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Body Dissatisfaction, Self-Objectification, and Ideal Body Size Among Alaska Native Women

Toni K. Monahan
Walden University

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Walden University

College of Social and Behavioral Sciences

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Toni Monahan

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Walden University
2020

Abstract

Body Dissatisfaction, Self-Objectification, and Ideal Body Size Among Alaska Native

Women

by

Toni Monahan

MS, Walden University, 2010

BA, University of Alaska Anchorage, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

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Abstract

Body dissatisfaction is often a precursor to eating disorders and a variety of destructive behaviors that put a person at risk physically and reduce a person's quality of life. This study added to the growing literature on ethnic differences in perceptions of the body by comparing Alaska Native and Alaskan White women on 4 measures. These included a demographic questionnaire, the Body Esteem Scale for Adolescents and Adults, the Contour Drawing Rating Scale, and the Objectified Body Consciousness Scale. The theoretical framework for the study consisted of social comparison theory and feminist theory. A convenience sample of 134 Alaska Native and White women was used to compare body dissatisfaction. Participants completed the four instruments online via Survey Monkey. A MANCOVA with BMI as a covariate was performed with separate ANCOVAs to assess for significant dependent variables. Alaska Native women reported less body dissatisfaction when compared to White women. The study's findings about Alaska Native women's body image may promote positive social change by providing a new cultural perspective on body dissatisfaction. With this perspective, clinicians may pause in making assumptions about minority cultures having protection against the idealized thin body images prevalent in the dominant culture. This new perspective could, in turn, help improve treatment options for Alaska Natives by promoting culturally sensitive interventions for treating different ethnic groups who suffer from body dissatisfaction and its consequences.

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Dedication

My dissertation is dedicated to my mother and father who have supported me through this process.

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I would like to thank my committee, Dr. Glidewell and Dr. Frierson. Your encouragement has been a life saver. I would like to acknowledge Dr. Forbes for showing me the importance of the subject of body dissatisfaction and for forcing me to improve my writing skills

Table of Contents

List of Tables	iv
Chapter 1: Introduction to the Study.....	1
Background.....	5
Problem Statement	7
Purpose	8
Research Questions and Hypotheses.....	9
Nature of the Study	10
Theoretical Framework	11
Operational Definitions	12
Assumptions.....	13
Scope and Delimitations.....	13
Limitations	14
Significance	14
Implications for Positive Social Change.....	15
Summary.....	16
Chapter 2: Literature Review.....	18
Literature Search Strategy	20
Theoretical Framework	20
Social Comparison Theory	20
Objectification Theory.....	22
Literature Review Related to Key Variables and/or Concepts.....	25

Overview of Body Dissatisfaction	25
Research on Body Dissatisfaction Among Black and Asian Women.....	26
Ethnic Differences	29
Cross-Cultural Research	36
Sources of Body Dissatisfaction	37
Protective Factor in Body Dissatisfaction	42
Consequences of Body Dissatisfaction.....	44
Measures for Body Dissatisfaction.....	50
Conclusion	56
Chapter 3: Research Methodology.....	59
Research Design and Rationale.....	60
Variables	61
Research Questions and Hypotheses	62
Methodology	63
Population	63
Sampling and Sampling Procedures	64
Procedures for Recruitment, Participation, and Data Collection	65
Instrumentation and Operationalization of Constructs.....	66
Data Analysis Plan	70
Threats to Validity.....	71
Ethical Procedures.....	72
Conclusion	73

Chapter 4: Results	74
Data Collection	75
Demographics	76
Results in Relation to Research Questions	81
Summary.....	82
Chapter 5: Discussion, Conclusions, and Recommendations	83
Interpretation of the Findings.....	84
Analysis Based on Theoretical Context.....	85
Limitations of the Study	87
Recommendations	89
Implications	90
Conclusion	92
References	94
Appendix A: Demographic Survey.....	134
Appendix B: Permission to Use the Body Esteem Scale for Adolescents and Adults.....	135
Appendix C: Permission to Use the Contour Drawing Rating Scales	137
Appendix D: Permission to Use Objectified Body Consciousness Scale	139
Appendix E: Advertisement Used in Participant Recruitment.....	141

List of Tables

Table 1 Demographics of Characteristics of the Sample	76
Table 2 Means and Standard Deviation of Dependent Variables.....	77
Table 3 Multivariate and Univariate Analysis of Variance for Body Satisfaction, Surveillance, and Ideal Body Size.....	78
Table 4 One-Way MANCOVA for Body Satisfaction, Surveillance, and Ideal Body Size Scores While Controlling for BMI.....	78
Table 5 ANCOVA Results	80
Table 6 ANCOVA for Total Scores.....	80
Table 7 Summary Statistics for Adjusted Means.....	80

Chapter 1: Introduction to the Study

Western cultures place a high demand on women through the strict definition of beauty and attractiveness (Richard, Rohrman, Lohse, & Eichholzer, 2016). Research has shown that nearly all women no matter the culture experience to some extent a negative view of their bodies, also known as body dissatisfaction (Warren, 2014); however, the research that has been done and most theories that have been developed in conjunction with this research have been based on predominately or exclusively on White women. There have been relatively few studies of body dissatisfaction issues among ethnic minorities; most of those that have been conducted have been of Black or Asian American women (Burns & Carter; Dye, 2016; Grabe & Hyde, 2006). Other minorities, especially American Indian and Alaska Natives adults, have been completely ignored in research, according to my extensive search of the available literature.

Professional groups such as the Council of National Psychological Association for the Advancement of Ethnic Minority Interests (CNPAEMI; 2000) and the Society of Indian Psychologists (SIP; 2003) that represent ethnic minorities argue that scientists have an ethical obligation to ensure that research is representative of all ethnic groups. These groups have found that the practice of generalizing of results from studies using predominately or exclusively White participants to other ethnic groups raises serious ethical problems and does a substantial disservice to ethnic cultures (CNPAEMI; 2000; Sue, Lynch, & Yates, 2009). Women with different cultural identities may experience distinct reactions to society's demands about the appearance of women's bodies. Thus, there is a need to understand each culture's reaction to beauty ideals.

An increase in body dissatisfaction usually has been found to be associated with a decrease in quality of life (Dye, 2016). Recent research has shown that the consequences of body dissatisfaction among women include depression (Brechan & Kvalem, 2015), chronic dieting (Donovan, Chew, & Penny, 2014), disordered eating behaviors (Edman, Lynch, & Yates, 2014; Stice, 2016), reduced self-esteem (Forbes et al., 2012; Muncherah & Frazier, 2013), and appearance anxiety (Titchener & Wong, 2015). Women who report body dissatisfaction have also been found to have less confidence in their abilities, be more self-conscious of their bodies, and have more generalized anxiety (Mulgrew, Stalley, & Tiggemann, 2017). Lindner, Tantleff-Dunn, and Jentsch (2012) studied social functioning among White, Black, Hispanic, Asian, and multiethnic women and found that women who felt more attractive reported feeling more popular, feeling less loneliness, and having more social relationships. A more thorough discussion of their findings is provided in Chapter 2.

Culture contributes one of the most important elements of body dissatisfaction. The work of Nasser, Katzman, and Gordon (2001) was the first systematic study in the now flourishing field of cross-cultural research about body dissatisfaction that showed the importance of cultural influence on body image. Similarly, Swami, Pietsching, Striegler, Tovee, and Voracek (2010b) found that culture provides the structure for social functioning and structure for attitudes regarding the body. To develop a better understanding of body dissatisfaction, cultural differences should be addressed. Research about cultural differences in body dissatisfaction can bring attention to issues related to a specific ethnic group and provide information on the special strengths and needs of that

ethnic group (Holmqvist & Frisen, 2010). The results of this study contribute to closing the gap in the literature on body dissatisfaction, surveillance behaviors, ideal body size, and minority women.

A sharp increase in obesity and body mass index among Americans (Ford, Li, & Tsai, 2011), especially among American Indians and Alaska Natives (Slattery et al., 2010), has increased the attention of researchers to attitudes towards the body among ethnic minority groups. Although it was once believed that body dissatisfaction was primarily found among White women, over the past 20 years, research has clearly shown that this is not the case (Grabe, Ward, & Hyde, 2008; Jung & Lee, 2006). Researchers have shown that some ethnic minority women, especially Asian women, have greater body dissatisfaction than White women (Frederick, Kelly, Latner, Sandhu, & Tsong, 2016), while Black American women have substantially less (Howard, Heron, MacIntyre, Meyers, & Everhart, 2017).

Especially in the light of the increasing rate of obesity and obesity-related illness among Alaska Natives, it is important to obtain information about their levels of body dissatisfaction and to recognize the similarities and differences between their experiences and that of the predominant White culture. All ethnic groups seemingly report having body dissatisfaction, but there has been relatively little study of differences in body dissatisfaction among ethnic minorities (Grabe & Hyde, 2006; Latner & Wilson, 2011). These differences should inform the intervention process according to Sue et al. (2009). However, not all ethnic minority groups have been represented in body dissatisfaction

research, which has hindered the efforts of clinicians working with women in ethnic minority groups. An expanded explanation is presented in Chapter 2.

Culturally sensitive interventions have been highly effective in treating different ethnic groups who suffer from body dissatisfaction and its consequences (Sue et al., 2009). However, Sue et al. (2009) and Holmqvist and Frisen (2010) noted that relatively few culturally sensitive approaches have been reported, which supports the need to find more research and culturally sensitive interventions to benefit ethnic minority groups. Cross-cultural samples on body dissatisfaction are very limited (Jung & Forbes, 2010), although they are important for the understanding of body dissatisfaction. This study added some understanding to body dissatisfaction research regarding ethnic differences among White and Alaska Native women. The lack of a full understanding reduces the ability to develop culturally appropriate interventions for Alaska Native women.

The limited research about body dissatisfaction with minority women as participants has shown that all ethnic women cannot be clustered into one group (Gordon, Castro, Sitnikov, & Holm-Denoma, 2010). Collectivist cultures, like the Alaska Natives, may not perceive their bodies in the same manner as individuals in individualistic cultures (Blume, Morera, & Cruz, 2010). Alaska Natives have been affected by mistrust of people from outside of their culture, which has limited their interest in cooperating with research or seeking help from members of the predominant White culture (James, West, & Madrid, 2013). I focused on Alaska Native adults in my investigation to improve the understanding of body dissatisfaction in cultural minorities. This understanding may ultimately lead to improved and culturally sensitive approaches to treating body

dissatisfaction. Furthermore, the mental health needs of American Indian and Alaska Native populations are unmet, either because of the lack of professionals who are willing to help or group members' mistrust of professionals (SIP, 2003). In addition to furthering their knowledge of culturally appropriate interventions for ethnic minority women, this research may provide clinicians with insight they can use to overcome some women's mistrust of health providers. In this chapter, the study's background, problem statement, research questions and hypotheses, nature, and theoretical framework are presented. I also define key terms used in the study and discuss the assumptions, scope and delimitations, limitations, and significance of the study.

Background

Body dissatisfaction research was once thought to be limited to White women because it was believed that no other culture was affected by pressure to conform to a standard ideal. Current research is focusing on Black women, Asian Americans, and Asian women. Unlike Black women, who report low body dissatisfaction (Grabe & Hyde, 2006), Asian women experience high body dissatisfaction, especially relating to specific body parts (Frederick, Forbes, Grigorian, & Jericho, 2007; Smart & Tsong, 2014). These contradictory findings illustrate why results from one ethnic group cannot be generalized to other ethnic groups.

Researchers have turned their focus on the causes and consequences related to body dissatisfaction. Sexual objectification has been linked to the development of body dissatisfaction (Ward, 2016). Because of exposure to media images that sexualize specific body parts, women have learned to perceive other women as a collection of body

parts and not as complete persons (Carr, Green, & Ponce, 2015; Frederickson & Roberts, 1997). Women are taught to be critically aware of their appearance; this process is called self-objectification (Frederickson & Roberts, 1997; McKinley, 2011; McKinley & Hyde, 1996). Body surveillance behaviors have become normal for people who feel objectified (McKinley & Hyde, 1996). Behaviors related to being objectified, such as watching one's own body or chronic dieting have resulted in new subsets research within body dissatisfaction research (McKinley, 2011); however, little is known about how ethnic cultures modify behaviors to obtain the ideal body, according to my review of the literature.

Although there has been little research using American Indian and Alaska Native adults, there has been some research about body dissatisfaction among adolescents in these populations. Research among American Indians and Alaska Native adolescent boys and girls has shown a strong desire for a larger body size when compared to their White cohorts (Martin, May, & Frisco, 2010). Cummins, Ireland, Resnick, and Blum (1999) found that American Indians and Alaska Natives felt pride in their bodies despite having a larger body size. This research suggests there may be important differences between American Indians, Alaska Natives, and White populations in their ideal body size and levels of body dissatisfaction. In this study, I addressed the absence of research on body dissatisfaction among Alaska Native women. Cross-cultural research provides a method of focusing in on the specific needs of ethnic minority groups like Alaska Natives (Holmqvist & Frisen, 2010). Research on the consequences of body dissatisfaction consequences has produced very little work on American Indians and Alaska Natives

adolescents while adults within these populations have been almost completely ignored according to my research. The lack of research prevents the identification of groups that may be susceptible to the cultural pressure to be thin, which has been found to produce body dissatisfaction and consequences of body dissatisfaction such as depression (Holmqvist & Frisen, 2010). In this study I addressed body dissatisfaction not the consequences of body dissatisfaction providing a need for future research. A more detailed discussion of the study focus is provided in Chapter 2.

Problem Statement

Numerous studies about body dissatisfaction have shown it to be correlated with the potentially life-altering consequences of depression (Brechan & Kvalem, 2015), eating disorders (Stice, 2016), weight dissatisfaction (Coker & Abraham, 2014), low self-esteem (Muncherah & Frazier, 2013), and social anxiety (Mulgrew et al., 2017). When body dissatisfaction increases, women tend to become increasingly critical about their appearance, which produces the consequences of body dissatisfaction that may include unhealthy diets; abuse of stimulant medications; constant calorie counting; and at their extreme, the development of a clinical eating disorder (Dye, 2016; Stice, 2016). Body dissatisfaction is a frequent consequence of self-objectification.

In their influential study, Fredrickson and Roberts (1997) found that, among White, Black, and Asian women, self-objectification promoted behaviors and beliefs resulting in an increase in body dissatisfaction. Culture, which includes racial and ethnic identity, plays an important role in the influence of social body image norms and the

development of body dissatisfaction through the cultural environment influencing body consciousness (Holmqvist & Frisen, 2010).

This study collected data from a convenience sample of 134 White and Alaska Native women from southcentral Alaska. Demographic data for the study showed that 35% of the overall sample was 21- 25 years old, 57% were White, and 52% had completed some college. Each participant was asked to complete three assessments, the Body Esteem Scale for Adolescents and Adults (BESAA; Mendelson, Mendelson, & White, 2001), Contour Drawing Rating Scales (CDRS; Thompson & Gray, 1995), and the Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996). Performing a MANCOVA, I found significant ethnic differences in body dissatisfaction and ideal body size. However, results of separate ANCOVAs showed that only body dissatisfaction was a significant dependent variable. In conducting the current study, I sought to fill the gap in the literature related to ideal body size, body dissatisfaction, and self-objectification among Alaska Native women in order to enhance the understanding of body dissatisfactions and its consequences.

Purpose

The purpose of this quantitative study was to investigate body dissatisfaction among Alaska Native women. I determined the level of body dissatisfaction experienced by Alaska Native women and compared these results to a sample of White women. I also determined the role of thinness for Alaska Native women by examining what these women regard as the ideal body size. Differences between White and Alaska Native

women in their level of self-objectification were studied by examining their levels of body surveillance (the process of critically being aware of one's appearance).

Research Questions and Hypotheses

I developed the following research questions and hypotheses based on my review of the literature on body dissatisfaction, ideal body size, and risk factors of self-objectification. A more detailed discussion of study variables is in Chapter 3.

Research Question 1. Are there differences between Alaska Native and White women in body satisfaction, as measured by Appearance Satisfaction subscale of the Body Esteem Scale for Adolescents and Adults (Mendelson et al., 2001), when controlling for BMI?

H_a1 : There will be a significant difference in body dissatisfaction among Alaska Native women when compared to White women.

