding the choice of body shape (Striegel-Moore et al., 2003). The demand for the environment and the influencing media is another contributing factor that causes stress among females of minority groups to become aware of their body shape and figure.

Between Latinas, the inconsistency among professed body figure and professed body shape model for the minority group was foretelling the EDI-BD and EDI-DFT notches, while an inconsistency among apparent body figure and observed model for the United States has not been found projecting eating disorder indications (Gluck and Geliebter, 2002). Lastly, greater intensities of acculturative stress, however not acculturation, were connected with EDI-BD notches between Black women and EDI-DFT notches between Latinas (“Disordered eating attitudes and behaviors, psychological adjustment, and ethnic identity: a comparison of black and white female college students. - PubMed - NCBI,” n.d.). Conclusions underline the significance of various cultural components for example acculturative stress when directing medical work with indigenous minority females.

# Conclusion

The study has significantly identified that White and Latinas have higher proportions of selecting thinner and slimmer body shape as compare to the Black women (Gluck and Geliebter, 2002). Further research regarding Black and White women's choices and selection of ideal body shape and figure should also be conducted to evaluate the cultural differences among them.It is a fact that men and women both suffer from an eating disorder but the ratio is high in the case of females as they have to carry on with several things in their lives. Beauty is the biggest cause of eating disorders in most of the women has changed and effected women's health on a larger scale. It has been discussed in this paper that white females are obsessed with a slimmer body and take it as an ideal figure as compared to Latinas or Black women. But at the same time, White females and Latinas have a greater obsession with slimmer body shape as compared to Black women. One can observe different factors that have become the reason for this eating disorder like media, culture, society, and environment. It is time to understand these risk factors that are growing day by day and to control them otherwise people will keep standardizing beauty as a necessary part of human beings, especially for women.

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