

A Conceptual Framework Exploring Social Media, Eating Disorders, and Body Dissatisfaction Among Latina Adolescents

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Abstract

The purpose of this review is to propose a conceptual framework using objectification theory and intersectionality theory to examine social media's influence on body image and its effect on eating disorder predictors among Latina adolescents. To examine and explore how these effects from social media usage can result in mental health disparities that affect this group, emphasis was placed on how Latina ethnic identity mediates body image. Implications for clinicians and researchers include using strengths-based and culturally specific approaches as protective factors for Latina adolescents to strengthen ethnic identity.

Keywords

eating disorders, social media, Latina adolescents, ethnic identity, intersectionality

Women and girls are disproportionately affected by eating disorders which are often triggered by body dissatisfaction (Ackard, Croll, & Kearney-Cooke,

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2002; Cooley, 2001; Stice, 2002; Stice & Shaw, 2002; Velez, Campos, & Moradi, 2015). Eating disorders are prevalent among Latinas, making prevention a priority for this group (Franko et al., 2012). Media portrays beauty ideals that can affect self-body image, eating behaviors, and self-esteem among adolescent Latinas (de Casanova, 2004; Haines, Kleinman, Rifas-Shiman, Field, & Bryn Austin, 2010; Haines & Neumark-Sztainer, 2006). As media use rapidly evolves and social media (e.g., Facebook, Instagram, Twitter) have become dominant platforms for male and female youth, mainstream beauty production and a consumption culture are available for repetitive access. More research is needed to discern the impact of social media on body image (Andsager, 2014; Fardouly & Vartanian, 2016; Perloff, 2014; Stokes, Clemens, & Rios, 2016). R. J. Williams and Ricciardelli (2014) specifically highlighted the lack of insight into the influence social media has on body image and view of oneself.

Latinx are the largest and fastest growing minority group in the United States however, limited research on eating disorders addresses this group. Despite the belief that Latinx cultures and communities are more accepting of curvier female body types (e.g., Cheney, 2010; Viladrich, Yeh, Bruning, & Weiss, 2009), many U.S. Latinas seek to be thinner (Cheney, 2010). Although a majority of literature on body dissatisfaction focuses on White adolescent girls, research focusing specifically on Latina adolescent girls is increasing. Latinas and White women have similar rates of body dissatisfaction (Cachelin, Veisel, Barzegarnazari, & Striegel-Moore, 2000; Cheney, 2010; Schooler & Daniels, 2014; Shaw, Ramirez, Trost, Randall, & Stice, 2004; Velez et al., 2015). Low self-esteem is reciprocally predictive of body dissatisfaction and perceptions of negative body image, which may lead to eating disorders among adolescent girls and women (Edwards George & Franko, 2010; Xanthopoulos et al., 2011).

Due to multiplicative social identities of being female and a member of racial/ethnic minorities, Latina adolescents experience intersecting forms of oppression leading to poorer preventable health outcomes. Due to their marginalized status, researchers often ignore Latina adolescents and minimize their outcomes. Here, we provide a conceptual framework that can guide prevention researchers and clinicians in how to address body dissatisfaction among Latina girls. First, we discuss key indicators of eating-disorder symptomatology and address possible causes of symptoms. We then present a conceptual model, guided by objectification and intersectionality theories, which we recommend be used for intervention development in addressing body dissatisfaction among Latina adolescent girls. Objectification theory documents the links of sexual objectification with body imagery and psychological symptomatology among girls. Intersectionality highlights the racial and sexist ideologies that contribute to overly sexualized imagery of

girls of color and promotes ethnic identity as a key factor in the relationship between body image and eating disorders among Latina adolescent girls and women.

Theoretical Framework

Objectification Theory

Fredrickson and Roberts (1997) first proposed objectification theory as a framework to understand the experiential consequences of being female in a culture that sexually objectifies the female body. Self-objectification begins when women begin viewing themselves as objects to be looked at and evaluated on the basis of their appearance (Carr & Szymanski, 2011; Fredrickson & Roberts, 1997). The theory assumes that, due to women's gender-role socialization, women's unhealthy culture manifests in a variety of internalized mental health issues (Levesque, 2011). Objectification theories explain mental health and body dissatisfaction issues with women of color and women from marginalized groups including African American women (e.g., Watson, Ancis, White, & Nazari, 2013) and Muslim American women (Tolaymat & Moradi, 2011). Although objectification theory research with Latina girls and women is limited, findings support explaining sexual objectification among this population.