H_01 : There will be no significant difference in body dissatisfaction among Alaska Native women when compared to White women.

Research Question 2. Are there differences between Alaska Native and White women in the ideal body size, as measured by the Contour Drawing Rating Scales (Thompson & Gray, 1995), when controlling for BMI?

H_a2 : There will be a significant difference in the ideal body size among Alaska Native women when compared to White women.

H_02 : There will be no significant difference in the ideal body size among Alaska Native women when compared to White women.

Research Question 3. Are there differences between Alaska Native and White women in the level of self-objectification, as measured by the Surveillance subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), when controlling for BMI?

H_{a3}: There will be a significant difference in the level of self-objectification among Alaska Native women when compared to White women.

H₀₃: There will be no significant difference in the level of self-objectification among Alaska Native women when compared to White women.

Nature of the Study

This quantitative study I investigated body dissatisfaction among Alaska Native women by using a quasi-experimental nonequivalent groups design convenience sample of 134 Alaska Native and White women. The research questions and hypotheses were developed based on the existing literature on body dissatisfaction and its consequences. I conducted MANCOVA with BMI as a covariate, which determined there were ethnic differences in body dissatisfaction and the ideal body size between Alaska Native and White women, while there were nonsignificant results for surveillance behaviors. Follow-up analyses consisted of two separate ANCOVAs for the significant dependent variables, producing significant results only for body dissatisfaction. The population was limited to White and Alaska Native women. A more detailed description of each measure, the research design, and variables is provided in Chapter 3.

Theoretical Framework

Western culture promotes the notion that to be successful a person must be attractive (Jeffreys, 2005). Women expend time and energy to achieve what they believe is beauty. The influential feminist theorist Bordo (2002) found that the pursuit of beauty is necessary for women in order for them to avoid self-criticism and criticism from society. Interpersonal influences, such as parents, peers, and the media have taught generations of girls and women that appearance is important, which has developed into self-objectification and objectification of other women (Strelan & Hargreaves, 2005). Self-objectification is the result of the internalization of messages about the nature and importance of beauty and attractiveness (Fredrickson & Roberts, 1997). Women are objectified when they are perceived as a body or body parts and not as a complex individual (Fredrickson & Roberts, 1997). The concept of self-objectification is based in part on the objectification theory (Frederickson & Roberts, 1997) and feminist principles developed by Bartky (1990) and Spitzack (1990) who have argued that women are taught that their appearance is a defining aspect of their life; this view of their bodies is incorporated in them as the internalization of the cultural ideal appearance.

Social comparison theory (Festinger, 1954) argues that people compare themselves to others using either downward comparison or upward comparison. Downward comparison is when the target of comparison is considered inferior. Upward comparison is when the target of comparison is considered superior. These comparisons can either increase self-esteem with downward comparison or decrease self-esteem with upward comparison. This has been demonstrated for both men and women (Franzoi &

Klaiber, 2007). In American society, it is common for upward comparison to lead to internalization of the media's idealized body and the development of body dissatisfaction, low self-esteem, and appearance anxiety (Myers, Ridolfi, Crowther, & Ciesla, 2012). Western society promotes an environment of comparing one's self to others.

Operational Definitions

Body dissatisfaction: Dissatisfaction “with an aspect of one's body” (Thompson et al., 1999, p. 10).

Body-esteem: Positive and negative feelings about one's body (Thompson et al., 1999).

Body mass index (BMI): A standard index of body mass. The formula is the participant's weight (in kilograms) divided by height (in meters) squared (CDC, 2011).

Cross-cultural research: The application of psychological theories or ideas to other cultures while determining what factors are culture-based or universal (Forbes, 2010).

Internalization: The process of incorporating external standards as one's own (Freud, 1923/1960).

Objectification: A phenomenon that occurs when a person is treated as a body or body parts, not a complete person (Fredrickson & Roberts, 1997).

Self-objectification: A phenomenon that occurs when an individual begins to view his or her body and/or appearance from the perspective of an outside observer (McKinley & Hyde, 1996).

Assumptions

I assumed that participants who volunteered for this study were willing to participate. It was also assumed that all answers provided will be honest and reflect the participant's true feelings about her body, perceptions about one's body, and experiences related to body image. Additionally, it was assumed the instruments, CDRS (Thompson & Gray, 1995), BESAA (Mendelson et al., 2001), and OBCS (McKinley & Hyde, 1996) were appropriate for measuring ethnic differences in the ideal body size, body dissatisfaction, and self-objectification.

Scope and Delimitations

Delimitations for this study included that the participant had be at least 18 years old, be female, have Alaska Native or White ethnicity, speak, read, and write English, and be a resident of Southcentral Alaska. This study was limited to only White and Alaska Native adults, because these are the predominate ethnic groups in Alaska. Other ethnic groups exist in such small numbers that it is not practical to include them. This study was limited to adult women; therefore, literature reviewed did not include adolescents other than American Indian and Alaska Native. The literature review did not include body dissatisfaction among lesbians, because this study is not examining sexual orientation and body dissatisfaction. This study used a quasi-experimental design with a nonequivalent groups design between the Alaska Native and White cultures, which was be completed by using figure rating scales and questionnaires regarding body satisfaction. However, time limitations preclude the inclusion of measures of the multitude

consequences of body dissatisfaction (eating disorders, social anxiety, and low self-esteem).

Limitations

This study had limitations. The generalization of this study was limited to Alaska Native and White women. This study did not focus on a specific Alaska Native group or tribe but was use a convenience sample of Alaska Native women. Additionally, geographical limitations were present because the study was conducted only in Southcentral Alaska. The purpose of this study was to measure body dissatisfaction, not to determine consequences of body dissatisfaction, such as eating disorders or depression. Nor was this study investigating the sources of body dissatisfaction. All research that relies on self-report should address limitations of possible self-report bias, social desirability bias, and confounders (Creswell, 2014). Self-report bias is when answers provided by the participant are given to impress others or the answer is provided because the participant does not know how to answer (Creswell, 2014; Donaldson & Grant-Vallone, 2002). Social desirability is when an answer is given in the direction that the participant believes other people expect or desire (Creswell, 2009). Other possible third variable, such as family history of obesity, personal or family history of eating disorders, and quality of diet, and similar extraneous variables may have influenced the outcome of this study (Franko et al., 2012).

Significance

This research contributes to current knowledge of body dissatisfaction by including Alaska Native women in body dissatisfaction research. There has been

considerable research about body dissatisfaction among White, Black, and Asian American women, but these results cannot be generalized to other ethnic groups or men (Grabe & Hyde, 2006). Black women report low body dissatisfaction (Grabe & Hyde, 2006), while Asian women report high body dissatisfaction (Smart & Tsong, 2014). The differences in body dissatisfaction seem with Black and Asian American women show a need to represent all ethnic groups within body dissatisfaction literature and a better understanding why there are these ethnic differences. Ignoring a specific ethnic group, like the Alaska Natives, has left a large gap in the research on body dissatisfaction. To form a better understand of body dissatisfaction and its consequences each ethnic group's differences have to be identified and understood. This study found Alaska Native women report less body dissatisfaction than White women.

Daily messages related to the ideal body have influence on how women perceive their bodies and the bodies of others. Understanding how women view and treat their bodies can influence younger generations and promote a cycle of body dissatisfaction. Understanding self-objectification behaviors and attitudes enhances research on body dissatisfaction and treatments.

Implications for Positive Social Change

This research fosters positive social change by enhancing the knowledge of professionals who work in public health and mental health agencies. Understanding the risk factors related to body dissatisfaction provides a foundation for treatment options for body dissatisfaction (Schaefer, Thibodaux, Krenik, Arnold, & Thompson, 2015). Having the ability to identify risk factors provides a method of understanding the risk factors

specifically related to each client can be identified (Stice, 2016). Body dissatisfaction is a precursor to eating disorders and a wide variety of issues with self-esteem, social anxiety, and other attitudes and behaviors that reduce the quality of life, reducing body dissatisfaction has the promise of producing many benefits (Thompson, Roehrig, Cafri, & Heinberg, 2004). Understanding surveillance behaviors is useful in designing culturally sensitive and focused educational programs and clinical interventions to improve mental health among Alaska Natives. This is important because ethnic groups view the body somewhat differently (Vaughan, Sacco, & Beckstead, 2008). This is because culture influences how the body is viewed and valued (Becker, 2011). Clinicians should not base treatment for body dissatisfaction for ethnic minorities based on research that only uses White participants, to do so is culturally insensitive and arguably a violation of established ethical and clinical values (CNPAAEMI, 2000).

Summary

Body dissatisfaction is a growing problem among people of all ethnic backgrounds (Tiggemann, 2011). There has been a great deal of research on body dissatisfaction among women, but research representing all ethnic groups is limited. Minority groups are represented in relatively few of the available studies. Alaska Native women are represented by this study, which found they report less body dissatisfaction than White women. Body dissatisfaction can reduce the quality of life through the mental and physical consequences experienced (Fitzsimmons-Craft et al., 2015). Consequences of body dissatisfaction can manifest as an increased risk for the development of eating disorders (Cruwys et al., 2016) or an increase in anxiety about appearance (Fitzsimmons-

Craft et al., 2012; Hardit & Hannum, 2012). As body dissatisfaction increases for most women, there is an increase in negative behaviors and affects overall health. The feeling of guilt about not achieving the thin body ideal can result in increased dieting behaviors (Donovan et al., 2014). As negative consequences become prevalent for those with body dissatisfaction, the development of eating disorders increases, which correlates with more self-objectification practices (Cassone, Lewis, & Crisp, 2016). The daily lives of ordinary women have been changed and shaped to where they spend time and effort to change their bodies (Leahey et al., 2011).

Chapter 2 provides a review of the existing research on body dissatisfaction. Research has shifted to include cultural influences for a better understanding of how different ethnic groups view the body. The chapter begins with an overview of research on White, Black, and Asian women, which provides a framework for this study. Chapter 2 also provides a discussion of research into the American Indian and Alaska Native populations and describes the lack of research in the adult Alaska Native population. Chapter 2 discusses influences and factors that contribute to body dissatisfaction. The chapter concludes with a discussion of instruments used to measure body dissatisfaction.

Chapter 2: Literature Review

College-aged White women are the largest group represented within body dissatisfaction research (Roberts, Cunningham, & Dreher, 2012). In the past few decades, two major changes have taken place in body dissatisfaction research. The first is the introduction of research on ethnic women and the second is research on men, according to my research. As the research on body dissatisfaction expands, more researchers are turning to understanding the long-term consequences of body dissatisfaction. Body dissatisfaction is more than just not liking what is seen in the mirror. Body dissatisfaction within the research has been defined as “dissatisfaction with an aspect of one’s body” (Thompson et al., 1999, p. 10). As body dissatisfaction increases, the likelihood of experiencing depression (Benas, Uhrlass, & Gibb, 2010; Szymansky, Moffitt, & Care, 2010), social anxiety (Frederick et al., 2016), eating disorders (Hausenblas et al., 2013; Huxley, Halliwell, & Clarke, 2015), and chronic dieting (Cachelin & Regan, 2006) also increases. These serious consequences of body dissatisfaction reduce a person’s overall quality of life.

Although research on minority cultures living within the United States has increased, most of this empirical work on body dissatisfaction has centered on either Black or Asian American women, (Dye, 2016; Smart & Tsong, 2014). There has been little research using women from other ethnic groups according to my research. Research on North American indigenous populations are especially rare. Striegel-Moore, Lynch, Levin, and Becker (2011) conducted a literature review on American Indian and Alaska Native populations and eating disorders research and concluded that there were so few

studies available that no conclusions could be drawn. The lack of research greatly limits the understanding of American Indian and Alaska Native peoples' perceptions of their bodies. There has been some very limited research on body dissatisfaction among American Indians according to my research, but adult Alaska Native women appear to have been completely ignored until this dissertation.

Understanding cultural views of the body and the influences on the development of body dissatisfaction could provide an important tool in the development of treatment options tailored to the strengths and weaknesses of different ethnic minority groups. Generalizing research findings from predominately or exclusively White participants to other ethnic groups does not respect or show value to those minority groups; therefore, to fully understand issues faced by all ethnic minority groups, research must demonstrate an "understanding of the racial, cultural, and sociopolitical context from which the problem is being studied" (CNPAAEMI; 2000, p. 5). Advocacy groups argue that the lack of research shows that ethnic minorities' mental health needs are unmet and not understood (SIP; 2003). Understanding how each culture responds to society's demands on appearance may help focus attention to treatments and research where it is needed.

The purpose of the literature review was to review body dissatisfaction among White and Alaska Native cultures. The review will begin with an overview of the research conducted on body image and body dissatisfaction. Within the review, an overview of research involving Black and Asian women, ethnic differences, theories explaining body dissatisfaction, sources of body dissatisfaction, factors of body dissatisfaction, and methods used to measure body dissatisfaction will be discussed. The

chapter begins with an overview of the literature search strategy and theoretical framework for the study.

Literature Search Strategy

I conducted my literature search using the Walden University Library website. Databases used were PsycINFO, PsyArticles, Academic Search Premier, Medline, and Google Scholar. The literature reviewed is from peer reviewed journals, covering years from 1980 to 2018. Seminal research was chosen because of the lack of knowledge on specific ethnic cultures and because the measures being used have been found valid and reliable for use in ethnic minority cultures as well the dominant White culture. Search terms for the literature review included *body dissatisfaction, body image, weight perceptions based on ethnicity, weight control, thinness, eating disorders, and feminist theory*. Advanced searches were conducted and limited to specific ethnic groups of Alaska Natives, White women, Asian Women, and Black women.

Theoretical Framework

Social Comparison Theory

Humans have a strong desire to know where they stand in relation to others by comparing themselves to other people (Leahey, Crowther, & Ciesha, 2011). Festinger (1954) in his social comparison theory argued that people compare themselves to others either by using upward comparison or downward comparison. Upward comparison is when the target of comparison is considered superior (Myers et al., 2012). This often results in negative consequences, such as decreased self-esteem (Myers et al., 2012). Downward comparison is when the target of comparison is considered inferior, and the

results tend to be positive, for example, an improvement to self-esteem (Bessenoff, 2006; Myers et al., 2012). The use of comparisons can be about more than just appearance; it also can include what foods other people are eating and how others are changing their appearance (Hesse-Biber, Leavy, Quinn, & Zoino, 2006). Media provide a frequent source of influence for comparison, especially upward comparisons (Hesse-Biber et al., 2006).

Upward comparison is commonly linked to the internalization of society's standards of the ideal body, such as comparing one's self to movie stars (Myers et al., 2012). Comparing one's self to media images can produce feelings of not being able to measure up to the ideal, which in turn leads to increased surveillance behaviors and feelings of guilt (Ridolfi, Myers, Crowther, & Ciesla, 2011). The action of comparing one's self to others can become automatic, which reinforces reforming one's view of the body (Arroyo, 2014). As more women are taught to desire unrealistic appearance ideals, their body dissatisfaction has increased while their self-esteem has declined upon using upward comparison (Leahey et al., 2011). Comparing one's self to those considered better looking can produce a reduction in the quality of life.

Downward comparison has the opposite results on body dissatisfaction. Downward comparison helps improve body satisfaction by producing a feeling of being better off than the source of comparison (Bailey & Ricciardelli, 2010; Leahey et al., 2011). Because the types of ideal bodies portrayed in the media are often unrealistic and unobtainable by most people, only a small minority of people are able to make downward comparison (Leahey & Crowther, 2008).

Social comparison is dominated by using models that represent their own ethnic background. Black women respond differently to the mainstream models that rely on White women. Howard et al. (2017) found that Black women rejected the White women's ideal, producing less internalization of the ideal White female body. However, they found that, once the models for comparison were Black women, there was a reduction in body satisfaction. Howard et al. (2017) thus demonstrated that social comparison depends on identifying with models that represent the specific ethnic group to which one belongs.

Objectification Theory

The Western culture has been shaped to accept and internalize anti-fat attitudes, which has shaped women to accept the culture of thinness (Rothblum, 1994; Thompson et al., 1999). For the majority of women, the pursuit of the unattainable ideal body has produced a form of inequality and oppression because it has shifted focus to superficial aspects of appearance, rather than on the accomplishments of women (Bordo, 1992). As the ideal body becomes more unattainable by the average woman, increasing numbers of women face a loss of confidence in their body and in their abilities (Bordo, 1992).

