The Impact of Racial Stereotypes on Eating Disorder Recognition

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Abstract: **Objective:** *Eating disorders are commonly believed to affect Caucasian women more so than other women. The authors examined whether participants recognize disturbed eating symptoms to a lesser degree in an African American or Hispanic female compared with a Caucasian female.* **Method:** *A sample of 160 undergraduate students of different ethnic backgrounds read a passage about an adolescent girl who displayed eating disorder symptoms. Participants received one of three passages; the passages differed only regarding the girl's race (African American, Caucasian, or Hispanic). Participants completed questionnaires used to reveal possible racial stereotypes about eating disorders.* **Results:** *The study found that the race of the adolescent girl had a significant impact on detection of disturbed eating patterns, such that participants recognized the eating disorder more when they read about a Caucasian girl than when they read about a minority girl (Hispanic or African American).* **Discussion:** *The results have implications for public awareness of eating disorders, as well as clinical implications for work with eating disorder patients from various ethnic backgrounds. © 2002 by Wiley Periodicals, Inc.* Int J Eat Disord 32: 219–224, 2002.

Key words: *racial stereotypes; eating disorder recognition; ethnic minorities*

INTRODUCTION

In the public's mind, certain mental and physical health problems are often associated with specific populations, sometimes mistakenly. For example, in the views of undergraduate students, community-residing adults, and even physicians (Martin, Gordon, & Lounsbury, 1998), heart disease is stereotyped as a male health problem. However, according to the American Heart Association (2001), cardiovascular disease was the cause of mortality in 53.1% of the women who died in 1998.

Similarly, eating disorders (e.g., bulimia nervosa) are often believed to be limited to Caucasian women who are driven toward American ideals of slenderness. African Americans and Hispanics are presumed to be inoculated from these disorders due to

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their cultures' different views of attractiveness. These preconceptions could impede proper awareness, diagnosis, and treatment of dangerous medical and psychological conditions in ethnic minority groups.

The research base on eating disorders among ethnic minorities is relatively limited. Research focused on prevalence rates of eating disorders in Hispanic and African American women has generated inconsistent results. Various studies report that ethnic minorities have lower eating disorder symptomatology than Caucasian women (Abrams, Allen, & Gray, 1993; Gray, Ford, & Kelly, 1987; Jones, Fox, Babigan, & Hutton, 1980). Yet, similar research suggests ethnic minorities have a prevalence rate comparable to that of Caucasian women (Gross & Rosen, 1988; Joiner & Kashubeck, 1996; Lachenmyer & Muni-Brandr, 1988; cf. Perez, Voelz, Pettit, & Joiner, in press). It is important to note, of course, that no study has found an absence of eating disorder symptoms in ethnic minorities.

Caucasian women are believed to develop eating disorders partly as a result of trying to attain extremely thin Western feminine ideals. The belief that African American and Hispanic women are immune to eating disorders is attributed to their culture's acceptance of larger body types. Research confirms these cultural differences in body type ideals through studies in which subjects were asked to choose a body silhouette that was ideal to their culture (Gray et al., 1987; Joiner & Kashubeck, 1996).

However, it is not clear that minority women are fully protected from thin Western feminine ideals. After all, minority women are exposed frequently to the same mainstream standards as Caucasian women. Consequently, Hispanics and African Americans may reject their own ethnic group's ideals and take on Western cultural values of female slenderness. As they internalize rigid notions of fat-free bodies as beautiful, they may become just as susceptible as Caucasians to body dissatisfaction and drive for thinness, factors that are symptomatic of eating disorders.

This internalization process was made evident in a study that asked African American, Hispanic, and Caucasian women to endorse ideal body type silhouettes for both their own culture and American culture. The participants also selected a silhouette that represented their perceived body image. When minorities conveyed greater differences between their own bodies and ideal American bodies, they reported more bulimic symptomatology. Disparities between American ideal body types and the subjects' perceived weight status proved to be a stronger predictor of bulimic symptoms than deviation from their own cultural ideals. It appears that American standards influence the self-image of minorities, despite their own culture's acceptance of larger female figures (Perez, Voelz, Pettit, & Joiner, 2001).

The belief that eating disorders are limited to Caucasian women prevails despite the contradictory evidence presented in many studies. This common belief can impair people's judgments such that eating disorder symptoms in Hispanic and African American women can go unrecognized. There is no previous research specifically examining people's racial stereotypes about eating disorders. We aim to identify these stereotypes through this study.