Research on media studies highlighted the risks of women's self-objectification because various forms of media offer unrealistic perspectives on the average person's appearance (Levesque, 2011). Internalization of unrealistic perspectives can cause girls and women to judge their appearances, manifesting in anxiety, body shaming, drug use, and eating disorders (Levesque, 2011). Two studies with Latina women supported the interrelationship of internalization, body surveillance, body shaming, and eating-disorder symptomatology (Boie, Lopez, & Sass, 2013), which did not differ significantly between Latinx and European American participants (Boie et al., 2013). Latina women have the same levels of body dissatisfaction and eating-disorder symptomatology as White women, although researchers primarily focused on White women (Kimber, Couturier, Georgiades, Wahoush, & Jack, 2015).

Intersectionality Theory

Intersectionality theory aids in understanding the multiplicative identities of Latinas that contribute to disparities in eating-disorder symptomatology. Intersectionality theory examines multiple dimensions of identities and

social locations and how they intersect (Crenshaw, 1991). Intersectionality theory specifically acknowledges people's social location that places them at risk, describing how multiple forms of oppression can affect individuals and families, leading to barriers in achieving positive health outcomes (Brooks, Bowleg, & Quina, 2010; Dhamoon, 2011). Researchers often view salient contextual variables—race/ethnicity, gender, sexual orientation, socioeconomic status/class, education level, and ability— as separate sociocultural demographic variables that rarely influence one another. Researchers suggested that an individual's multiple identities interact and intersect to shape personal experiences and form “intersecting oppressions . . . that work together to produce injustice” (Collins, 2000, p. 18).

Eating Disorders

Perceptions of an ideal body can vary by age, but body-image dissatisfaction among adolescents is a strong predictor of dysfunctional eating behaviors such as dieting, purging, and binge eating (Ayala, Mickens, Galindo, & Elder, 2007). Eating disorders consistently affect several million people, but mostly affect women between 12 and 35 (American Psychiatric Association [APA], 2017). The three most common eating disorders are anorexia nervosa (AN), bulimia nervosa (BN), and binge-eating disorder. People are diagnosed with AN when they weigh at least 15% less than the normal healthy weight expected for their height (APA, 2017). Typical behaviors associated with AN include limiting food intake, intense fear of gaining weight, problems with body image, and denial of low body weight. Individuals with BN may go unnoticed because signs are not as physically noticeable as with AN. Individuals with BN can be slightly underweight, normal weight, or overweight (APA, 2017). Individuals with BN binge eat frequently, and the fear of weight gain prompts them to purge by vomiting or using a laxative. They tend to repeat this cycle several times a week or, in serious cases, several times a day.

Unlike with BN, individuals with a binge-eating disorder tend not to purge after they eat. Binge-eating disorder involves a high frequency of overeating during a specific period (at least once a week for 3 months). Those individuals who suffer from binge-eating disorder along with overeating also experience a lack of control, associated with three or more of the following: eating more rapidly than normal, eating until feeling uncomfortably full, eating large amounts of food when not feeling physically hungry, eating alone because of feeling embarrassed by how much one is eating, or feeling disgusted with oneself, depressed, or guilty (APA, 2017).

Eating Disorders Among Young Latina Adolescents

Eating-related problems were lower among ethnic-minority females than Whites (Cachelin, Phinney, Schug, & Striegel-Moore, 2006; Cheney, 2010), though few studies examined eating disorders among diverse populations (e.g., Ayala et al., 2007; Cachelin et al., 2000; Granillo, Jones-Rodriguez, & Carvajal, 2005; Wildes, Emery, & Simons, 2001); researchers found significant differences in types of eating disorders among ethnic minorities. A higher percentage of Latinas suffered from BN (29% compared with 12% among Caucasians, 17% among African Americans, and 5% among Asians; Cachelin et al., 2000). Adult Latina women are equally as likely as White women to develop eating disorders (Wildes et al., 2001). Furthermore, Latina adolescent girls report more diuretic and laxative use than girls from all other ethnic groups (Ayala et al., 2007). However, little has been revealed to guide clinicians on how to identify risk and protective factors among this group.