American society has linked power, beauty, and goodness together, forcing women into accepting the ideal appearance (Travis et al., 2000). Internalization of the cultural ideal has taught women to scrutinize their own bodies, but also the bodies of other women (Lindner, Tantleff-Dunn, & Jentsch, 2012).

Women's consciousness has been shaped by their bodies being watched and evaluated by others, especially by men (McKinley, 2011). Women have been told that

men and women are equals, but feminism is the response by women who see the differences between men and women and the wrongs against women (Grosz, 2010). Feminism emphasizes women should not be valued by their appearance (Fingeret & Cleaves, 2004; Myers et al., 2012). American society has taught girls and women that their identity is based on their appearance (Betz & Ramsey, 2017). Society has taught generations of women to believe beauty ideals are normal and expected. Women who cannot achieve the ideal standard of beauty or refuse to follow the rules of beauty experience more sexist discrimination (Travis et al., 2000). Sexism is not always easily seen, but still is present (Enns, 1997). Sexism is defined as discrimination based on the sex of the person (APA, 2013). Another definition is that it is the assignment of roles and privileges based on sex (Glick & Fiske, 1996). Sexism and objectification are factors in influencing the thin ideal because it is believed that beauty is an essential feminine attribute (Swami et al., 2010b). Sexism produces an environment of hostility through oppression for many women.

Women who face sexism in both professional and social environments also face a fear of not having a voice against sexism (Bronstein, 1997). Sexism can produce shame and emotional distress (Moradi & Subich, 2004; Szymanski, Gupa, Carr, & Stewart, 2009). The professional environment produces a specific form of sexist discrimination. Women have been taught success has to be achieved at work and in their appearance (Hesse-Biber, 1996). For some women, there is a fear of success because achievement in the workforce is perceived as unfeminine (Horner, 1972).

Bartky (1990) argued women are not born feminine but have to achieve it. The woman's ideal figure reflects the obsessions and preoccupations of society. Spitzack (1990) expanded Bartky's theory by adding that a value is placed on the body and women are expected to spend time and money to have the ideal appearance. Women are taught to watch their appearance because it is a form of self-love (Spitzack, 1990). McKinley and Hyde (1996) added their definition of surveillance as when a person views his or her body from a critical perspective.

Tenets of objectification theory. Bartky (1990) rooted her theory of objectification in the notion that women are reduced to an object with the separation of the body and identity. The objectification theory argues that a majority of girls and women are taught to evaluate their bodies as if they were objects, which is not a natural choice (Frederickson & Roberts, 1997). The objectification theory argues that girls and women are socialized by their culture to accept standards of appearance set by that culture and taught to believe that these define beauty. Frederickson and Roberts (1997) found women share a standard experience of sexual objectification.

Frederickson and Roberts' (1997) objectification theory argues that social interactions and the media are strong influences upon body dissatisfaction. Media is a powerful source of messaging about how to objectify one's own body. With each message women feel more pressure to conform because of the set social roles defined by the White culture (Moradi, 2011). Attention placed on beauty impacts how a woman is received by others forcing women to be vigilant because of the constant representation that objectifies women's bodies (Fredrickson & Roberts, 1997). Women are taught to see

their bodies as separate from the person, which forces them to internalize how others view their body (Frederickson & Roberts, 1997; Szymanski et al., 2010).

Literature Review Related to Key Variables and/or Concepts

Overview of Body Dissatisfaction

Appearance and feelings regarding the body influences many different aspects of life. These feelings, perceptions, attitudes, and behaviors combine in different ways to express and shape body image (Richard, Rohrmann, Lohse, & Eichholzer, 2016). The particular society in which one lives defines what is important in relation to the appearance of the body (Grabe, Ward, & Hyde, 2008), while teaching women that the ideal is achievable with the right amount of effort and control (Warren, 2014). The majority of women in the United States strive to be thin based on the consequences for not being thin (Arroyo, 2014; Betz & Ramsey, 2017), as seen in the representation of thin women in magazines, television, and movies. The media and society have tied beauty with thinness (Bordo, 2003; Roberts et al., 2012). Women have been taught to view thinness as controllable through placing high value on appearance and punishing those who cannot achieve the ideal (Kim & Jarry, 2014).

The unrealistic portrayal of thin bodied woman in the American media has produced generations of women who use fad dieting and consider constant calorie counting as “normal” to where these behaviors are expected, this was reported as early as by Rodin, Silber-Stein, & Striegel-Moore (1984) and is still relevant today (Donovan, Chew, & Penny, 2014). The media provide messages about what foods to eat, what weight is ideal, and how to lose weight (Davis, Shrocco, Odoms-Young, & Smith, 2010;

Dye, 2016). American society has associated strong positive stereotypes with slender bodies and negative stereotypes with obese bodies (Dye, 2016; Kim & Jarry, 2014). Constant messages provide reminders of not being able to achieve the thin ideal.

Research about body dissatisfaction that was once limited to White college-aged women, now has expanded to include minority women; however, it does not include Alaska Native women (Gordon et al., 2010; Sabik, Cole & Ward, 2010). To have a full understanding of body dissatisfaction, it is necessary that all ethnic minorities be represented in body dissatisfaction research. Because appearance ideals and eating behaviors are strongly influenced by culture (Dye, 2016), cross-cultural research regarding body dissatisfaction is essential (Nasser, 1997; Swami et al., 2010a). This study followed the format of cross-cultural comparisons to determine whether body dissatisfaction was a factor useful to consider for future research.

Research on Body Dissatisfaction Among Black and Asian Women

Black American women are the most widely studied minority group in body dissatisfaction research. The majority of research concludes that Black women may have less weight dissatisfaction and greater body satisfaction than their White cohorts (Baugh, Mullis, Mullis, Hicks, & Peterson, 2010; Dye, 2016). However, less body dissatisfaction does not mean an absence of body dissatisfaction. Many Black women experience some level of body dissatisfaction without having the desire to achieve the thin ideal (Talleyrand, Gordon, Daquin, & Johnson, 2017). Black women express more dissatisfaction with weight rather than thinness (Overstreet, Quinn, & Agocha, 2010). Black women reported having a desire to be curvy, which could be a result of cultural

preference of Black men who desire a specific body type (Overstreet et al., 2010). They also concluded that Black women desired an average weight rather than an ideal body size.

Despite having higher rates of obesity, Black women are reported as experiencing higher body satisfaction, at least in part, because of their mothers' and family's' emphasis on the positive aspects of their bodies (Neumerk- Sztainer et al., 2002; Talleyrand et al., 2017). In their influential seminal study, Parker, Nichter, Nichter, Vuckovick, Sims, & Ritenbaugh (1995) found that Black women are taught to see strengths, not flaws in their bodies and to be their own person. Black women are not represented in the mainstream media portrayals of the ideal body; this has produced an attempt to reject comparing themselves to White models that do not represent Black women (Capodilupo, 2015; Howard et al., 2017). However, some level of body dissatisfaction is still reported.

Asian American women are the second most commonly studied ethnic group in the body dissatisfaction literature. Research into the ideal body types in the Asian American community is limited, but very important to have a better understanding of cultural influences on body dissatisfaction. The Asian culture teaches young girls and women to strive for perfection, which promotes an environment of vulnerability for body dissatisfaction (Forbes et al., 2012; Smart & Tsong, 2014). When shown photographs or drawings of different sized bodies of women, Asian women, both in the United States and Asia, pick a smaller ideal figure than their White cohorts (Frederick et al., 2016). The preponderance of research evidence gathered within the Asian culture has concluded that although Asian women are thin, they often desire to lose weight and their level of body

dissatisfaction is high (Franko & Georges, 2009; Frederick et al., 2016; Sabik et al., 2010).

Different regions of Asia emphasize different features that define the face and body, which cannot be generalized to all Asian men and women (Hall, 1995; Smart & Tsong, 2014). Asian women report more body dissatisfaction than White women (Hall, 1995; Smart & Tsong, 2014). The average Asian woman is not satisfied with her face, which was the major aspect of why she was dissatisfied with in her overall appearance (Frederick et al., 2016). Asian Americans tend to judge the individual body parts that set them apart from the White ideal of beauty, often promoting the desire to modify racially defining features like the eyes and nose (Frederick et al., 2016). Asian American women represent only 8% of those who pursue plastic surgery in the United States (American Academy of Facial Plastic and Reconstructive Surgery, 2011), but the most popular procedures for Asian American women are nose, breast augmentation, and eyelid surgeries (American Society of Plastic Surgeons, 2011).

Conclusion. Research about body dissatisfaction of Black and Asian American women provide insights into these minority cultures. It appears that the Black American culture has features that offer some form of protection against the pressure of White appearance standards, whereas Asian American culture appears to have some features that make the members particularly vulnerable to body dissatisfaction. Body dissatisfaction leads to clinical eating disorders in only a small percentage of women; this does not mean body dissatisfaction does not influence daily lives of ordinary women. In the vast majority of Western women, body dissatisfaction produces appearance anxiety

(Levinson & Rodebaugh, 2015), low self-esteem (Richard, Rohrmann, Lohse, & Eichholzer, 2016), diminished self-confidence (Brechan & Kvaem, 2015), and reduction of quality of life (Fredrickson & Roberts, 1997; Warren, 2014). Apart from the research on Black and Asian American women, there has been limited work with other American ethnic groups. Studies of body dissatisfaction on Alaska Natives are particularly sparse.

Ethnic Differences

White women. Body dissatisfaction was originally studied with White women because body dissatisfaction was perceived as a wealthy White woman's problem (Smolak & Striegel-Moore, 2001). With the help of the media, the White culture has been taught that a woman's self-worth is linked to her appearance (Roberts et al., 2012). A majority of women believe happiness is achieved by being beautiful; this, they think, depends heavily on a woman being thin (Overstreet et al., 2010). The perception of being attractive is linked to appearance. Women of all sizes who were dressed in attractive clothing have been rated as being more attractive than thin women in plain clothing (Davis, Shrocco, Odom-Young, & Smith, 2009). However, this is not what the media portrays. The media defines style by body type, which most often is slender.

White women appear to be on a pursuit of achieving the ideal thin body (Greenwood, 2009; Roberts et al., 2012). Harrison (2003) and Overstreet et al. (2010) argued that White women want to be thin, but also found that White women desired curves in the waist and hips with a medium sized bust. The sexualization of certain body parts has produced more women who report more "negative feelings about their breasts

and buttocks” (Overstreet et al., 2010, p.101). Desire to be thin has changed the behaviors of White women that impacts their quality of life.

White women represent a large number of those who use weight control behaviors (Russell & Cox, 2003). It is more common for White women to be on a diet than their Black counterparts (Dye, 2016; Hall, 2009). Dieting can be a predictor or consequence of body dissatisfaction. Chandler-Laney et al. (2009) and Dye (2016) examined White and Black women’s history of dieting and found White women had more dieting behaviors, and that these were positively correlated with body dissatisfaction. They also found body dissatisfaction increased once the women regained weight, again lowering their confidence in their body.

Conclusion. Stereotypes portrayed by the media have shaped how White women view their weight and body. There is an increased perceived pressure to be thin (Roberts et al., 2012). White women have been taught that thinness is required for beauty. To achieve beauty, many White women are using dangerous behaviors like extreme dieting to achieve the ideal thin body (Dye, 2016). Research about White women has produced valuable insights, but White women’s body dissatisfaction cannot be generalized to ethnic minority women. The incidence of body dissatisfaction appears to be growing in all American ethnic groups, but ethnic differences in the rate of this growth are unclear (Grabe & Hyde, 2006). The specific beauty ideals endorsed can be defined only by the members of each specific ethnic group.

American Indian and Alaska Native culture. American Indian and Alaska Natives are descendants of the original peoples of the North America (The Office of

Minority Health, 2012). American Indian and Alaska Native populations represent the most diverse ethnic minority group in the United States (SIP, 2003). There are over 600 recognized tribes within the United States (OMH, 2012). Alaska has the largest proportion of Native Americans in the United States at 19% (Center for Disease Control, 2013). Alaska Natives are comprised of 227 recognized tribes or villages, which spread out throughout the entire state of Alaska (Native American Tribes and Languages of Alaska, 2014). American Indian and Alaska Native populations are rarely represented in the research literature and even when they are, the professional groups representing these populations argue that the findings are often misrepresented (CNPAAEMI, 2000). The Society of Indian Psychologists found that American Indians and Alaska Natives have been “misrepresented for 500 years” (CNPAAEMI, 2000, p. 16). Early research regarding medical needs of indigenous populations were filled with misrepresentations that the disparity between the truth and science hurt the culture as a whole (Cooper et al., 2015). The lack of research into these groups still limits the knowledge about Native groups and their specific mental health needs.

The influx of Western ideals and oppression of cultural traditions has taken its toll on the trust relationship between the White society and the American Indian and Alaska Native populations (Kymlicka & Norman, 2000). In 1950 Erikson would conclude that the Sioux Indians was experiencing a cultural change to where their collective identity was reshaped by their new environment. Their traditional skills and practices were no longer useful or valued in modern society. This produced a reduced social status and impaired sense of identity (Erikson, 1945). It was as if the once proud and respected

Sioux nation was experiencing a collective identity crisis (Erikson, 1950). This cultural identity was being shaped to express new cultural ideals of the dominate White culture.

Although the limited amount of research about body dissatisfaction in American Indian and Alaska Native populations is primarily a product of White researchers lack of interest and American Indian and Alaska Native mistrust of White society (James et al., 2013), other factors are also present and important. One such factor is embarrassment. Bennett and Dodge (2007) studied adolescent American Indians with binge eating episodes and found there was a strong feeling of being embarrassed because of their behavior. They also concluded that the adolescent American Indians felt more embarrassed than their White cohorts about binge eating and did not want anyone in their family or community to find out about their behavior. They also found that American Indian women and girls are less likely to seek help for binge eating than their White cohorts. Less than one third of American Indian and Alaska Natives who have a mental disorder will seek help (Beals et al., 2005; Novins, Duclos, Martin, Jewett, & Manson, 1999). Reasons for American Indian and Alaska Natives for not seeking help for any mental disorder range from trying to avoid a stigma related to being weak, feelings of discrimination, and the lack of cultural training among mental health providers (Duran et al., 2005).

Adolescents. The available research about body dissatisfaction among American Indian and Alaska Natives was limited to adolescents. Martin et al. (2010) studied American Indian adolescent boys and girls and found that selected a larger body as ideal when using a figure rating scale. They also found that these boys believed that normal or

low weights were not the right weight, and that higher weights were ideal. Cummins et al. (1999) surveyed 50 tribes across the United States to determine health risk factors faced by American Indians and found both adolescent boys and girls had great pride in their bodies. They also concluded that, for American Indian adolescents, pride of one's body provided a sense of well-being (Lynch, Crosby, Wonderlich, & Striegel-Moore, 2011; Schwartz, 1997). Cummins et al. (1999) found that girls were more prone to body dissatisfaction, especially when the girl faced not being accepted by her fellow American Indian peers.

Disease. Research about American Indian and Alaska Natives has focused on chronic diseases, such as diabetes and, to a lesser extent, eating disorders. The available research about eating disorders among American Indians and Alaska Natives is limited to adolescents and no data is provided for adults. Smith and Krejei (1990) investigated eating habits and attitudes about food among adolescent girls and boys from the American Southwest and found that American Indians scored higher on binge eating and bulimic symptoms than White and Hispanic adolescents.

Research about chronic diseases related to weight within the American Indian and Alaska Native populations is prevalent (Denny, Holtzman, Goins, & Croft, 2005; Tann, Yabiku, Okamoto, & Yanow, 2004). Most of the available research indicates that American Indian and Alaska Native men and women are at higher risk for chronic diseases associated with higher weights, such as diabetes (Tann et al., 2007). While examining chronic diseases, Gold et al. (2006) found that Alaska Native women were more likely to be obese than White women. They also found Alaska Native men were

more likely to be less physically active. When comparing White and American Indian and Alaska Native men and women, American Indian and Alaska Natives are more likely to be obese, especially women who are 70% more likely to be obese than White women (Eisler & Hersen, 2000; OMH, 2010). The level of depression and obesity has been reported at 40% more likely among American Indian and Alaska Natives than the comparable rates in the White population (Lau, Lin, & Floes, 2012). Reasons behind such high rates have rarely been studied.