We presented subjects with a journal supposedly written by ''Mary,'' a fabricated 16-year-old female character. The diary included some general school-related activities and eating patterns and varied only by ethnicity (African American, Caucasian, or Hispanic). We predicted that subjects who received a diary written by a Caucasian woman would detect the eating disorder symptoms (skipping meals, low calorie intake) at high rates. However, it was hypothesized that when the participants read a diary by an African American or Hispanic female, they would recognize the disturbed eating symptoms to a lesser degree, perhaps due to stereotypes about Hispanic and African American women

being relatively invulnerable to eating disorders. We expected that these stereotypes would influence participants of all three races (African American, Caucasian, and Hispanic) participating in the study. Furthermore, we attempt to demonstrate that participants attend to and process information about eating symptoms in the minority diaries, but explain away the information in order to maintain the expectation that minority women are relatively invulnerable to eating disorders (Clary & Tesser, 1983).

METHOD

Participants

One hundred sixty undergraduate students participated to satisfy a requirement for their introductory psychology course. We included Caucasians (n = 126), Hispanics (n = 8), and African Americans (n = 26). The majority were women (n = 120) with a median age of 18 years. Because of the small number of men in the sample, and because results on detection of eating symptoms did not appear to differ systematically by gender, this variable is not considered further. Also, because of the relatively small number of Hispanic and African American subjects, their data were combined into one minority group (this approach was further supported by the fact that results were highly similar among Hispanic and African American participants). For consistency, we also collapsed the independent variable (Mary's race) into Caucasian versus minority. Fifty-six participants read the diary written by Caucasian Mary and 104 participants read the diary written by minority Mary.

Procedure

Participants received a packet including a diary with a brief demographic profile (Caucasian, African American, or Hispanic 16-year-old female) and were asked to read it carefully. The diary included brief, daily information on some general school-related activities and eating patterns. The Hispanic version of the diary appears in the appendix.

After reading the passage about Mary, participants replied to an open-ended question asking whether they believed Mary had any notable problems. Participants who believed there were problems were asked to identify the specific nature of the problem(s). These questions were used to determine whether the participant recognized Mary's behavior as related to a possible eating disorder syndrome. Participants were informed that their answers to the questionnaire would remain anonymous.

They were then asked to complete the Eating Disorder Inventory (EDI; Garner, Olmsted, & Polivy, 1983) in the manner that they believed Mary would. The EDI consists of 64 statements about thoughts and behaviors, for which the participants are asked to rate how often they occur (1 = *never*, 2 = *rarely*, 3 = *sometimes*, 4 = *frequently*, 5 = *usually*, 6 = *always*). The EDI has eight subscales: Drive for Thinness, Bulimia, Body Dissatisfaction, Ineffectiveness, Perfectionism, Interpersonal Distrust, Interoceptive Awareness, and Maturity Fears. We focus specifically on the Drive for Thinness subscale (alpha coefficient in this sample was .79), but results were similar with regard to other EDI subscales. We focused on this subscale because it best captures the symptoms displayed by Mary in the diaries. To reiterate, participants completed the scales in the way that they believed Mary would.

Inclusion of the EDI (completed as participants believed Mary would respond) allowed us to examine whether participants attend to and process information about specific

eating symptoms in the diaries (as evidenced by responses to specific EDI Drive for Thinness items), but discount the information when asked the global question about Mary's problems (perhaps due to the general expectation that minority women are relatively invulnerable to eating disorders).

RESULTS

Chi-square analyses were run on responses to the open-ended question following the passage: ''Do you think Mary has any problems and if so, what are they?'' The participants' answers were coded into a dichotomous variable, depending on whether participants recognized Mary's disturbed eating patterns (yes vs. no). The results showed that participants' own ethnicity was not related to whether they detected eating symptoms in Mary. Mary's race, however, did influence detection. When Mary was Caucasian, 93% of participants recognized the symptoms. However, when Mary was portrayed as either Hispanic or African American, only 79% of participants recognized the symptoms ($\chi^2 = 5.25$, $df = 1$, $p < .05$).

A two-way analysis of variance (ANOVA) was performed on EDI Drive for Thinness scores, with Mary's race and the participant's race as independent variables. Interestingly, the analysis produced nonsignificant findings for both main effects, as well as for the interaction. Regardless of Mary's race, participants assigned her relatively high scores on the EDI Drive for Thinness subscale (overall mean was 31.81, $SD = 7.96$; usual mean score in late adolescent women on this subscale is approximately 21). Participants appeared to have attended to Mary's specific eating symptoms (as evidenced by EDI ratings), and they did so regardless of Mary's race. This stands in contrast to participants' global views about whether Mary displayed an eating disorder syndrome, which were influenced by Mary's race.