Body Image

Body image means the physical attributes an individual possesses and their perception of those attributes in comparison of those around them (Williams & Currie, 2000). Attitudes toward and representations of physical attributes often influence adolescents' body image, central to their developing self-concept and significantly impacting adjustment (Williams & Currie, 2000). Body image is a multidimensional construct influenced by biological, psychological, and social factors (Borzekowski & Bayer, 2005). Body imagery can form perceptual attitudes among individuals, often influenced by historical, civilizing, societal, individual, and genetic factors in a population (Manzoor & Shahed, 2015).

Similar to African American girls (Opara, 2018), the media often portrays Latina female adolescents and women as overly sexual beings (Velez et al., 2015). Due to this misconception, stereotypes form and negatively affect the views of Latina adolescents. Latina girls and women are often expected to be voluptuous, with large breasts (Romo, Mireles-Rios, & Hurtado, 2015). Such imagery often aligns with being overly sexual, whereas the thin ideal White body frame is often view as innocent and modelesque (Romo et al., 2015). This conflict in media imagery can be detrimental for Latina girls who must negate imagery that views them negatively while admiring unrealistic and sometimes unattainable body imagery. Exposure to sexually objectifying media aligns with poorer body image among Latina adolescents (e.g., Schooler & Daniels, 2014). Because the Internet is easily accessible, young women may be consistently exposed to images that portray mainstream beauty

(Williams & Ricciardelli, 2014). Because realistic and unrealistic images are fully accessible, young women may become desensitized to imagery and normalized to the notion of aspiring to obtain unrealistic images of beauty (Williams & Ricciardelli, 2014).

Body Image and Social Media

Adolescent girls are more likely to cite specific celebrities as having their ideal body image, although young women acknowledge they possess different bodies than their beauty role models (Grogan, 2012). When adolescent girls make unfavorable comparisons with media images, they are less satisfied with how they look and have lower self-esteem and increased body dissatisfaction (Cheney, 2010; Grogan, 2012; Stice & Shaw, 2002). Social media, unlike traditional media, offers an online environment filled with celebrities and pictures of contemporary and everyday peers found in TV programs and magazines (Williams & Ricciardelli, 2014). Social media is “the media of one’s peers” (Perloff, 2014), comprising an online environment that allows followers to experience many opportunities to compare themselves with their peers. The extent and effects of these comparisons have not yet been thoroughly examined, along with their effects on Latina identity, body image, eating disorders, and psychological outcomes. Furthermore, media representations of Latina women, family emphasis on weight, and typical foods eaten may constitute unique risk factors for body dissatisfaction and dysfunctional eating in this group (Edwards George & Franko, 2010).

Conceptual Model for Latina Adolescents

Eating-Disorder Predictors

Understanding eating-disorder symptomology among Latinas is essential to ensure disparities diminish. Our conceptual framework (see Figure 1) highlights three key risk factors for eating disorders: self-esteem, body dissatisfaction, and social media.

Self-esteem. Self-esteem is a psychological concept referencing a person’s evaluation of self-worth (Martin-Albo, Nunez, Navarri, & Grijalvo, 2007). A person with low self-esteem may feel their life is not worthwhile or may lack pride. Someone with low self-esteem, who has a negative view of themselves, will be more likely to negatively evaluate their body and may experience body dissatisfaction.