Subsistence lifestyle. Hunter and gatherer societies, such as the American Indian and Alaska Native cultures, tend to view the body in terms of resources. Brown (1991) found obesity is not reported by societies that rely on hunting and gathering. Brown (1991) also found that when resources are very limited, the emphasis is on survival, not on the state of the body or even health. A heavy body in a subsistence society is associated with an abundance of resources, which is linked to survival and growth for children, strength and power for men, and fertility for women (Cassidy, 1991). Societies with scarce food resources value heavy bodies. For example, in some Africa societies, girls are forced into fattening huts where they are force fed prior to marriage (Cassidy, 1991). This practice was common because fat women were considered beautiful and ready for marriage. Although this practice has declined, it is still found in some societies (Popenoe, 2004). Furnham and Baguma (1994) studied British and Ugandan men and women and found Ugandan men and women selected heavier bodies as ideal and healthy, where White men and women rated the same heavy body selected by Ugandan adults as

unhealthy. They concluded that for the Ugandan culture, obesity means health, because obese people are better able to survive periods of food scarcity.

A comprehensive literature review by Sobal and Stunkard (1989) found that obesity is only a problem in wealthy societies and is generally not found in undeveloped societies. Swami et al. (2010a) studied ideal body types in samples from 26 countries representing 10 different regions of the world. In a comparison of rural and urban societies, Swami et al. (2010a) found that there was less body dissatisfaction and a stronger preference of larger bodies in rural areas. Men in cultures that lack an abundance of resources selected heavier women as ideals (Anderson, Crawford, Nadeau, & Lindberg, 1992; Swami & Tovee, 2006), apparently because extra weight improves the chance of fertility and survival rates (Brown & Konner, 1987).

Conclusion. American Indian and Alaska Native cultures have been altered with the influence of the White culture. There has been limited research about eating disorders and little is known about body dissatisfaction among American Indians and Alaska Natives adults. Body dissatisfaction within the American Indian and Alaska Native has found some evidence that members of these group prefer a heavier body type than do White Americans (Martin et al., 2010; Weatherly & McDonald, 2011). However, the research has focused on adolescents, not adults (Martin et al., 2010). The traditional subsistence lifestyle of Alaskan Natives suggests they will prefer heavier bodies as a protective factor during times of food scarcity; however, there is no research to make any conclusions.

Cross-Cultural Research

Body dissatisfaction research has been focused on researching White college aged women, while ignoring ethnic cultures. Cross-cultural research opens the research to better understand universals rather than one perspective (Forbes, 2010). Research within the White Western population was focused solely on one group because there was a belief that there was a protective factor within ethnic cultures that did not allow for the ideal to be a source of pressure to conform. However, cross-cultural research has shown that White women do not necessarily have the highest levels of body dissatisfaction because not everyone responds to the exposure of the media's ideal in the same manner (Mask & Blanchard, 2011). Culture provides a foundation for defining beauty and attractiveness; therefore, understanding each cultural perspective provides a new understanding of body dissatisfaction experienced by that specific culture. (Holmqvist & Frisen, 2010).

Cross-cultural research has shown that perceptions in relationship to body dissatisfaction differs between cultures (Shloim, Hetherington, Rudolf, & Feltbower, 2015). Western culture has shaped our own ideals regarding what is defined as fat or thin, (Swami, 2015). However, it is not known whether what influences these ideals are universal or are culturally based. Body dissatisfaction researchers have argued that there is a culturally based experience that shapes body image (Swami, 2016). Cross-cultural research provides a method of determining if variables related to body dissatisfaction are universal or culturally-based. Cross-cultural research provides a way to form a better

understanding of what variables are universal or culturally unique to a specific culture (Forbes et al., 2012).

Sources of Body Dissatisfaction

Media. Daily life is filled with messages defining the ideal beauty standards. Even with the multicultural society of the United States the media portrays beauty based primarily on White women's traits (Gordon et al., 2010). These traits are shown to be easy to achieve; however, most women are left feeling shame because of a lack of ability to achieve the ideal (Cassone et al., 2016). The media spreads the White ideal of beauty as the only ideal, which does not represent all American women. Burns and Carter (2015) found Black women were affected by idealized images of women that did not represent any specific ethnic group. This finding suggests the impact of the media has shaped women to view idealized images of thin women while internalizing the thin ideal. However, they also found that Black women reported less body dissatisfaction when compared to their White counterparts. The portrayal of minorities in magazines has changed throughout the decades. Peterson (2007) reviewed magazines from 1994 to 2004 and found minority groups increased in positive portrayals even with the lower numbers of images of minority women within magazines.

As the media expands its hold, more women are being influenced to have a drive to be thin and seek out images of idealized bodies to use as comparison (Fernandez & Pritchard, 2012; Rodgers, McLean, & Paxton, 2015). The media skews the perception of women to believe that the thin ideal is normal and attainable, which it is not (Thompson et. al, 1999; Tiggemann & Lynch, 2001). The media has been able to shape how women

receive symbolic messages on appearance. Being healthy being portrayed by the media has taught women to see a thin body as being healthy, which has produced a feeling that one's body is much larger than actual (Jaeger & Camara, 2015). Grabe, Ward, and Hyde (2008) conducted an extensive meta-analysis about media influence on women's body dissatisfaction and found women who are exposed to images of thin women report lower body satisfaction. Their review of correlational and experimental studies produced important insights into the need for prevention and treatment.

Family. Social relationships are a strong influence in shaping self-esteem and body dissatisfaction (Green & Pritchard, 2003). The family environment shapes how a child views his or her body. Jones (2011) found that the family environment provides values and attitudes about appearance and how to change one's appearance. For girls, the role of the mother is an important influence in the development of body dissatisfaction. Mothers model their own eating behaviors and body dissatisfaction for their daughters; however, an open environment to talk about body issues reduced body dissatisfaction for more girls (Taniguchi & Thompson, 2015). Green and Pritchard (2003) studied the influence of family, the media, and self-esteem levels on the development of body dissatisfaction and found pressure from family outweighed other influences on body dissatisfaction. However, there is no research that allows for a speculation to whether the Alaska Native culture would report similar results. It is unknown at this time if Alaska Natives experience family pressure to conform to the White thin ideal.

Spouse/Partner. In adulthood, the role of the romantic partner is an influence on body dissatisfaction. Young women feel pressure to attract and keep a partner, which

influences dieting behaviors to stay thin (Vogeltanz-Holm et al., 2000). However, once in a relationship the desire to stay thin does not necessarily lessen. Boyes, Fletcher, and Latner (2007) found that when a woman had a spouse or romantic partner with depression, they reported more dieting behaviors because her own body issues were amplified. They also found when a woman had a good body image her spouse or partner had more weight control behaviors to improve his body to match his partner. Miller (2011) found a spouses' body satisfaction level was a significant influence over their partner's body satisfaction. Miller (2011) found Black women were more likely to be happy with the spouses' body, which improved their own body satisfaction, whereas White women were more dissatisfied when their spouse was dissatisfied with his own body. No conclusions can be made about spousal pressure on body dissatisfaction within the Alaska Native culture.

Peers. The influence of peers on body dissatisfaction is particularly strong during the adolescent years; however, peers continue to be influential even in adulthood. Sheldon (2010) studied adult influence on body dissatisfaction among men and women and found peer pressure lowered overall body-esteem for both. Peer influence in adulthood is an important factor in body dissatisfaction because peers influence eating behaviors (van den Berg et al., 2002). Gruber (2008) found that women in college are encouraged to exercise, diet, and to watch their weight by their peers. Gruber (2008) also found that the gender of the peer is an important factor because men provide positive feedback when talking about weight to both same sex friends and to the opposite sex friends. One aspect of peer influence is fat talk, where fat talk can be a form of spreading

the Western ideal by empathizing weight importance, which is internalized by those around who is talking about weight (Cruwys, Leverington, & Sheldon, 2016; Warren, Holland, Billings, & Parker, 2012). Fat talk also shows how people criticize the appearance of others when attention is placed on appearance which highlights the ideal through showing how you differ from that ideal (Cruwys et al., 2016). However, nothing is known about how fat talk alters the Alaska Native perception of their bodies.

Weight dissatisfaction. Weight dissatisfaction is not the same as body dissatisfaction, but weight dissatisfaction is an extremely important element in body dissatisfaction particularly for women (Grogen, 2008). Weight dissatisfaction is often defined as the discrepancy between goal weight and actual weight (Wirth, Blake, Sui, & Blair, 2014). Weight dissatisfaction is common for a lot of women. The desire is to be thinner than actual weight, which happens to be less than average weight (Coker & Abraham, 2014). However, research with adolescent American Indian and Alaska Natives found they selected a heavier body as ideal (Martin et al., 2010). Pressure to be thin or to achieve the thin ideal is present in the dominate Alaska culture; however, at this time there is no research on weight dissatisfaction among Alaska Native women.

Many women experience dissatisfaction with their weight and the shape of their body (Penkel & Kurdek, 2007). Keel, Baxter, Heatherton, and Joiner's (2007) longitudinal study found that as women aged they became more accepting about their increasing weight. However, they also found that even with women accepting their weight gain, they still report more feelings of weight dissatisfaction.

Weight dissatisfaction is not limited to those who are overweight or obese. People of normal weight also feel dissatisfaction with their body appearance, weight, or body size (Herbozo, Menzel, & Thompson, 2013). Gordijn (2010) reviewed influences of weight dissatisfaction among women and found just the idea of being fat increased negative body evaluations, which lowered body satisfaction.

Body mass index. Researchers have found that body mass index (BMI) correlates with body satisfaction (Grabe & Hyde, 2006). Bucchianevi, Arikan, Hannan, Eisenberg, and Neumark-Sztainer (2013) conducted a longitudinal study of body satisfaction from childhood to adulthood and found in early adolescence and young adulthood, as BMI scores increase so does body dissatisfaction. Low BMI is a predictor of high body satisfaction for White women (McCabe & McGreevy, 2010). Normal weight women also report having the experience of body dissatisfaction because they feel heavier than their ideal body size (Trottier, MacFarlane, & Olmsted, 2013).

Body mass index is a potential confounding factor in body dissatisfaction research because ethnic groups may differ in body size. Cultural differences in BMI confound the interpretation of cross-cultural studies of body dissatisfaction because it is impossible to determine if observed differences reflect cultural elements or differences in body mass index. The importance of this correction is illustrated in body dissatisfaction research using White and Black Americans. This research generally shows that black women have less body dissatisfaction than White women, but these differences are substantially reduced when BMI is controlled (Baugh, Mullis, Mullis, Hicks, & Peterson., 2010; Miller, 2011). Forbes, Doroszewicz, Card, and Adams-Curtis (2004) found that results

showing greater body dissatisfaction in the US than in Poland disappeared or were greatly reduced when BMI was controlled. To reveal differences in body dissatisfaction related to cultural factors, BMI was controlled for this study.

Protective Factor in Body Dissatisfaction

Minority women have often been ignored by researchers because of the belief that minority women, especially Black American women, have one or more elements in their culture that provides some level of protection against body dissatisfaction (Roberts, Cash, Feingold, & Johnson, 2006; Poran, 2006). It is hypothesized that a strong self-identity is a protector against the feeling of pressure to conform to cultural body standards. Yun and Silk (2011) found those with a strong self-identity, no matter the ethnicity, felt less pressure to conform to the White cultural ideal. Certain minority women do appear to have some protection provided by their culture that lessens body dissatisfaction (Wildes & Emery 2001) but the factors providing protection have not been investigated in all ethnic groups. However, the Asian culture has the highest levels of body dissatisfaction, which suggests that it lacks any protective factor (Frederick et al., 2007).

Social interactions provide a sense of an ethnic identity. A strong sense of ethnic identity can provide a barrier against pressure to conform to the ideal body size through strengthening self-esteem (Muncherah & Frazier, 2013). The majority of White women feel that, for them, an ethnic identity is not important and do not think about ethnicity in relation to themselves (Phinney, Jacob, & Silva, 2007). In contrast, minority women have a strong awareness of ethnicity and often feel a strong sense of ethnic identity. Minority women might have a form of protection through there being a refocusing of attention to

models that represent themselves (Schaefer, Thibodaux, Krenik, Arnold, & Thompson, 2015). The complexity of body dissatisfaction does not mean, if a self-identity is strong, there will be no report of dissatisfaction.

Body dissatisfaction among minority women often results when they are expected to incorporate the White cultural ideals into their traditional cultural beliefs (Altabe, 2001). For example, Black women who feel more connected to their Black culture desire a heavier body size, but when Black women have less of a connection to their Black roots and feel more connected to their American roots dominated by White ideals, there is a desire to have a thinner body (Guan, Lee, & Cole, 2012). Rakhkovskaya and Warren (2016) argued that Black women are not attracted to images of White women because they feel these images are less relevant to them, which then provides a buffer of protection.

Ethnic identity and social comparison theory. Social interactions influence the development of the “self”, which shows people how to behave (Erikson, 1959/1980; Nasser, Bhugra, & Chow, 2007). Identity develops through many different interactions, but ethnic identity develops through community teaching of appropriate roles (Erikson, 1959/1980). In modern theories of ethnic identity, ethnic identity is defined by “ethnic heritage, cultural backgrounds, and racial phenotype” (Phinney, 2006, p. 118). Minority women often do not have popular media sources of beauty standards based on their cultural standards.

Those with a strong ethnic identity and identification with ethnic beauty standards, have relatively low levels of body dissatisfaction (Sabik et al., 2010; Schaefer

et al., 2015). The act of comparing to White idealized images might be less frequent because of the lack of ethnic representation within the media. De Cremer (2001) found minority women who preferred their own cultural peer group recognition over the other peer group recognition, reported less body dissatisfaction. For example, when Black women seek recognition from other Black women they experience fewer body image issues (Rakhkovskaya & Warren, 2016). Sabik et al. (2010) studied White, Black, and Asian women and found Asian women scored high on seeking the ideals of the dominate culture and they reported high body dissatisfaction.

Consequences of Body Dissatisfaction

Self-esteem. Self- esteem is influenced by many factors. A major influence on self-esteem is body image. Green and Pritchard (2003) reviewed the influences of family, peers and media on body dissatisfaction and found self-esteem is directly affected by family comments on appearance. They also found media exposure was a strong influence on self-esteem for women. Sheldon (2010) studied the family influence in the development of body dissatisfaction and found participants felt pressure from family members to be more like those who were portrayed by the media, which lowered body esteem. The re-focusing of attention to the body produces a consciousness of the body to where self-esteem is affected (Brechan & Kvalem, 2015). Surveillance behaviors are correlated with self-esteem. Cassone, Lewis, and Crisp (2016) argued that surveillance behaviors reduced self-esteem because of the lack of being like the idealized models. They also argued that to improve self-esteem there has to be a reduction in surveillance behaviors.

McLaren, Kuh, Hardy, and Gauvin (2004) found both positive and negative comments directed at women decreased their self-esteem. Positive comments decreased self-esteem because thin women felt less confident about their bodies once they received attention, whereas negative comments had a direct negative impact on self-esteem. Moradi and Subich (2004) found women who experience sexist comments experience more shame, feeling of objectification, and body dissatisfaction. Self-esteem can be altered by distress related to body size. Annis, Cash, and Hrabosky (2004) studied women who were thin, formerly obese, and currently obese. They found reduced self-esteem for those who were currently obese because they reported high levels of distress and felt a lower quality of life.

Dieting. Dieting is one of the most popular methods of controlling weight. As obesity rates have increased, so has the role of the dieting industry (Story et al., 1999). As body weight gains more attention to dieting has become more prevalent (Cachelin & Regan, 2006). Weight preoccupation has produced an environment where people feel they cannot measure up to the ideal body size (Olson, Visck, McDonnell, & DiPietro, 2012). Women diet for many reasons, but the fear of becoming fat is among the strongest motivators (Dalley, Toffanin, & Pollet, 2012; Donovan, Chew, & Penny, 2014). The promotion of dieting in the United States enhances people's fear of becoming fat and the feeling of not measuring up to the ideal (Heywood & McCabe, 2006).

Dieting can promote a cycle of body dissatisfaction with each failure promoting more dieting (Foster, Wadden, Vogt, & Brewer, 1997). A history of chronic dieting can be a strong predictor of body dissatisfaction among women (Cachelin & Regan, 2006).

