Conceptualizing sociocultural factors within clinical and research contexts.

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Abstract:

Cafri, Yamamiya, Brannick, and Thompson (this issue) reported results from a meta-analysis of relations between three sociocultural factors and body image dissatisfaction. Comparison of the effect sizes reveals that internalization of a thin ideal and perceived pressures have significantly stronger relations to body image dissatisfaction than does awareness of a thin ideal. The authors tested for and found no evidence of a moderating relationship involving age or ethnicity. The findings raise implications for advancing the study of body image dissatisfaction and eating disorders. In this commentary, I consider some of the challenges of studying sociocultural factors within the contexts of clinical research and practice. Specifically, I consider how cultural influences may arise and describe the utility of ecological frameworks for conceptualizing and assessing the impact of sociocultural factors within a treatment context.

Keywords: sociocultural | acculturation | ecology | ethnically diverse populations | psychology | clinical psychology | eating disorders | culture

Article:

As noted in the article by Cafri, Yamamiya, Brannick, and Thompson (this issue), the impact of a “thin ideal” of feminine beauty on people in Western cultures has been the subject of great attention. The results from their meta-analysis clarified the relative importance of three sociocultural factors with respect to body image dissatisfaction. According to the authors, many studies have attempted to distinguish between two constructs, awareness of a thin ideal and internalization of a thin ideal, whereas a third sociocultural factor, perceived pressures, has received significantly less attention, with just six studies located for their review.

Results indicated that internalization of a thin ideal and perceived pressures both had significantly stronger relations to body image dissatisfaction than did awareness of a thin ideal. The magnitude of difference was described as a large effect size for internalization and perceived

pressures, whereas awareness of a thin ideal demonstrated a medium effect size. The findings raise implications for advancing the study of body image dissatisfaction and eating disorders. For example, more information is necessary to understand how the process of internalization occurs and if there is a predictable progression from awareness of a thin ideal to internalization of these attitudes and beliefs. As the authors discussed, this information could enhance existing prevention efforts (e.g., Stice, Trost, & Chase, 2003) by targeting the internalized cognitive schemas involving body dissatisfaction before the emergence of an eating disorder.

The underdeveloped literature on perceived pressures raises new and interesting possibilities for advancing this area of clinical research. In the present review, perceived pressures were associated with body image dissatisfaction at the same magnitude as internalization. The authors did not offer specific suggestions regarding future studies involving this construct; however, the role of significant others—namely, family, friends, and the media—are implicated as likely avenues for new inquiry. Although the field of eating disorders research has embraced sociocultural explanations for psychopathology, more precise models conceptualize how cultural variables and contextual influences affect the development of body image dissatisfaction. By combining the study of intrapersonal and interpersonal variables, clinical researchers may produce more effective explanatory frameworks in this area.

INTEGRATING CULTURAL PROCESSES AND CLINICAL RESEARCH

Examining body image dissatisfaction with an ethnically and culturally diverse population of youth clearly poses a set of unique challenges. In the Cafri et al. review, the role of ethnicity as a moderator was tested and found to be nonsignificant. One problem—noted by the authors and, unfortunately, still all too common in published peer-reviewed research studies—is the lack of specific information regarding the demographic and sociocultural characteristics of the study participants. As McLoyd and Ceballo (1998) noted, the omission of descriptive characteristics of study participants serves to reinforce a monolithic standard in psychology where white middle-class populations serve as a benchmark for comparing the functioning of nonmainstream groups. The ambitious scope of the authors' meta-analysis created yet another sociocultural challenge—how should researchers code and categorize ethnicity for international samples when such information is omitted from the primary source? In their critique, Steinberg and Fletcher (1998) noted that examining ethnicity as a moderator is a complex undertaking that requires a priori conceptualization regarding what ethnic or racial differences in a phenomenon could signify. The detection of mean differences in a construct of interest is not likely to inform any substantial enhancement to clinical treatment when hypotheses regarding how differences might affect a

specific outcome of interest are lacking (Castro, Mendez, & Fantuzzo, 2002; Mendez, Fantuzzo & Cicchetti, 2002).

If we allow the authors' description of sociocultural factors to include demographic and family cultural variables, conceptualizing the origin and influence of perceived pressures becomes increasingly complex. Bandura (1986) described sociocultural influences as involving direct mechanisms through socialization and indirect mechanisms, such as through one's exposure to the implicit language or cultural patterns of society (e.g., media programming). Implicit in the discussion of body image dissatisfaction is exposure to the dominant thin ideal that has been reinforced over the past thirty years (Cafri et al., this issue), which seems to be particularly salient within Western culture. In the conceptual models for etiology of eating disorders, it appears critical to assess both exposure to body image ideals as well as internalization. Researchers and clinicians may need to expand their assessment of culture to consider how views of Western standards of beauty may intersect with other deeply held cultural attitudes and beliefs. It may be that particular populations are at greater risk for susceptibility to such messages, whereas other populations enjoy a protective benefit from harmful media messages due to their cultural upbringing (Harkness & Super, 2000).