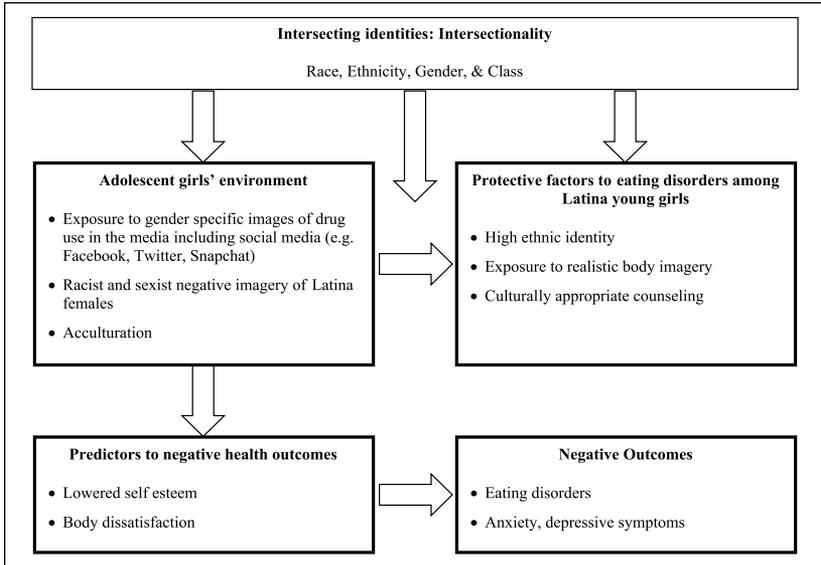


Figure 1. A conceptual model of eating-disorder symptomatology outcomes for Latina female adolescents.

Body dissatisfaction. Body dissatisfaction refers to negative subjective evaluations of one’s physical body, such as figure, weight, stomach, and hips (Stice & Shaw, 2002). Individuals with high body dissatisfaction will be at higher risk of eating disorders because they are likely to seek changes to their bodies by taking extreme measures: reducing calorie intake or participating in self-induced purging (Kwan, Gordon, & Minnich, 2018; Stice & Shaw, 2002; Thompson & Stice, 2001). Body dissatisfaction should not be confused with body distortion, which occurs when one views their body as significantly larger it is (Stice & Shaw, 2002; Thompson & Stice, 2001). Despite the belief that Latinx cultures and communities are more accepting of women’s curvier body types (e.g., Franko, Becker, Thomas, & Herzog, 2007; Viladrich et al., 2009), many young Latinas nonetheless seek to be thinner (e.g., Viladrich et al., 2009). Latina and European American women experience comparable levels of body dissatisfaction and eating-disorder symptomatology (Frederick, Forbes, Grigorian, & Jarcho, 2007; Grabe & Hyde, 2006; Shaw et al., 2004).

Social media, self-esteem, and body dissatisfaction. Among social-media users, self-esteem may directly relate to the valence of responses received about information posted on one’s personal social-media page (i.e., positive feedback

led to positive self-esteem and negative feedback led to negative self-esteem). Individuals with a negative-feedback-seeking style who received a high number of comments on Facebook were more likely to report dysfunctional eating attitudes and weight/shape concerns (Hummel & Smith, 2015).

During the developmental phase of adolescence, where self-esteem is integral, negative perceptions of one's body image link to lower self-esteem (O'Dea, 2012; Williams & Currie, 2000). Body dissatisfaction is a risk factor for low self-esteem that can lead to eating disturbances (Smolak, 2012). Extreme discontentment with one's body may accompany dysfunctional eating patterns and pathways toward depression (Borzekowski & Bayer, 2005).

Acculturation. Contextualizing adolescent Latina body-image development requires an understanding of mainstream body ideals and an understanding of Latinx cultural values and the process by which Latina girls navigate between them (Schooler, 2008). Acculturative stress references the strain many minority groups experience as a result of inconsistencies between expectations of their own ethnic culture and that of the dominant group. Acculturation levels span the borders between mainstream body ideals and Latinx cultural values (Cachelin et al., 2006; Cachelin et al., 2000; Kwan et al., 2018; Schooler & Daniels, 2014). Acculturative stress may occur when one is attempting to learn the language and social norms of the dominant culture. Those who are not acculturated may experience greater acculturative stress because as they learn the cultural patterns of the new society, they realize how different they are from their own (Cachelin et al., 2006; Cachelin et al., 2000; Kwan et al., 2018; Schooler & Daniels, 2014; Umaña-Taylor, Diversi, & Fine, 2002). Latina girls who are more acculturated into Western culture may internalize the dominant thin ideal (Schooler, 2008). Because this ideal is largely unattainable for girls of all ethnicities, girls who are more acculturated may feel worse about their own bodies than those who endorse a Latinx body ideal.

Ethnic Identity as a Protective Factor

Ethnic identity. Ethnic identity refers to self-identification with a specific ethnic group; the sense of belonging and attachment to such a group; the perceptions, behaviors, and feelings one has, due to such membership; and involvement in the cultural and social practices of the group (Phinney, 1996). Latinas often use their immediate social environments to form opinions, ideas, and views about themselves when forming their own identity (Acevedo-Polakovich, Chavez-Korell, & Umaña-Taylor, 2013; Padilla & Perez, 2003). Ethnic identity is the awareness and knowledge of an individual's ethnic membership that may

combine with shared values and attitudes of other members of one's ethnic group (Phinney, 1996). Researchers are identifying an inverse association between ethnic identity and risky behavior. Thus, strengthening ethnic identity in Latina young women may be an effective strategy to promote healthy and positive behaviors.