There are many different dieting methods, but White women represent the largest group who use diet pills to control weight (Reba-Harrelson et al., 2007; Regan & Cachelin, 2006). Le Grange, Stone, and Brownell (1998) studied weight loss habits among White, Black, Asian, and Latina women and found all groups engaged in unhealthy behaviors in order to lose weight.

Dieting appears to be very prevalent in the American Indian and Alaska Native populations (Crago & Shisslak, 2003; Rosen et al., 1988). Crago and Shisslak (2003) conducted a literature review and found that the American Indian population had high rates of dieting. Unfortunately, this study did not control for BMI, so some or all of the increase in dieting might be attributed to body size rather than ethnic variables. Rosen et al. (1988) surveyed Chippewa adolescent girls and women and found over a half were currently on a diet to control weight. However, no comparison group of White women was used, so it is impossible to know if their dieting behaviors are more frequent than they are among White women. They also concluded diet pills were the most common method to control weight. Story et al. (1994) reviewed dieting behaviors among White, Black, Asian, Hispanic, and American Indian women and found American Indian women equaled White women's rate of dieting. They also found that American Indian women used dangerous methods to control weight such as vomiting.

Eating disorders. Modern theories hypothesize that women are prone to eating disorders because of the pursuit of the thin ideal (Smolak & Striegel-Moore, 2001). It was once believed that only White women suffered from eating disorders, which at least partially explains why minority women were often ignored in the literature until recently

(Gentle, Raghavan, Rajah, & Gates, 2007). Eating disorders for those who experience body dissatisfaction can manifest as anorexia nervosa, bulimia nervosa, or binge eating disorder. Research using Black women have found that they report fewer eating disorders (Howard et al., 2017). However, the motivation for why there is a lack of eating disorders is unclear. The desire to achieve the thin ideal has produced generations of women who believe that changing behaviors, even if those behaviors are dangerous, will achieve the thin body that is desired. Preoccupation with weight and upper comparisons produces behaviors that include restricted eating (Dye, 2016; Rancourt, Schaefer, Bosson, & Thompson, 2016).

Anorexia nervosa is diagnosed when a person restricts food intake, resulting in low body weight, fear of being fat or becoming fat, which involves behaviors to avoid gaining weight, and a distorted view of their body size, which includes denying that they are underweight and not understanding their condition is serious (APA, 2013). Smith, Fink, and Joiner (2011) studied women with anorexia and found women had a fear of gaining weight and a constant worry about their body shape. Anorexia has often been studied with White women, but minority women have been poorly represented in the literature (Rieger, Touyz, Swain & Beumont, 2001). The National Institute of Mental Health (NIMH, 2012) reports .6% of Americans have anorexia nervosa. Weight dissatisfaction is a major factor in eating disorders. With the presence of weight dissatisfaction women report a heightened probability of developing eating disorders like anorexia.

Bulimia nervosa is diagnosed when a person has periods of out of control eating in a short amount of time, a feeling of no control over eating and then the use of purging methods is used to control weight (APA, 2013). Bulimia is the least frequently diagnosed eating disorder with only .3% of the population having been diagnosed with bulimia (NIMH, 2012). Like other eating disorders, most research has been done with White women. Research into minority groups and eating disorders has only increased in the last few decades. The majority of research has found that White women rate higher in bulimic symptoms than any other ethnic group (Gentle et al., 2007; Perez & Joiner, 2003). Bulimia produces a strong derive to be thin, which increases dieting behaviors (Stice, 2016). The many factors related to body dissatisfaction play off of each other, which increases body dissatisfaction and then risky behaviors are re-enforced.

Binge eating disorder (BED) is diagnosed when a person has episodes of out of control eating (APA, 2013). Binge eating is the most diagnosed eating disorder among adults in the United States at 1.2% (NIMH, 2012). Binge eating may be a precursor to more serious problems, like depression, which is one reason for the new research interest into this disorder (Field, Corliss, Skinner, & Horton, 2010). Clark and Winter (2012) found that those who had binge eating symptoms scored high on anger scales and experienced periods of depression. Some women who experience binge eating disorder also experience purging behaviors to control weight. Regan and Cachelin (2006) studied BED among White, Black, Asian, and Hispanic women and found White, Black, and Hispanic women scored high on periods of purging behaviors to control weight, while Asian women used diet pills to control weight after binge eating.

Research about White women and eating disorders has yielded some important insights, but for minority groups such as the Alaska Native and American Indians the research is limited (Striegel-Moore et al., 2011). Shaw, Ramirez, Trost, Randall, and Stice (2004) studied Black, Hispanic, and Asian cultures and found all ethnic groups had equal rates of eating disorder symptoms. Marques et al. (2011) also found the presence of eating disorder symptoms among Latinas, Black, and non-Hispanic women, but the prevalence of eating disorders was different among the different ethnic groups. They found Black and Latino groups reported more BED and bulimia symptoms. As obesity rates have increased, interest into eating disorders among ethnic groups in the United States, especially among American Indians and Alaska Natives has also increased (Holm, Vogeltanz-Holm, Poltavski & McDonald, 2010).

Lynch et al. (2011) studied eating disorders and weight control behaviors, with a control for BMI, among American Indian and Alaska Native and White adolescents. They found no ethnic differences among girls, but they did find American Indian and Alaska Native boys reported more dieting behaviors than White boys. They also found American Indian and Alaska Native girls believed that their self-worth was not linked to the shape of their bodies. Lynch, Heil, Wagner and Havens (2008) surveyed weight issues among White and American Indian girls and found overweight American Indian adolescents tend to have higher rates of weight control behaviors than their White counterparts. Similar results using adult participants might be found.

Depression. Depression and body dissatisfaction are correlated, but which one causes the other is unclear (Grabe & Hyde, 2006; Richard et al., 2016). There is a strong

link between thinness and feeling happy about life in general (Sabik et al., 2010). Mercurio and Landry (2008) studied how self-objectification influences well-being and found that those who self-monitor their appearance reported a reduced sense of well-being, primarily because of a preoccupation with appearance. Depression can be one of the many predictors of body dissatisfaction. Gillen, Markey, and Markey (2010) studied men and women's dieting behaviors and found that women, but not men, who had depression engaged in higher rates of dieting. They also found that those with depression were more likely to use unhealthily strategies to change their weight.

Measures for Body Dissatisfaction

Weight-size discrepancy. A common method of measuring weight dissatisfaction is to use consecutively numbered silhouettes of bodies that range from thin to obese. A measure of weight dissatisfaction is computed by subtracting the number of the figure the participant selects as ideal body size and the number of the figure the participant selects as his or her current body size (Thompson, Heinberg, Altable, & Tantlett-Dunn, 1999). This method is a better measure of weight dissatisfaction; however, this method was commonly used to determine body dissatisfaction (Thompson et al., 1999).

The Figure Rating Scale (Stunkard, Sorenson, & Schulsinger, 1983) is one of the most popular measures used. The scales consist of nine consecutively numbered silhouettes that range from thin to obese. There are separate drawings for both men and women. The scale was developed to determine body dissatisfaction by examining the difference between the body the participant selected to represent his or her actual body

and the drawing the participant selected as ideal (Grogen, 2008). Thompson and Altabe (1991) studied the Stunkard et al. (1983) figure rating scale and found the validity to be adequate and reliability to be good. With the validity being only adequate this scale will not be used.

Thompson and Gray (1995) argued the bodies in the Stunkard et al. (1983) measure were unrealistic because of the lack of realistic waist-to-hip ratio. They also found that because of the unrealistic bodies, the scale would not produce accurate results. The CDRS was developed to examine body dissatisfaction by using figures with more defined faces and bodies (Thompson & Gray, 1995). Like the Stunkard et al. (1983) figure rating scale there are nine figures that range from thin to obese. Participants select their current body size, their ideal body size and the body size considered most attractive by the opposite sex (Thompson & Gray, 1995).

All figure rating scales have limitations. The figure's facial features can be considered Caucasian in nature (Thompson et al., 1999). Figure rating scales also have strengths. The scales rely on the participant's own perception of his or her body, which requires the participant to rely on judgments already made about his or her body (Swami et al., 2008). The main strengths of figure rating scales are that they are quick and easy to administer, have high face validity, and are widely used. Therefore, to understand the Alaska Native's perception of her body the CDRS will be used because of the defined body shapes and easy administration.

Questionnaires. To better understand body image, Franzoi and Shields (1984) developed the Body- Esteem Scale. Unlike many other scales, the BES (Franzoi &

Shields, 1984) is used to measure body satisfaction among men and women by using three subscales that consist of 35 items. The subscales for women measure attractiveness, weight control beliefs, and overall condition of the physical body (Franzoi & Shields, 1986).

The main reason to use the BES (Franzoi & Shields, 1986) in addition to any of the figure rating scales is that the measurement of body dissatisfaction includes criticisms of one's body, not just weight dissatisfaction (Franzoi et al., 2012). However, the scale does have one major limitation, unrealistic self-attributions about one's self might alter the scores by raising the score to show higher body satisfaction (Franzoi, 1994). The BES (Franzoi & Shields, 1986) can only be used to measure body satisfaction among adults. However, this measure has not been paired with any figure rating scales. The Body-Esteem Scale for Adolescents for Adults (Mendelson et al., 2001) has been developed with the intention of pairing with a figure rating scale. Therefore, the BES (Franzoi & Shields, 1986) will not be used in this study.

The Body –Esteem Scale for Adolescents and Adults (BESAA) was developed to measure body satisfaction among adolescents and adults (Mendelson et al., 2001). The administration is easy, and the youngest age of a subject can be 12 years old. The purpose of the development was in response to Thompson and Gray (1995) figure rating scale that only examined weight concerns. Mendelson et al. (2001) developed this scale to measure feelings about appearance (Appearance subscale), satisfaction of weight (Weight Satisfaction subscale), and perception of how others view them (Attribution subscale). Their conclusion was that a scale was needed to examine positive attributions of the

body, not just concerns about weight, to understand body satisfaction. Therefore, the BESSA (Mendelson et al., 2001) will be used in this study because it measures body dissatisfaction, it does not measure weight dissatisfaction.

Self-objectification. Sexualization of women's bodies has forced women to objectify their own bodies, which prompted Noll and Fredrickson (1998) to develop the Self-Objectification Questionnaire. The SOQ (Noll & Fredrickson, 1998) measures how people think about their bodies, for example, physical attractiveness. The measure uses a ranking scale to rank 10 statements of greatest importance to least impact to physical self-concept. There are two kinds of items to be ranked, appearance and function. Ranks for each of these two dimensions are summed and then the sums are subtracted. Self-objectification is indicated by the ranking of appearance questions over the function questions. Results for those who experienced more self-objectification reported more shame about their bodies and higher rates of eating disorders. The SOQ (Noll & Fredrickson, 1998) has some limitations that limit the use of the measure. First, the instructions are not easy to follow. Rank ordering of 10 items may confuse participants and often results with an assignment of the same rank to more than one statement (Calogero, Tantleff-Dunn, & Thompson, 2011). Second, there is no standard internal consistency estimates because of the method of rank order scoring (Calogero et al., 2011). Therefore, because of the lack of internal consistency and complex administration this scale will not be used.

McKinley and Hyde (1996) developed the OBCS to measure attitudes and behaviors associated with negative body experiences. The OBCS (McKinley & Hyde,

1996) uses three subscales to measure body experiences: Surveillance, Body Shame, and Weight Control beliefs. The OBCS (McKinley & Hyde, 1996) is based on the feminist theories of Bartky (1990) and Spitzack (1990) who argued that women are taught appearance is a defining aspect of their life and internalization of cultural ideals have shaped how women views their bodies. The main purpose of OBCS is to determine if a person feels limited by their feelings regarding his or her appearance (McKinley & Hyde, 1996). Therefore, to form a better understanding of body dissatisfaction within the Alaska Native culture this measure will be used in this study. The OBCS (McKinley & Hyde, 1996) is the only measure that determines surveillance behaviors.

The first subscale of the OBCS (McKinley & Hyde, 1996) is Surveillance. The Surveillance subscale measures how much a woman watches and is critical of her body (McKinley & Hyde, 1996). Scores in the Surveillance subscale provide important insights into body satisfaction. As the scores increase for the Surveillance subscale, the scores for body satisfaction decrease. High levels of surveillance can produce more negative feelings about the body and appearance when the person believes he or she cannot achieve society's standards (McKinley, 2011). The Surveillance subscale is widely used as a proxy for self-objectification.

The second subscale is Body Shame. Society teaches girls and women that the body can be changed to meet these standards, which then produces a feeling of failure and shame about one's body if the woman does not achieve these standards (McKinley, 2011). Body Shame subscale will determine the level of body shame experienced by the participant, which is based on the feeling of not being able to measure up to the ideal

body (McKinley & Hyde, 1996). McKinley and Hyde (1996) found culture produces the standards for appearance and people internalize these standards to where they believe they the standards are their own and attainable.

The third subscale is Weight Control beliefs. Weight Control Beliefs subscale measures the participant's belief that she has the power to control her weight and appearance and the belief that she can meet cultural standards if she just tries hard enough (McKinley & Hyde, 1996). Weight Control beliefs scores increase when a "woman believes she has control over her appearance or weight" (McKinley & Hyde, 1996, p. 210). A low score on Weight Control Beliefs subscale shows that participant feels no control over her appearance because of outside factors like heredity. Believing that there is control over one's appearance can lead to eating disorders and damage overall health by producing cycles of chronic dieting (McKinley, 2011).

Conclusion. Body dissatisfaction is a multidimensional construct; therefore, I used multiple measures of CDRS (Thompson & Gray, 1995), BESSA (Mendelson et al., 2001), and OBCS (McKinley & Hyde, 1996). Each measure has its' own use to measure specific elements in body dissatisfaction (Thompson et al., 2005). Figure rating scales, consisting of nine figures ranging from thin to obese, have a long history of being used to determine body dissatisfaction, but figure rating scales do not provide a total assessment of issues the participant has with the body.

In their important meta-analysis Grabe and Hyde (2006) found when using any type of figure rating scales, with a control for BMI, all differences in body dissatisfaction for Black and White women disappeared, while questionnaire measures continued to

show Black women have less body dissatisfaction. Cross-cultural research often follows the same format of using an American comparison group when studying a particular ethnic group. For example, Jung and Forbes (2006) compared Korean women to US college women. They hypothesized that Korean women would report higher body dissatisfaction and employed the use of multivariate analysis of covariance (ANCOVA) and individual univariate analysis of covariance (ANCOVA) to confirm their hypotheses.

Roberts et al. (2006) conducted a meta-analysis on body dissatisfaction and found that to address body image issues not related to weight, questionnaire measures rather than figure rating scales should be used. They also found that the use of multiple measures may provide information on aspects of body dissatisfaction that may be missed by univariate measures. Cross-cultural research often involves multiple measures to identify as many variables as possible (Jung & Forbes, 2006). The use of multiple measures is particularly important in using poorly understood samples such as Alaska Natives.

Conclusion

Research has shown that body dissatisfaction is not limited to White women. The expansion of body dissatisfaction research to include minority women has provided important insights. There appears to be cultural features within the Black culture that makes Black women less prone to body dissatisfaction (Dye, 2016; Smolak & Striegel-Moore, 2001), while Asian American women appear to be more vulnerable to body dissatisfaction (Frederick et al., 2016). Limited research conducted with American Indian and Alaska Native adolescents has found that they prefer a larger body weight than White

comparison groups (Martin et al., 2010). However, this study was not able to confirm this conclusion.

The development of body dissatisfaction has been explained by many different theories. The most popular theory is the social comparison theory by Festinger (1954), where people compare themselves to others. Internalization of culture's standard thin body ideal occurs with each upward comparison, which reduces self-esteem (Myers et al., 2012). Feminism argues that control over the definition of attractiveness has produced more women who experience a reduction in body satisfaction because they have no way of achieving the ideal (McKinley, 2011). As the ideal thin body is internalized by more women, self-objectification becomes an increasingly common process.

Body dissatisfaction reduces the sense of well-being (Sabik et al., 2010), increases the chance of developing depression (Benas et al., 2010) or eating disorders (Huxley et al., 2015), which diminishes the quality of life (Green et al., 2009). My search studied ethnic differences among Alaska Native and White women in body dissatisfaction, surveillance, and the ideal body size. Alaska Native women were found to have lower body dissatisfaction when compared to White women, while non-significant results were found for surveillance and ideal body size.