DISCUSSION

The purpose of the current study was to evaluate whether racial stereotypes influence eating disorder recognition. Results indicated that participants recognized the eating disorder more when they read a Caucasian girl's diary than when they read an identical diary from a minority girl (African American or Hispanic). Participants attended to and processed specific information about eating symptoms regardless of Mary's race, as evidenced by EDI ratings. However, when asked a global question about whether Mary had any notable problems, participants tended to discount the specific information about Mary's symptoms if she were portrayed as African American or Hispanic (but not if she was portrayed as Caucasian), a pattern that is quite consistent with past stereotyping research (Clary & Tesser, 1983). It appears that racial stereotypes may affect the detection of eating disorders and that the general stereotype overrides recognition of individual eating disorder symptoms.

It is possible that the stereotype has some basis in reality. Previous studies have found a lower eating disorder prevalence among minority women than among Caucasian women (Abrams et al., 1993). This finding is not unanimous, however. Moreover, it is somewhat beside the point of the current study, which suggests that when eating disorders are present in ethnic minority women, their detection may be suboptimal.

Although Mary's race appeared to influence findings, participants' own race did not, neither did their gender. This suggests that stereotypes related to race and eating dis-

orders may be applicable across gender and racial groups. One of the limitations of our study, however, was that most participants were Caucasian (79%) and female (75%). Future research would benefit from more diverse samples.

Another notable feature of our sample was that it consisted of general psychology students. Because new information on eating disorders is often presented to these students, they may be among the least likely to maintain stereotypes regarding race and eating disorders. Nonetheless, they displayed the stereotype. Results might have been even stronger in a broader sample of the general population.

To our knowledge, this type of study on race and eating disorder stereotypes has not been conducted before. For future research, a possible refinement in the design would be the inclusion of a visual representation of the person in question (Mary). This would minimize the possibility that as participants read Mary's diary, they would forget her race. In this study, we addressed this issue by including several reminders of Mary's demographics (see the appendix).

It could be argued that a study of nonclinicians is not relevant to eating disorder detection. This argument overlooks a key point—very often, people come to the attention of clinicians because they or others have recognized a health complaint (e.g., ''You really should get that checked out.''). This may be particularly true among minority people, and may be particularly true with regard to sensitive complaints like mental health problems. Public education and awareness about health concerns are important in their own right, apart from clinicians' education and awareness.

It would be of interest to conduct this type of study with clinicians as participants. We would predict that for all except very experienced clinicians (e.g., eating disorder specialists), the same stereotypes found among the undergraduates may also be detected among general clinicians. As the example of heart disease in women shows (Martin et al., 1998), these biases do occur, even among professionals.

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APPENDIX

Please read the following passage, and then answer the questions according to the instructions.

Mary, 16-Year-Old Hispanic

Monday: She woke up and took a shower. Mary tried on three different outfits before choosing what she was going to wear. Did her hair twice before leaving to school. For breakfast, she had a banana. Mary went to school. During lunch she ate three rice cakes and had apple juice. After school, Mary had soccer practice for two hours and then went home. When she got home she took a shower. She next did her homework. For dinner Mary ate salad and a baked potato. She watched TV for two hours and then went to bed.

Tuesday: She woke up and took a shower. Mary tried on several different shirts before choosing which one she was going to wear. She spent half an hour curling her hair. She didn't have time for breakfast so she drank some orange juice. Mary went to school. During lunch she ate some pretzels, soda, and a pear. After school, Mary had soccer practice for two hours and a one-hour meeting for Key Club. When she got home, she drank some water and took a shower. She next did her homework. For dinner, Mary ate a small bowl of vegetable soup with crackers and drank a diet soda. She studied for a test for two hours, picked out her clothes for the next day for half an hour and then went to bed.

Wednesday: She woke up and took a shower and got dressed. Did her hair for twenty minutes. She had a piece of toast and some apple juice for breakfast. Mary had a test in the morning for which she felt she did poorly on and was upset. Instead of eating lunch, she did her homework. After school, Mary had soccer practice for two hours and then went home. When she got home she drank some diet soda. She then took a shower and watched TV. For dinner, Mary ate some crackers, a salad, and drank some water. Mary watched TV for two hours, talked on the phone for an hour and half and then went to bed.

Thursday: She woke up and took a shower. She took an hour to get dressed and did her hair for twenty minutes. For breakfast, she ate an apple. She went to school. For lunch, she had a granola bar, an orange, and some skim milk. She gave a two-minute presentation in an afternoon class. After school she had soccer practice for two hours and then went home. When she got home she didn't eat anything and just took a shower. She talked on the phone for two hours and watched some TV. For dinner, Mary drank some water and had a bag of chips. She then watched TV and had some raisins before going to bed.

Friday: She woke up and took a shower. She took half an hour to get dressed and just brushed her hair. For breakfast she had a grapefruit. She went to school and found out she did poorly on the test she took on Wednesday and was upset. During lunch she ate an egg salad and some grape juice. After school, Mary had soccer practice for two hours and then went home. She went home and took a shower. She watched TV. For dinner she ate some black beans and rice with water. She then went to the movies with her friends.