Body dissatisfaction and self-esteem strongly correlate, especially during the adolescence developmental phase (Smolak, 2012; Williams & Currie, 2000). Although findings on the effect of acculturation on body image have been mixed, findings on positive ethnic-identity development do serve as a buffer for higher self-esteem (Umaña-Taylor, Gonzales-Backen, & Guimond, 2009). Identity development is crucial during adolescence. Ethnic identity is a significant protective factor for minority youth.

Ethnic identity and eating disorders. Latina women and girls with high ethnic identity can be protected against eating disorders, low self-esteem, and body dissatisfaction because of their ethnic-group acceptance of larger body shapes (Cachelin et al., 2006; Cachelin et al., 2000; Schooler, 2008; Schooler & Daniels, 2014; Umaña-Taylor et al., 2002). Latinas may experience acculturative stress as a result of discrepancies between their own ethnic body ideal and the body ideal of U.S. dominant society. Furthermore, acculturative stress increases eating-disorder predictors such as low-self-esteem and body dissatisfaction.

In Latina adolescents, it is essential to view social media and its association with eating-disorder symptomatology in the context of ethnic identity. Cultural norms and body imagery favor a thin White female (McCracken, 2014). A focus on ethnic identity references how beauty production and consumption reinforce the “virtual economy of beauty privilege; an exclusive set of beauty standards that have been shaped by years of global and regional racial and national privilege culture and power” (McCracken, 2014).

Implications

Future studies should explore intersectional frameworks to understand unique attributes, risks, and protective factors of specific populations. An intersectional approach and language for clinicians and researchers will avoid the notion of homogeneous treatment options and Eurocentric intervention modalities that solely focuses on eating-disorder symptomatology among White women. Eating problems are not only “gendered experiences of appearance” but are a coping strategy for various traumas including “sexual abuse, racism, classism, sexism, heterosexism and poverty” (Thompson, 1992). Future researchers should study the intersectionality of race/ethnicity, gender, sexual

orientation, socioeconomic status/class, education level, and ability, often viewed as separate sociocultural demographic variables. Eating-disorder researchers should consider the implications of exposure to unrealistic and unattainable in social media and how they affect young girls. As such images become more prevalent, young women may become increasingly desensitized and pay less attention to the content of such messages, causing little effect (Williams & Ricciardelli, 2014). Researchers should consider such exposure in conjunction with intersectional variables to understand body image, eating-disorder pathology, effective health promotion, help-seeking behaviors, and treatment options for the Latinx community.

Quantitative and qualitative researchers can seek to understand experiences of Latina girls and women that contribute to their marginalized status and their susceptibility to eating disorders based on body distortion. Using social media as a prevention method can encourage researchers to engage in content analysis, allowing researchers to visually quantify the daily images to which Latina girls are exposed while online. Qualitative tools like PhotoVoice are useful in giving Latina girls a platform and voice to discuss their experiences and interactions with body distortions and social media. Often, eating-disorder-prevention programs that exist typically target reducing eating disorders without acknowledging societal views of Latinas and how visuals can negatively affect their view. Extant prevention programs build on etiologic models that propose sociocultural pressure lead to internalization of the thin ideal, resulting in body dissatisfaction, dieting, and negative affect, thereby increasing eating-disorder risk. Through an intersectional lens, clinicians need to be aware of cultural values that are important to Latinas. Latinx families promote traditional and conservative values (e.g., respect, religion, and spirituality) and specific cultural values (e.g., *familismo*), which emphasize the centering of family. Because Latinas and their families are culturally diverse and are not a homogeneous group, clinicians should incorporate family-based and culture-specific modes of intervention when working with young Latina women who are at risk of dysfunctional eating. Examination of diverse yet unique cultural values among Latinas and their families is essential to understand the risk factors that may contribute to the development of body dissatisfaction and eating disorders (Diaz, Mainous, & Pope, 2007).

Authors' Note

Points of view, opinions, and conclusions in this paper do not necessarily represent the official position of the U.S. Government.

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