The purpose of this study was to identify similarities and differences in body dissatisfaction among Alaska Native and White Alaskan women. The instruments used to determine body dissatisfaction vary in style and cultural applicability. The multidimensional construct of body dissatisfaction cannot be measured by a single instrument. Therefore, this study used three measures to assess body dissatisfaction, the

level of self-objectification, and the ideal body size. The study used the BESAA (Mendelson et al., 2001) to determine body dissatisfaction, OBCS (McKinley & Hyde, 1996) to determine the level of self-objectification, and CDRS (Thompson & Gray, 1995) to determine the ideal body size. In chapter 3, the method that will be used to measure body dissatisfaction, the ideal body size desired, the level of self-objectification, and the degree of internalization of the media standard of the ideal body Alaska Native women and a White comparison group.

Chapter 3: Research Methodology

The purpose of this study was to expand the current understanding of body dissatisfaction through the examination of body dissatisfaction among Alaska Native women. The limited research on body dissatisfaction on indigenous populations reflects the marginalization of minorities (Grabe & Hyde, 2006). White women report high rates of body dissatisfaction (Dye, 2016; Grabe & Hyde, 2006), but this cannot be said of all ethnic groups. For example, Black women report high BMIs but low body dissatisfaction (Howard et al., 2017; Schaefer et al., 2015), while Asian women report low BMIs and high body dissatisfaction (Frederick et al., 2016). Research on one ethnic group cannot be generalized to all U.S. ethnic minorities. Understanding how each ethnic group views the body is an important tool in the development of treatments to improve body image and prevent obesity (Brechan & Kvaalem, 2015; Franko et al., 2012). Body dissatisfaction is a complex issue due to the multidimensional nature of body image.

In this study I examined body dissatisfaction among Alaska Native women and a White comparison group. I also assessed the ethnic differences in desired ideal body size among Alaska Native and White women. To examine differences in self-objectification between Alaska Native and White women, I measured surveillance, or the process of being critically aware of one's appearance (McKinley & Hyde, 1996)

The first section of the chapter includes a description of this quantitative research study. I used a comparison design to test the primary question about the differences in body dissatisfaction among White and Alaska Native women. The next section focuses on the setting and participants, including a description of the population, reasons for the

use of the purposive sample, and the criteria for a selection of participants. The final sections of this chapter describe the statistical analysis and ethical considerations.

Research Design and Rationale

The purpose of this quasi-experimental study was to investigate a topic that has been ignored in the literature, the level of body dissatisfaction among Alaska Native women. I compared Alaska Native women to a sample of White Alaskan women. I also determined ethnic differences in ideal body size among Alaska Native women and self-objectification levels. This study required the administration of three measures to examine body dissatisfaction, self-objectification, and ideal body size.

Quantitative research is consistent with current work on measuring ethnic differences in body dissatisfaction (Dye, 2016; Fitzsimmons-Craft et al., 2015; Frederick et al., 2016). Because body dissatisfaction is a complex multidimensional construct, I used multiple measures. The CDRS (Thompson & Gray, 1995), a figure rating scale, is one of the most common instruments used to determine weight dissatisfaction (Overstreet, Quinn, & Marsh, 2015; Sharpe, Naumann, Treasure, & Schmidt, 2013). The BESAA (Mendelson et al., 2001) is often added to other measures, typically figure rating scales, to compare the body satisfaction of minority women compared to White women (Dhillon & Dhawan, 2008; Mills & Fuller-Tyszkiewicz, 2016). The number of variables influencing the construct of body dissatisfaction is unknown, but surveillance, as measured by the OBCS) (McKinley & Hyde, 1996), is a good predictor of body dissatisfaction, particularly among White women (Arroyo, 2014; Fitzsimmons-Craft et al., 2015).

Variables

Demographic variables. I collected the following demographic variables for all participants: gender (must be selected to continue), age (must be selected to continue), current weight, height, and self-reported race/ ethnicity. For all participants, I calculated BMI from the participant's self-reported height and weight.

Measurement variables. I used the CDRS (Thomson & Gray, 1995), which consists of consecutively numbered drawings of women's figures that range from slender to very obese, to measure participants' perceptions of their actual body size, their ideal body size, and their level of dissatisfaction with their weight. The latter was measured by computing the difference between the number of the figure the participant selected as representing her current body size and the number of the figure that represented her ideal body size. In addition, the BESAA subscale of Appearance Satisfaction (Mendelson et al., 2001) was administered to determine the participant's level of body dissatisfaction, and the OBCS subscale of Surveillance (McKinley & Hyde, 1996) was administered to determine self-objectification levels.

Importance of BMI. Researchers studying ethnic differences and body dissatisfaction have found that BMI is strongly correlated with body dissatisfaction (van den Berg et al., 2002), with the greater the BMI the more body dissatisfaction (Jones, 2004). However, this relationship may vary with ethnicity. Grabe and Hyde (2006) conducted a meta-analysis of ethnic differences in body dissatisfaction and found that BMI was correlated with body dissatisfaction for White and Hispanic women, but not for Black and Asian women. Both differences in body size and differences in body

dissatisfaction are often found in studies of differences among ethnic groups. When both differences are present, it is impossible to determine if the differences in body dissatisfaction are the result of differences in cultural variables or the result of differences in body size. For this reason, statistical control for BMI is necessary in studies of ethnic differences in body perceptions (Forbes, 2010). Oza-Frank, Hade, and Conrey (2012) reported good interrater reliability at .99 while Lee and Dedrick (2016) reported internal consistency to be .91 for BMI.

Research Questions and Hypotheses

I developed the following research questions and hypotheses based on my review of literature on body dissatisfaction, ideal body size, risk factors of self-objectification, the internalization of media standards, and the drive for muscularity.

Research Question 1. Are there differences between Alaska Native and White women in body satisfaction, as measured by Appearance Satisfaction subscale of the Body Esteem Scale for Adolescents and Adults (Mendelson et al., 2001), when controlling for BMI?

H_a1 : There will be a significant difference in body dissatisfaction among Alaska Native women when compared to White women.

H_01 : There will be no significant difference in body dissatisfaction among Alaska Native women when compared to White women.

Research Question 2. Are there differences between Alaska Native and White women in the ideal body size, as measured by the Contour Drawing Rating Scales (Thompson & Gray, 1995), when controlling for BMI?

H_{a2}: There will be a significant difference in the ideal body size among Alaska Native women when compared to White women.

H₀₂: There will be no significant difference in the ideal body size among Alaska Native women when compared to White women.

Research Question 3. Are there differences between Alaska Native and White women in the level of self-objectification, as measured by the Surveillance subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), when controlling for BMI?

H_{a3}: There will be a significant difference in the level of self-objectification among Alaska Native women when compared to White women.

H₀₃: There will be no significant difference in the level of self-objectification among Alaska Native women when compared to White women.

Methodology

Population

The study took place within the state of Alaska. All material related to this study was presented online via Survey Monkey. People living within Southcentral Alaska and having access to the internet took part, but the recruitment took place within Anchorage, Alaska. I displayed a non-paid advertisement on Facebook and Craigslist to recruit participants.

To avoid confounding by generational differences, this study was only available to women 18 to 64 years old. I used a convenience sample of women participants in the study. Self-reported ethnicity was limited to White and Alaska Native. To be selected the

participant had to meet five criteria: (a) Alaska Native or White self-reported ethnicity, (b) at least 18 years old, (c) have the ability to read and understand English, (d) have a physical presence within Southcentral Alaska because of the size of Alaska and lack of accessibility in rural areas, and (e) be female.

Sampling and Sampling Procedures

A convenience sample of Alaska Native and White women in Southcentral Alaska was used. Participants self-reported race/ ethnicity, which was required to be either Alaska Native or White to be selected for this study. Those reporting mixed racial background will be used as long as she reported Alaska Native or White. Statistical power analysis using G* power determined that at least 128 women was needed in an MANCOVA design to detect a medium effect size of .25, with a power of .80, and an alpha of .05 (Faul, Erdfelder, & Buchner, 2007). Follow-up analysis conducted were separate ANCOVA's.

Solicitation of participants took place at two local colleges and online at Craigslist and Facebook. Information regarding participating in this study was advertised on public bulletin boards of sites mentioned above. The posting included a brief introduction of the study and the URL for the location of the study. When the participant accessed the URL, the participant was provided with a detailed description of the study and the consent form with a check box. The participant selected her gender, which provided the link to the set of measures and excluded all men from the study. The informed consent form included the background of the study, that data collection is anonymous, that participation was voluntary, and all ethical concerns.

Once at SurveyMonkey the participant was presented with the consent form and indicate consent by checking a check box at the bottom of the page. When the check box is checked the survey started automatically. The participant was asked demographic information. Then the measures were presented in a random order. The instructions specified that the participant can omit any question and withdrawal at any time without any penalty. An email address was provided at the end of the survey for those who would like to request the results.

Procedures for Recruitment, Participation, and Data Collection

Data collection involved the participant completing an online questionnaire to collect quantitative data. Materials were administrated via Survey Monkey. The first page presented was a general introduction to the research and the voluntary consent form. A question regarding gender was asked which will then allow the participant access to the measures. The measures were presented in a random order for each participant, as described above in the justification section. Once the participant filled out the demographic survey, 20 questions were presented. The participant completed the survey in 10 minutes or less. Data was analyzed using parametric statistics.

Data collection was completed in a two- step approach. The first step was data gathered two years ago using the same measures with participants from two local university, online advertisements, and poster advertisements at both universities' campuses. The first stage of data collection did not yield enough to complete analysis; therefore, the study was stopped. Data was collected from the needed number of White

participants. During the second step the data was gathered using advertisements on Facebook and Craigslist.

Instrumentation and Operationalization of Constructs

Demographics questionnaire. To describe the sample this study used a demographic questionnaire, which collected the following: the participant's age, gender (asked to determine eligibility), ethnicity (to describe sample), current weight, height, and education level. A copy of the demographic questionnaire appears in Appendix A.

Body Esteem Scale for Adolescents and Adults. The BESAA (Mendelson et al., 2001) was developed to measure influences on body satisfaction that cannot be explained by the CDRS (Thompson & Gray, 1995). The primary goal was to address feelings about appearance not related to weight. The BESAA's subscale of (Mendelson et al., 2001), Appearance was administered. The Appearance subscale is designed to measure the respondents about their general feelings about their appearance. Examples of the Appearance subscale is, "I wish I looked like someone else" (Appearance subscale) and "There are lots of things I'd change about my looks if I could". The BESAA subscale (Mendelson et al., 2001) has 10 items. A copy of BESAA appears in Appendix B.

In the development of the BESAA (Mendelson et al., 2001) used boys and girls at least 12 years old and men and women up to 25 years old. The test-retest reliabilities were appearance scale .89, weight scale .92, and attribution scale .83. The validity was reported to be high (Mendelson et al., 2001).

The BESAA (Mendelson et al., 2001) was appropriate for this study because it measures more than just weight concerns; it also examines how the participants feel

about their appearance and how they feel their appearance is perceived by others. Each of the three subscales alone or in combination can provide data on body satisfaction. The BESAA (Mendelson et al., 2001) is commonly used in studies of ethnic differences (Mackey & LaGreca, 2008) in body satisfaction levels. This study examined ethnic differences.

I secured a copy of BESAA (Mendelson et al., 2001) by contacting Morton Mendelson via email requesting permission to use the instrument in this study. Permission was granted by Beverley Mendelson via email with an attached paper on the development of the instrument and the manual for BESAA (Mendelson et al., 2001). A copy of the email correspondence appears in Appendix B.

Scoring. Each item was answered on a Likert scale anchored by 0 (never) to 4 (always). The Appearance subscale is composed of question numbers 1, 6, 7*, 9*, 11*, 13*, 15, 17*, 21*, and 23. An * indicates reverse coding. Means will be computed and reported for each subscale. Mendelson et al. (2001) indicated that a high score on the subscale signifies high body satisfaction.

Contour Drawing Rating Scale. The CDRS (Thompson and Gray, 1995) is a set of nine consequently numbered silhouettes of women's bodies that range in size from very thin to obese. The varying body sizes were designed to be realistic portrayals of different weights. The participant was asked two questions, the first was to select the silhouette that represents her current body size and the second was to select the silhouette that represents her ideal body size. Most of studies that use the CDRS (Thompson & Gray, 1995) to determine body dissatisfaction by computing the discrepancy between the

number of the drawing that the participants select to represent their current size and number of the drawing that represents their ideal body size. This procedure was followed in this study.

The population used to develop and test the CDRS (Thompson & Gray, 1995) was college-aged women of White, Black, Asian, Hispanic, and “other” ethnicity (Thompson & Gray, 1995). Thomson and Gray (1995) found the test-retest reliability to be in the acceptable range, .78 for their sample. They also found good concurrent validity at .71.

The CDRS (Thompson & Gray, 1995) was appropriate for this study as it explores the issue of weight and body dissatisfaction for women. The CDRS (Thompson & Gray, 1995) was used for women because it will measure the desire for thinness. Figure drawings, like those in the CDRS (Thompson & Gray, 1995), are commonly used to determine the participant’s perceived body size, their ideal body size, and their degree of weight dissatisfaction (Thompson & Gray, 1995).

I was able to secure a copy of CDRS after contacting James Gray via mail requesting permission to use the instrument in this study. A copy of the CDRS was sent by email to the researcher. A copy of the email correspondence appears in Appendix C.

Scoring. The CDRS (Thompson & Gray, 1995) was used to select the figures representing their current body size and their ideal body size. To score the CDRS (Thompson & Gray, 1995) the difference between the number of the drawing that representing the participant’s current body size and the number of the drawing representing their ideal body size was used as a measure of weight dissatisfaction.

Subtracting the figure number that represents the ideal body size from the current body size will provide a single score for each participant. A positive score indicates a desire to weigh less and an indication of weight dissatisfaction.

Objectified Body Consciousness Scale. The OBCS (McKinley & Hyde, 1996) is based on the feminist theories of Bartky (1990) and Spitzack (1990) who argued women are taught to use their body as a source of pleasure for others, which forces women to seek acceptance based on their appearance. Women will change their body to avoid negative evaluations by others (McKinley & Hyde, 1996). The OBCS (McKinley & Hyde, 1996) measures the attitudes and behaviors associated with negative body experiences. Participants completed the Surveillance subscale to determine their level of body awareness.

Examples of the Surveillance subscale are “During the day, I think about how I look many times” and “I feel like I must be a bad person when I don't look as good as I could”. The subscale consists of eight questions.

The development of the OBCS (McKinley & Hyde, 1996) used college-aged men and women. Test-retest reliability for women on the Surveillance subscale .86, the Body Shame subscale .82, and the Weight Control Beliefs subscale .74 (McKinley & Hyde, 1996). McKinley (2006b) conducted a longitudinal study of men and women and found the test re-test reliability for men to be adequate for Surveillance subscale .77 and the Weight Control Beliefs subscale .82, while the third scale of Body Shame was poor .48 (McKinley, 2006b). McKinley (2006a) reported good validity for all three subscales. McKinley (2006a) conducted a longitudinal study of young and middle-aged women and

found test-retest reliability to be for the Surveillance subscale .88 (young) and .73 (older), for the Body Shame subscale .84 (young) and .69 (older), and for the Weight Control Beliefs .73 (young) and .75 (older).

The OBCS (McKinley & Hyde, 1996) was appropriate for this study because of the impact of self-objectification on women. The Surveillance subscale is commonly used to determine concerns placed on appearance and the body by society (Greenwood & Cin, 2012; Tylka & Sabik, 2010).

A copy of OBCS (McKinley & Hyde, 1996) was secured after contacting Nita McKinley via email requesting permission to use the instrument in this study. Permission was granted by Nita McKinley as long as the project was for non-profit use. Nita McKinley provided a copy of OBCS via email along with permission. A copy of the email correspondence appears in Appendix D.

Scoring. Each question was answered on a Likert 7-point scale, anchored by 1 (strongly disagree) to 7 (strongly agree). The Surveillance subscale is comprised of items 1*,3*,7*,9*,14,16,18*, and 20*. The answer of NA (not applicable) is available when the question does not apply. An * indicates reverse coding. A high score on the Surveillance subscale indicates a reflection concerns of how the participant and examination of the participant's appearance.