For culturally diverse populations, examining the sociocultural factors of awareness, internalization, and perceived pressures within body image dissatisfaction research is dependent on a deep appreciation of the acculturation process. The term acculturation“refers to the process of adapting, and in many cases adopting, to a different culture than the one in which you were encultured” (Matsumoto, 1996, p. 105). Acculturation is greatly affected by the age of the individual, with childrearing practices serving as a prime vehicle for the transmission of cultural values (Keats, 1997). Parents' level of cultural identification affects their children via parenting beliefs, practices, and the values transmitted to their children. In addition to media influence, the degree to which neighborhood and community institutions reflect the cultural beliefs of the residents may be an important yet overlooked aspect contributing to the health and well-being of developing youth.

Cultural influences on children's socioemotional health or behavior may arise via broad cultural schemas of caregivers and family members. For example, in a study by Harwood and colleagues (1996), women's long-term socialization goals for their children were examined among three groups comprising mothers of toddlers: middle- and lower-class Anglo, middle- and lower-class island Puerto Rican, and lower-class migrant Puerto Rican. Results showed that broad-level cultural constructs influenced mothers' beliefs regarding long-term socialization goals and child behavior. Anglo mothers were more likely to evaluate child behavior under the rubric of self-

maximization, but Puerto Rican mothers used the construct of proper demeanor in evaluating their children's behavior. Additionally, although social class effects were present, they were outweighed by the influence of the broad cultural schema. This research revealed how the cultural milieu that surrounds a family influences how a child is socialized differentially due to membership in a particular ethnic group. The transaction between families and the surrounding cultural context may ultimately have positive or negative influences on child outcomes, depending on the goodness of fit between a child's own culture and the expectations of the broader society.

IMPLICATIONS FOR SERVICE DELIVERY WITH DIVERSE YOUTH: THE UTILITY OF ECOLOGICAL FRAMEWORKS

Another key point to consider is how this article helps inform us regarding service delivery options for youth with body image dissatisfaction. The meta-analysis contains no clear evidence regarding age or ethnicity as moderators, and therefore we are not able to point to a particular developmental period or cultural group as having a stronger need for services. Without a clear understanding of the developmental progression from awareness to internalization, it is difficult to determine the timing or scope of intervention programs. Timing and onset of disorder are also critical issues to consider from a prevention standpoint so that clinicians can target effective services to at-risk populations.

Treatment research that examines specific disorders as “culture-bound syndromes” is a growing area of importance. For example, in their review, Keel and Klump (2003) defined bulimia nervosa as a “culture-bound syndrome,” because these researchers were largely unsuccessful in documenting cases across historical eras or without exposure to Western ideals. In contrast, the researchers cited evidence that anorexia nervosa has existed across cultures and historical eras without clear linkages to exposure to Western ideals involving thinness and beauty. Seeking to advance clinical practice in the area of eating disorders may therefore require a twofold approach: understanding the developmental progression of body image dissatisfaction, specific eating disorders, and their etiology; and refinement of conceptualization and assessment of acculturation—particularly, the cultural patterns present in families that may affect body image dissatisfaction.

Within clinical practice, social–ecological frame-works offer a clinically useful tool for conceptualizing relevant sociocultural factors. Typically, the decision to obtain details regarding

a client's ecology is determined at intake, with clinicians emphasizing referral issues, current symptoms, and perhaps family history in order to produce an accurate diagnosis. Yet, ecological factors can play a crucial role in determining whether individuals pursue initial treatment and, perhaps more important, benefit from clinical services. For example, access to transportation, economic status, shared world-view between therapist and client, or cultural patterns of conversation and self-disclosure are just some variables that may influence the treatment outcome. Nezu (2005) has stated that the prevalent practice of overlooking sociocultural influences in favor of intraindividual characteristics has emphasized a sense that all individuals "exist within the same dominant culture" (p. 21); treating individuals as such is clearly inconsistent with a code of ethical standards mandating cultural competence for clinicians. In my own research and supervision, I applied a social–ecological framework for understanding how sociocultural factors affect families' ability to seek and receive treatment (see Snell-Johns, Mendez, & Smith, 2002, for an illustration of this perspective as applied to family therapy with underserved populations).

The roots of this approach to clinical work can be found within ecological–transaction models and the burgeoning field of developmental psychopathology. Ecological–transactional frameworks explore how individuals and their intrapersonal characteristics interact with and are influenced by the community context (Cicchetti & Lynch, 1993; Lewis, 2000; Sameroff, 1975). For example, a transactional model is well understood within the child maltreatment literature; children with difficult temperament are typically at greater risk for experiencing negative parenting, which thereby increases their risk for disruptive behavior that may lead to escalating child maltreatment over time (Belsky, 1980; Cicchetti & Lynch, 1993). In this view, ecology is multilayered and consists of influences both proximal (e.g., parents, peers) and distal (e.g., mass media, government). Therefore, the application of an ecological perspective involves examining a range of environmental factors and their role in particular youth outcomes.

With dramatic changes in the demographics of the U.S. child population, attention to cultural and community context is more relevant and necessary for an accurate understanding of normal and maladaptive development. Conceptualization of sociocultural factors within clinical psychology must acknowledge that individuals and their ecology mutually influence one another. Greater use of ecological information, in clinical and research contexts, may open new doors of inquiry within body image dissatisfaction research as well as within other domains of clinical psychology. The authors' meta-analysis is commendable for seeking to advance the study of sociocultural variables such that psychological services can be enhanced for an increasingly diverse population.

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