Data Analysis Plan

I totaled and cross tabulate participant information of age, race, and education level to describe the sample are presented in Table 1. The sample represented 57% White women with only 42% reporting Alaska Native ethnicity. The highest percentage of

women reported being 21 to 25, representing 35% of the sample. 52% reported having some college. Descriptive statistics from all dependent variables were presented in a Table 2. Body satisfaction mean score for the sample equaled 21, with a standard deviation of 8.4. Surveillance behaviors mean score for the sample equaled 32.4 with a standard deviation of 7.2. The ideal body size resulted in a mean score of 1.9 with a standard deviation of 1.4. The results section will begin with a table of inter-correlations among all measures.

The instruments were scored using the version 24 of SPSS (IMB Corp., 2016). Following established procedures for the analyses of multiple measures of body dissatisfaction, the statistical analyses with consistent of univariate MANCOVA (Forbes et al 2012; Jung & Forbes, 2006; Jung, Forbes, & Lee, 2009). Analysis included the Body Mass Index as the covariate. The analysis was a 2 (race/ethnicity) X 3 (Appearance, Surveillance, and Body size) MANCOVA with Body Mass Index as a covariate. Follow-up analysis was performed using separate ANCOVA's.

Threats to Validity

Internal validity was addressed by completing the following: the identities of the participants was protected because the questionnaire was completed anonymously. Cross-cultural studies of body dissatisfaction are often confounded by group differences in BMI. For this study, group differences in BMI were statistically controlled. Survey Monkey randomized the presentation of all measures. To control for history, maturation, and testing validity the administration was only be presented once for each participant. The largest available number of participants was used. To control for self-report bias and

social desirability bias the instructions asked the participant for honesty and remind the participant all information is confidential.

External validity was addressed by completing the following: Participants were directed to a website to complete the measures online, which controlled for subject and researcher interaction. Population validity was addressed by limiting the participants to two ethnic groups, Alaska Native or White. Generalizability was limited to Alaska Native and White women. Therefore, generalization of the results to other samples should be done with appropriate caution.

To control for construct validity the confounding influence of BMI was controlled for each comparison. This study used a mono-method of gathering data. The purpose of this study was to gather data on perceptions of body dissatisfaction, therefore, self-report bias should be minimal.

Ethical Procedures

For this study, careful consideration was given to protection of the participants, while gaining knowledge on body dissatisfaction. Participants were required to complete the study online. All data was collected anonymously. Consent was requested before the participant begins the study. The consent form provided a detailed account of the survey and the rights of the participants. Participation was voluntary. Participants had the right to omit any question and discontinue their participation at any time without penalty. Risks associated with this survey were minimal. All records were collected without identifying information to protect participants. The data was collected using a commercial service (Survey Monkey). Although data breaches are always possible on the internet, because no

identifying information is collected, in the unlikely event of a data breach, potential damage to the participants, if any, would be minimal. The data is being stored on a separate memory USB with password protection for at least five years. After the five years the data will be destroyed.

Conclusion

Using a convenience sample of Alaska Native and White women living within Southcentral Alaska a comparison was made on body dissatisfaction, self-objectification practice of surveillance, and ethnic differences in ideal body size. Each participant was recruited through online advertisements (see Appendix E), which directed that participant to an online survey where the participant remained anonymous. Once online the participant was presented with three subscales from three separate measures along with demographic information that was asked for height and weight to calculate BMI. BMI was used as a covariate in the MANCOVA analysis. This chapter contained an explanation of the research study, research questions and hypotheses, the research design, data collection, and the analysis. Chapter 4 will report the full results of the study.

Chapter 4: Results

The purpose of this quantitative research study was to expand knowledge about body dissatisfaction, surveillance behaviors, and ideal body size among Alaska Native women. Ethnic differences in body dissatisfaction research have shown vast differences among ethnic minority women. Black women report higher body satisfaction when compared to White women (Howard et al., 2017; Schaefer et al., 2015) while Asian women report lower body satisfaction when compared to White women (Frederick et al., 2016). These differences reinforce that information about body satisfaction from one ethnic minority group cannot be generalized to other ethnic minority groups. It is important to understand how each culture defines the ideal body compared to the dominant White culture in order to develop treatment options to manage body image consequences.

Body dissatisfaction research has shown that body image is a multidimensional construct. One such aspect is the relationship between body dissatisfaction and surveillance behaviors. Surveillance behaviors result through the teaching of judging and criticizing of one's own body (Frederickson & Roberts, 1996). Surveillance behaviors teach women to change their behaviors to meet the criteria of the ideal body set by society (McKinley, 2011). These behaviors show the importance of understanding cultural views of the ideal body and how prevalent surveillance behaviors are within each culture (Arroyo, 2014). Understanding the ideal body size also is linked to understanding the role of body dissatisfaction within each culture. Body changing behaviors that impact the quality of life are often linked to wanting to achieve the ideal body because of the link

between identity and appearance (Betz & Ramsey, 2017). This chapter begins with the description of the data collection, followed by the results of a MANCOVA for all three hypotheses followed by two separate ANCOVAs for Hypotheses 1 and 2, and the summary of the study.

Data Collection

The populations for this study were limited to White and Alaska Native women within Southcentral Alaska. I divided data collection into separate periods of time. The initial phase started in November 2014 and ended November 2015 with little to no Alaska Native participants responding to the recruitment making group analysis impossible. However, data were collected from White women living in Alaska during this period. Alaska Native women recruitment was completed in the second phase of data collection. The second phase began in February 2019 and ended May 2019. I collected data for both phases using an online survey located on Survey Monkey. The first phase of data collection included online advertisements and community partners at two local universities who provided access to the student bodies. Data recruitment for the second phase included only online advisements on Craigslist and Facebook.

A total of 134 women who lived in Southcentral Alaska and had computer access participated in the study, including 77 White women and 57 Alaska Native women. The data used only represents a generalization of Alaskan Native women as no one tribe was represented. In total, data were gathered from 290 participants; however, data from men and women other than Alaska Native and White women were excluded and dropped from

analysis. There were no aversive circumstances reported that required IRB reporting.

Table 1 provides the demographics of the sample used in analysis.

Table 1

Demographics of Characteristics of the Sample

Characteristic	<i>N</i>	%
Age		
18-20	24	17.9
21-25	48	35.8
26-30	25	18.7
31-35	6	4.5
36- 40	5	3.7
41- 45	3	2.2
46- 50	7	5.2
51-55	4	3.0
56-60	7	5.2
61-64	5	3.7
Ethnicity		
White	77	57.5
Alaska Native	58	42.5
Education		
Less than high school	2	1.5
High school (GED)	14	10.4
Some college	70	52.2
Associate's degree	16	11.9
Bachelor's degree	26	19.4
Graduate degree	6	4.5

Note. *N* = 134. Demographics are for the entire sample of 77 White and 57 Alaska Native women.

Demographics

Demographic data included age, ethnicity, and education for each participant.

Participants were aged between 18 and 64 with the age group of 21-25 years old representing 35.8% of the sample. Participants reported at least some high school to

graduate degrees earned with 52.2% reporting at least some college. White participants represented 57.5% of the total participants at 77. Demographics are reported in Table 1.

Results. I performed a one-way multivariate analysis of variance to investigate all three hypotheses related to ethnic differences in body image. The dependent variables were body satisfaction (Hypothesis 1), ideal body size (Hypothesis 2), and surveillance (Hypothesis 3). The independent variable for all three hypotheses was ethnicity, which was limited to White and Alaska Native women. Table 2 provides the means and standard deviations for the dependent variables. BMI was the covariate in the analysis for all three hypotheses. To ensure no violations about normality, linearity, univariate and multivariate outliers, homogeneity of variance covariance matrices, and multicollinearity preliminary assumptions testing was conducted and no violations were found.

Table 2

Means and Standard Deviations of Dependent Variables

Variable	<i>M</i>	<i>SD</i>	<i>N</i>
Body satisfaction	21.07	8.43	134
Surveillance	32.43	7.23	129
Ideal body size	1.89	1.4	134

Note. $N = 134$. Body Esteem Scale for Adolescents and Adults was used to measure body satisfaction, Objectified Body Consciousness Surveillance subscale for surveillance, and Contour Drawing Rating Scale for ideal body size.

There was a statistically significant difference among White and Alaska Native women on the combined dependent variables, $F(3,115) = 4.47, p = .005$; Wilks' Lambda = .89; partial eta squared = .10, as presented in Table 3. When the dependent

variables were separated the variables of body satisfaction for hypothesis 1 and ideal body size hypothesis 2 were significantly significant while surveillance hypothesis 3 was non-significant. Body satisfaction $F(1, 118) = 21.89, p = .000$; partial eta squared = .16 and ideal body size $F(1, 118) = 41.07, p = .000$; partial eta squared = .26, as presented in Table 4.

Table 3

Multivariate and Univariate Analysis of Variance for Body Satisfaction, Surveillance, and Ideal Body Size

	Multivariate		Univariate					
			Body Satisfaction		Surveillance		Ideal Body Size	
	<i>F</i>	<i>p</i>	<i>F</i>	<i>p</i>	<i>F</i>	<i>p</i>	<i>F</i>	<i>p</i>
	η^2		η^2	η^2		η^2		η^2
Ethnicity (1)	4.5	.005	11.73	.001	6.30	.014	.26	.613
BMI (2)	20.1	.000	21.9	.000	1.06	.306	41.1	.000
1 X 2	187.35	.000	151.2	.000	186.43	.000	3.81	.053
	.104		.26		.051		.002	
	.344		.16		.009		.260	
	.830		.56		.032		.032	

Note. ($N= 129$). Body satisfaction measured by BESAA, surveillance measured by OBCS, and Ideal body measured by CDRS.

Table 4

One-Way MANCOVA for Body Satisfaction, Surveillance, and Ideal Body Size Scores While Controlling for BMI

Source	<i>SS</i>	<i>Df</i>	<i>MS</i>	<i>F</i>	<i>P</i>	<i>Partial</i> η^2
Body Satisfaction	680.08	1	680.08	11.73	.000	.16
Surveillance	311.40	1	311.40	6.30	.306	.009
Ideal Body Size	.412	1	.412	.26	.260	.210

Note. (N= 129). Body satisfaction measured by BESAA, surveillance measured by OBCS, and Ideal body measured by CDRS.

An inspection of mean scores have indicated Alaska Native women reported slightly higher body satisfaction scores (M= 22.65, SD= 7.4) and slightly heavier body size as ideal (M=2.71, SD=1.3). While White women reported body satisfaction scores with a (M= 20.14, SD= 8.84) and ideal body size as (M= 1.72, SD= 1.6), as presented in Table 6.

Additional tests were conducted to investigate the MANCOVA results (Davids & Green, 2011; Hatcher, 2013). Two one-way univariate analysis's (ANCOVA) were performed as follow-up procedures for each of the MANCOVA statistically significant dependent variables of body satisfaction hypothesis 1 and ideal body size hypothesis 2. The independent variable for both hypotheses was ethnicity of either White or Alaska Native with a covariate of BMI. The Bonferroni adjustment was used to ensure an experiment-wise Type I error rate equaled $p = .05$.

A one- way analysis of covariance was conducted to compare body satisfaction among White and Alaska Native women. The ANCOVA revealed a significant relationship between ethnicity and body satisfaction, $F(1, 128) = 12.86, p = .000$; partial eta squared = .09, as presented in Table 5. Table 6 presents the ANCOVA findings for each dependent variable with the covariate of BMI. The mean score for Alaska Native women was higher (M= 22.72, SD=7.37) compared to White women (M=19.91, SD= 9.05), which is presented in Table 6. A second ANCOVA revealed a non-significant result for ideal body size among White and Alaska Native women, $F(1, 130) = .16, p =$

.69; partial eta squared =.001. Table 7 provides the summary statistics for the adjusted means for the significant dependent variables of Body Satisfaction and Ideal body size.

Table 5

ANCOVA Results

Source	<i>SS</i>	<i>Df</i>	<i>MS</i>	<i>F</i>	<i>P</i>	<i>Partial</i> η^2
BMI Covariate						
Body Satisfaction	1363.93	1	1363.93	22.72	.000	.252
Ideal	68.71	1	68.71	41.63	.000	.243
Ethnicity						
Body Satisfaction	772.16	1	772.16	12.86	.000	.092
Ideal Body Size	.62	1	.62	.16	.691	.001

Note. ($N=129$). Body satisfaction measured by BESAA, surveillance measured by OBCS, and Ideal body measured by CDRS, with a covariate of BMI.

Table 6

ANCOVA for Total Scores

Variable	White		Alaska Native	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Body Satisfaction	20.91	8.84	22.65	7.40
Surveillance	34.10	5.32	30.09	8.85
Ideal Body Size	1.72	1.60	2.18	1.30

Note. ($N= 134$ total). Body satisfaction measured by BESAA, surveillance measured by OBCS, and Ideal body measured by CDRS, with a covariate of BMI.

Table 7

Summary Statistics for Adjusted Means

Group	<i>N</i>	<i>Adjusted Means</i>	<i>SE</i>	<i>95% CI for Means</i>
White				

Body Satisfaction	75	18.86	.92	16.77	20.95
Ideal Body Size	77	1.94	.15	1.60	2.28
Alaska Native					
Body Satisfaction	55	24.13	1.09	21.67	26.60
Ideal Body Size	56	1.85	.18	1.44	2.25

Note. ($N= 134$ total). Body satisfaction measured by BESAA, surveillance measured by OBCS, and Ideal body measured by CDRS, with a covariate of BMI.

Results in Relation to Research Questions

Research Question 1 was, are there differences between Alaska Native and White women in body satisfaction, as measured by Appearance Satisfaction subscale of the Body Esteem Scale for Adolescents and Adults (Mendelson et al., 2001), when controlling for BMI?

Results of a one-way MANCOVA showed that there was a significant difference among White and Alaska Native women on the combined dependent variables of body satisfaction, surveillance, and ideal body size. With the separation of the dependent variables the MANCOVA revealed a significant result for body satisfaction among White and Alaska Native women. ANCOVA analysis was performed as a follow-up to the MANCOVA. The results proved a significant relationship between ethnicity and body satisfaction. Alaska Native women scored a slightly higher body satisfaction scores when compared to White women. Therefore, the null hypothesis was rejected.

Research Question 2 was, are there differences between Alaska Native and White women in the ideal body size, as measured by the Contour Drawing Rating Scales (Thompson & Gray, 1995), when controlling for BMI?

The separated dependent variable of ideal body size revealed a significant MANCOVA. Follow-up analysis of ANCOVA revealed a non-significant result for ideal body size among White and Alaska Native women. Therefore, the null hypothesis could not be rejected.

Research Question 3 was, are there differences between Alaska Native and White women in the level of self-objectification, as measured by the Surveillance subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), when controlling for BMI?

The dependent variable of surveillance was separated from the other two variables. Results found to be non-significant in the MANCOVA analysis for surveillance behaviors among White and Alaska Native women. Therefore, the null hypothesis could not be rejected.

Summary

Using 134 participants, which divided out into 77 White women and 57 Alaska Native women, completed an online survey. The results indicated an ethnic difference in body satisfaction where Alaska Native women showed higher body satisfaction when compared to White women. There were no ethnic differences found in surveillance behaviors or ideal body size among White and Alaska Native women. Chapter 5 will provide an interpretation of the findings reported in Chapter 4. Chapter 5 will also present limitations of this study. Recommendations based on this study were also presented with implications on social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this quantitative study was to investigate body image issues among Alaska Native women. I assessed body dissatisfaction levels, surveillance behaviors, and the ideal body size among Alaska Native women and White women. The results showed a significant result for ethnic differences in body dissatisfaction among Alaska Native women and White women. Average means showed less body dissatisfaction among Alaska Native women when compared to White women. The results also showed no ethnic difference among Alaska Native women and White women in surveillance behaviors or ideal body size.

Understanding how each ethnic culture within the U.S. culture views and judges the body is necessary for developing a universal way to base treatments. The strong influence of culture teaches women how to regulate and judges their bodies (McKinley, 2011). Culture is an influencing factor in body-related behaviors because women have been taught to judge and change their bodies to be considered attractive (Frederickson & Roberts, 1997). Alaska Native women have been ignored in the literature, based on my research, which has limited the ability of clinicians and researchers to develop needed treatments with culturally sensitive measures. It has been common practice to use White populations to develop treatments for the consequences of body dissatisfaction and to apply those without modifications to other ethnic groups (Sue et al., 2009). However, ethnic cultural groups urge caution in using White women to represent ethnic minority women (CNPAAEMI; 2000). Thus, there is a need to understand how each ethnic culture views the body in relation to the dominant White culture's definition of beauty.

Researchers have long correlated the impact of body dissatisfaction and the reduction in the quality of life of the person with body dissatisfaction (Dye, 2016). Research has shown that body dissatisfaction correlates with depression (Brechan & Kvaalem, 2014), anxiety (Titchener & Wong, 2015), chronic dieting (Donovan et al., 2014), or eating disorders (Edman et al., 2014) that can consume a woman's life. As obesity rates increase among Native cultures within the United States, there has been a refocusing of interest in body dissatisfaction and body-related topics (Slattery et al., 2010). Therefore, it has become important for research to focus attention on the role of culture and the body. Society provides the structure of how to judge the body (Swami et al., 2010b). In this study I aimed to understand how members of the Alaska Native culture view the body with the influence of the White culture.

Interpretation of the Findings

Results showed that the body dissatisfaction levels did differ between Alaska Native women and White women. An examination of mean scores indicates that Alaska Native women in the sample reported lower body dissatisfaction when compared to White women. However, I also found no ethnic differences on surveillance or ideal body size. The new knowledge about body dissatisfaction within an ignored culture does extend knowledge and reinforce that more study is needed to better understand how Alaska Native women view their bodies and internalize society's standards of beauty.

Body dissatisfaction research has yielded a variety of findings depending on the ethnic culture of the women being studied. For the Native population, what was known was adolescents reported higher body pride (Cummins et al., 1999). It is unknown if body

pride was a factor for the lesser body dissatisfaction found in this study. However, Cummins et al. (1999) study found the Native population does experience more body pride, which reduces body dissatisfaction. I was not able to confirm the finding of Martin et al. (2010) who found that Native adolescents selected a heavier body type as ideal. I found there were no differences between Alaska Native women and White women's ideal body size. Body dissatisfaction research has shown that White women often select a thin-bodied woman as ideal (Overstreet et al., 2010). I was not able to account for the cultural aspects that would explain Alaska Native women selecting a similar ideal body size as White women. The lack of significant results about the surveillance behaviors also cannot be explained because of the lack of cultural influences being studied.

Analysis Based on Theoretical Context

Western culture produces an environment that promotes attractiveness and the pursuit of thinness to achieve attractiveness (Jeffreys, 2005). The impact of feeling it necessary to achieve thinness or simply to be attractive provides pressure to judge one's own body and the bodies of other women, which produces surveillance behaviors or objectification (Strelan & Hargreaves, 2005). Comparing one's self to others or engaging in social comparison also supports the findings of this study. It has become common to use upward comparison, or using a model that is superior, when judging one's body and those of the other women; however, this process is more likely to reduce body esteem (Myers et al., 2012). Objectification or social comparison explain body dissatisfaction, surveillance behaviors, and the desire of ideal body sizes.

The difference in body dissatisfaction in this study among White and Alaska Native women might be explained by the theory set forth by Greenwood and Cin (2012) who argued that Black women do not endorse White ideals because the models of not of Black women, but of White women. Alaska Native women might not desire models outside of their own ethnic group. Black women might internalize messages from interpersonal factors that endorse White ideals as the image to achieve less and differently than White women. Results of this study showed less body dissatisfaction reported by Alaska Native women. The results could be explained by less comparison to the White cultural body elements by Alaska Native women. Linder et al. (2012) argued less cultural attention to the ideal set by society would reduce the likelihood of body dissatisfaction. These theories might explain the significant ethnic differences in body dissatisfaction found in this study. Less attention to the ideal set by the White culture could explain the results of finding less body dissatisfaction among Alaska Native women.

Objectification theory (Frederickson & Roberts, 1996) also explains the nonsignificant results about surveillance behaviors through the universal experience of objectification. No matter the culture, every woman is exposed to images or messages that have shaped her experiences and have taught her to watch over her body and other women's bodies providing universal surveillance behaviors (Frederickson & Roberts, 1997). The lack of differences in this study between White and Alaska Native women does not imply it does not exist. White women in this study report high levels of surveillance, which might imply Alaska Native women also experience surveillance

behaviors. I did not find a lack of surveillance behaviors; I found no ethnic differences, which implies that Alaska Native women do experience surveillance behaviors.

Alaska Native women have been shaped to watch or objectify their bodies to achieve the standard set by society, which means they too strive for a thin body. This might provide the reason for the lack of differences in the ideal body size among White and Alaska Native women. The pursuit of beauty or thinness has produced common place objectification practices (Strelan & Hargreaves, 2005). Social comparison also provides a reason for the lack of ethnic differences between White and Alaska Native women's desire for a thin ideal body size. Models within media exposure tend to be White, but ideals are shared by all participants within this study. Another important factor within the Alaska Native culture are those women who consider themselves to be two-spirit in nature. These women have blended a mixture of both male and female into each person's defined adult self-identify (Elm, Lewis, Walkers, & Self, 2016), which limits the types of models used for body comparisons. The lack of body comparison would limit the amount of body dissatisfaction and surveillance behaviors from developing. Either the lack of comparison or the same models are used by both White and Alaska Native women show how social comparisons could explain the results of this study.

Limitations of the Study

The major limitation to this study was the lack of randomization of the two groups; this limits the possibility of the generalization of the results. Alaska Native women who participated represented the entire population without any one tribe or village being a focus of this study. The unequal group sizes also limited the possibilities

of these results from being generalized. A larger sample of Alaska Native women could provide a better insight into the body image issues. It became clear that recruitment of Alaska Native women was more challenging than anticipated. The lack of willingness to trust a researcher who was not within the Alaska Native culture prevented more participants from participating in this study. This resulted in more White women participating than Alaska Native women.

Another limitation is the lack of study of consequences or body image related factors that impact body dissatisfaction. Confounders related to body dissatisfaction research like depression, obesity, dieting, or eating disorders were not considered in this study. Interpersonal influences of body dissatisfaction were also not studied. This could be a factor that should be addressed when studying a culture like the Alaska Natives in the future. The role of the family, peers, and elders could also be an important factor in the development or a lack of development of body dissatisfaction or surveillance behaviors. Alaska Native culture is collectivism in nature. The emphasis is on membership of a group rather than on the individual, which shows the importance of adding in factors like the elders or peers into body dissatisfaction research among indigenous populations (Carducci, 2012; Carpenter, 2000). While adding the aspect of community there could be also higher reported shame or guilt placed on the individual from the collective culture for aspects that separate that person from the rest of the collective community (Carducci, 2012). However, having the understanding that collective cultures have a multifaceted concept of identity shows the need for future study with more cultural factors.

The trustworthiness of the findings is also a limitation. This study relied on self-reporting of body image, surveillance behaviors, and the ideal body size that each culture desired. Self-report bias could be present in this study because the participants felt they needed to not truly self-report the truth (Creswell, 2014). Body related opinions might differ from what the participant revealed during the study because of conscious or unconscious reasons.

Reliability for the body satisfaction subscale resulted in very good internal consistence at .93, while the internal consistency for the ideal body size was acceptable at .77. However, the internal consistency for the surveillance subscale was poor at .60. This study cannot account for the poor internal consistency for the surveillance subscale considering the extensive testing with a variety of ethnic minority groups. However, this could suggest that the surveillance subscale is not sufficiently culturally sensitive for the Alaska Native culture. External validity is limited because of the small sample size and the lack of generalization to the entire Alaska Native population. This study also cannot be generalized to any other population in the United States outside of the White and Alaska Native women. Internal consistency could be a factor because of the lack of control for body biases. A history of eating disorders or chronic dieting was not asked about and thus not controlled as a factor in this study.

Recommendations

The results of this dissertation provide some minor insights into how Alaska Native women feel about their bodies. However, more research is needed to form a better understanding of body dissatisfaction among Alaska Natives. Future research could select

a specific tribe or area of Alaska to study body dissatisfaction within that region. Understanding how specific tribes relate to the standardized body expectations of the dominate White culture is unknown within the literature on body dissatisfaction. The Alaska Native culture is a collective society that lives within a dominate culture, this role should be a new area of study in itself. The influences of body dissatisfaction might be unique for a collective culture because of the interpersonal relationships each member of the tribe experiences.

Men were not considered for this study. Research about men's body dissatisfaction is a growing area of interest; however, information about Alaska Native men should be added to this growing interest. Another area of expansion is in the participants who are outside of the heterosexual group. Sexual orientations other than heterosexual should be studied to understand if body dissatisfaction is a factor that needs to be addressed in the therapy of depression or anxiety.

It would be recommended to use the BESAA (Mendelson et al., 2001) in a future study to confirm these findings. The BESAA (Mendelson et al., 2001) for this study had good reliability and the internal consistency for this study proved to be good. However, caution must be made in using the surveillance subscale of OBCS (McKinley & Hyde, 1996) because of the poor internal consistency, which has proved to be a major weakness of this study. Another area of strength was

Implications

Understanding the likelihood of body dissatisfaction within any given ethnic culture provides the foundation for treatments for the consequences of body

dissatisfaction, while providing focus of where research needs to look for insights based on specifics of ethnic minority cultures. Each new insight could provide needed information to develop educational programs to prevent or help those with body image related problems. One such important area of research is with the increased obesity rates of Alaska Native and American Indian cultures. Ford et al. (2011) has reported the increase in obesity among indigenous population, which has shifted focus to the state of the body. With a new interest in body image related themes a fuller understanding of body dissatisfaction and its consequences has produced a new understanding that all women cannot be clustered into one group (Gordon et al., 2010). Culturally sensitive interventions and treatment options have been effective, but not all ethnic minority cultures have been studied or understood by researchers to develop needed treatments. With the addition of Alaska Native women to the growing literature there can be a small understanding of where future research and current treatment options need to focus attention.

With the lack of research into ethnic minority cultures like the Alaska Natives there has been a gap in mental health needs of the indigenous group. Sue et al. (2009) argued that with the few available studies on indigenous populations there is a need to focus research into those groups to provide a better foundation for treatments and interventions. Increased research also provides an understanding for the risk factors within the Alaska Native culture (Schaefer et al., 2015). This study showed no difference among White and Alaska Native women in surveillance behaviors proving that more

research is needed to provide a better understanding if surveillance is a factor that changes the quality of life through body behavior changes.

This study was able to determine that body dissatisfaction is present within the Alaska Native culture; however, when compared to White women Alaska Native women report less body dissatisfaction. Knowing that body dissatisfaction is present provides a focus for research and for how to treat consequences like depression or eating disorders. Interventions could also be developed based on the finding of this study that Alaska Native women do not differ from White women in a desire for a smaller body size. Within understanding that there is a desire to achieve a small body size there is a response to messages provided by society to change how one views the body.

Conclusion

Body concerns have become normal for generations of women. Dieting and food restriction has become a way of life for those who desire a body ideal that is out of reach (Donovan et al., 2014). Research in the last decade has changed focus to include ethnic minority women, which has recognized body dissatisfaction is no longer limited to White women. This study added Alaska Native women to the growing body dissatisfaction research. This study of 134 participants was designed to understand ethnic differences in body dissatisfaction, surveillance behaviors, and ideal body size. The purpose of this quantitative study was to investigate whether ethnic differences exist between the independent variable of ethnicity and dependent variables of body satisfaction, surveillance, and ideal body size. The results found Alaska Native women, like Black, report less body dissatisfaction when compared to White women. Overstreet et al. (2010)

cautions that this conclusion that Black report less body dissatisfaction does not mean there is no body dissatisfaction present within the culture. The same conclusion could be said for Alaska Native women. They reported less, but there was still body dissatisfaction present.

Alaska Native women did not differ from White women in the desire for a small ideal sized body. This might be similar to Overstreet et al. (2010) findings that reported Black women desired an average weighted body, which resulted in a desire to have a lower weight. Alaska Native women might be similar to this finding because they too reported a desired body size that was similar to White women in this study. The pressure to be thin is present in our daily messages from society, the media, and interpersonal relationships. No ethnic culture is exempt from pressures to change or desire a body size or shape that is unrealistic (Roberts et al., 2012). Surveillance behaviors did not differ among Alaska Native and White women; however, the poor reliability of the scale among Alaska Native women shows that another assessment tool or redefining the measure might be needed to correctly calculate surveillance behaviors among indigenous cultures. Further research is needed to better understand the risk factors and consequences of body dissatisfaction among Alaska Native women.

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Appendix A: Demographic Survey

Please answer all of the following questions. All information will remain confidential.

Please select the appropriate answer.

Age:

Ethnicity:

Caucasian

Alaska Native

Other

Educational background (Highest level):

Less than High school

High school

College graduate (4-year degree)

Master's degree

Doctoral degree

Physical characteristics:

Current Height

Current Weight

Appendix B: Permission to Use the Body Esteem Scale for Adolescents and Adults

Beverley Mendelson
Wed 5/16/2018 3:12 AM

Hello,

You have our permission to use the Body Esteem Scale for Adolescents and Adults (BESAA).

Here are copies of the following:

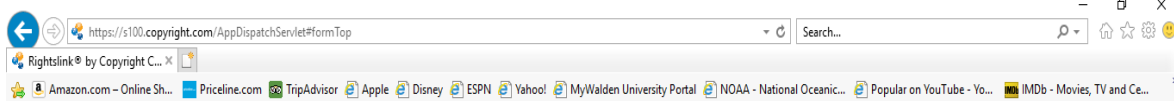
- a paper on the latest version of the Body Esteem Scale for Adolescents and Adults (bescale);
- the manual for the measure (bmanual), which has a copy of the scale in Appendix 1;

If you have difficulty reading the files, please let me know what word processor (and version) you use.

If you end up using the measure, I would appreciate receiving a report of any research you conduct with it.

Thanks for your interest in our work.

BKM




Title: Body-Esteem Scale for Adolescents and Adults
Author: Beverley K. Mendelson, Morton J. Mendelson, Donna R. White
Publication: Journal of Personality Assessment
Publisher: Taylor & Francis
Date: Feb 1, 2001
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Appendix C: Permission to Use the Contour Drawing Rating Scales

 Reply all |

Delete

Junk |

RE: Monahan CDRS permission

JG

Reply all |

Fri 6/1, 8:37 AM

...

TONI,

You have permission to use the Contour Drawing Rating Scale if you promise to send me a copy of your results.

J. Gray

Dr. James Gray

Department of Psychology

American University

From: Toni K. Monahan
Sent: Thursday, May 31, 2018 8:34 PM
To: James J. Gray
Subject: Monahan CDRS permission

Hello Dr. Gray,

I am a Walden University doctoral student working on my dissertation. I need written permission to use the Contour Drawing Rating Scale in my dissertation. I am seeking permission to reprint, use, and post online in a survey the CDRS? I am studying body dissatisfaction among Alaska Native women and I am eager to find what body size Native women prefer.

Thank you,

Toni Monahan

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Appendix D: Permission to Use Objectified Body Consciousness Scale

 Reply all |

Delete

Junk |

Automatic reply: Seeking permission to use OBCS

NM

Reply all |

Tue 5/8, 2:08 PM

...

Effective August 31, 2017, I have retired from UWT. I will no longer be responding to emails sent to this account.

If you are writing regarding the OBC Scales, you are welcome to use these scales for non-profit research.

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SAGE Publishing

Title: The Objectified Body Consciousness Scale
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Publication: Psychology of Women Quarterly
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Appendix E: Advertisement Used in Participant Recruitment

A Walden University doctoral student is conducting research to investigate opinions on health practices and appearance among Alaskan Native and White women.

Participation is always voluntary!

This study will be a good fit if you:

- are 18 - 50 years old
- White or Alaskan Native females

If you decide to take part in this study:

- you will complete a survey that could take 15 to 30 minutes

Thank you for participating in my study!

To take part in this study please take website address tab from below.

The principle researcher is Toni Monahan, contact at [redacted] or email at [redacted]

Please follow link... (to be added later)