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IDENTITY AND BODY IMAGE: HOW BICULTURAL INFLUENCES AFFECT THE DEVELOPMENT OF NEGATIVE BODY IMAGE AND DISORDERED EATING IN KOREAN AMERICAN ADOLESCENTS

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IDENTITY AND BODY IMAGE: HOW BICULTURAL INFLUENCES AFFECT THE
DEVELOPMENT OF NEGATIVE BODY IMAGE AND DISORDERED EATING IN
KOREAN AMERICAN ADOLESCENTS

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Abstract

The objective of this research project is to examine the existing literature related to culture, body image, and disordered eating in Korea and the United States as they are related to the identity and body image formation of Korean American adolescents in the United States. Because there is not much existing literature specifically investigating the experience of Korean American adolescents, this paper aims to synthesize the current research regarding Korean and United States culture to create a summary of factors that contribute to the development of negative body image and/or disordered eating in this population. In addition, these factors will be considered through the lens of acculturation, and how acculturation impacts the identity formation and identity security of Korean American adolescents. This paper concludes that research indicates that the Korean American adolescent population is at significant risk of developing negative body image and/or disordered eating tendencies. The Korean American adolescent population is not only increasing rapidly but is also less likely to receive proper treatment for mental health conditions including negative body image and disordered eating. This makes them a population of concern, necessitating further research on disordered eating and negative body image in Korean American adolescents specifically.

Introduction

Korean American adolescents have a unique cultural experience in the United States. Adolescents, generally, are influenced by their surrounding environments as well as their family context. Many Korean American families uphold Korean values, traditions, and cultural expectations, which can be significantly different than those held in Western cultures such as the United States.¹ Because Korean American adolescents are impacted by and thoroughly experience two different cultures, they must find a way to live simultaneously in both. These differences can sometimes cause stress for adolescents as they are forming their identity in a Western society.¹

This is called acculturative stress, which can be defined as “the conflict between cultural patterns that is experienced by immigrants and results in psychological distress.”¹ Acculturative stress can be affected by “cognitive factors (such as self-esteem), personal variables (such as gender, [and] age),”¹ and societal factors such as the existence of cultural pluralism. Because of the strain that acculturative stress puts on individuals emotionally and mentally, it “can lead to depression when stress exceeds the [person’s] ability to cope.”¹ Most commonly, acculturative stress is examined in first-generation immigrants, but recently is being considered as a contributing factor in the mental health status of second- and third-generation immigrants as well.²

Body image and disordered eating are key components to understand when addressing the issue of bicultural socialization and acculturative stress in Korean American adolescents. More specifically, body dissatisfaction is of concern. Body image is the concept that one has of their own body, including how it is seen in terms of size, shape, and satisfaction. Body dissatisfaction is when one sees their body as of a size, shape, or quality that is dissatisfactory to the individual. Regardless of a person’s physical condition, their perspective of their body is what defines their satisfaction or dissatisfaction with their body. Disordered eating can be defined in many different ways, centering around the idea that one’s eating pattern is ‘abnormal.’

This can mean that an individual has an altered or unhealthy view of a particular food group or have unhealthy standards for setting eating patterns.

Both negative body image and disordered eating have many causal factors that contribute to the severity and presentation of these issues. For example, disordered restrictive eating can be tied to “low self-esteem and body dissatisfaction.”³ Levels of consumption, either increased or decreased, can be affected by physiological metabolic needs. Feelings of need or cravings that arise due of negative emotional states can also impact levels of consumption.⁴ Emotional eating is one form of disordered eating that is broadly defined as overeating as a reaction or response to negative emotional states and can be both related to overweight and underweight status.⁴ Negative body image, or body dissatisfaction, is considered “a significant factor in the development and maintenance of disordered eating”,⁵ and has been linked to “impaired self-esteem, reduced social effectiveness”,⁶ and “reduced sense of personal worth”.⁵ Negative body image and disordered eating are closely intertwined, and connected with acculturative stress, making them issues of concern for Korean Americans.

Negative body image and disordered eating both have negative effects on individuals, and thus it is important to look at the factors that contribute to the development of these states. For example, as mentioned above, “low self-esteem and body dissatisfaction”³ are related to disordered eating. Another contributing factor identified by research is “media exposure and supposed reality”³ assumed from media consumption. This shows that body ideals can “be activated or accentuated depending on one’s external surroundings,”² such as by media in the culture that one is present in.

Adolescents are a population of particular importance because they “are more concerned with their body appearance and size than is any other age group.”³ Adolescents are increasingly involved with the media of the societies they are in. Social media, movies, and music all promote Westernized body ideals. Adolescents are arguably one of the most media-engaged age groups, making them especially vulnerable to negative body image issues attributable to media in the surrounding culture. In addition to the influence of surrounding cultures, “internal identification with a cultural or ethnic group”² can inform body ideals “rooted in cultural values”.² The scope of this research paper is to examine the existing literature related to body image and eating disorders as they present in Korean American adolescents, specifically in women. This paper will discuss my findings in the areas of Korean and American culture and body image issues, and how the two cultures co-exist as factors impacting Korean American adolescents’ body image and relationship with developing disordered eating or eating disorders.

Literature review

The literature reviewed for this paper mainly looked at culture in South Korea, the United States, and Korean American culture as they could impact the development of disordered eating or negative body image. Many aspects of each of these cultures were looked at, including societal norms and standards, the influence of family, religious influence, and international Westernization. To best understand how bicultural Korean American adolescents experience culture in relation to negative body image or disordered eating development, one must first understand what factors in Korean culture and American culture contribute to their development.

Korean Culture

One of the most important cultural factors in Korean culture is that Confucianism plays a major role in social standards and expectations. For over 500 years, Confucian values have been the formative base of South Korean social, political, and family values.³ In Confucian philosophy, the family is the most important element of society.^{5,6} In addition to placing heavy emphasis on the importance of the family, Confucianism also emphasizes strict gender roles, especially for women, as well as “the importance of avoiding interpersonal conflict.”⁵ These emphases on gender roles and avoiding interpersonal conflict are especially present within the family and tend to impact youth and women more than others in the family.⁵ All members of the family have the responsibility to conduct themselves in a manner that will not bring social shame on themselves. Any situation in which an individual is shamed in society means that there is also shame brought upon the family as a whole.⁵ Additionally, within the family, women are to be subordinate to men, whether that be a father, husband, or other man in the family.^{3,5} These strict gender roles limit women’s roles in the family as well as their ability to be independent in society in general.⁵

After the 1980s, Korea became a much more Westernized country, which involved the introduction of a market economy.^{2,5} Strict gendered expectations paired with living in a market economy make it difficult for women to succeed. “For a woman to be successful in a market economy, she must be assertive, competitive, and put her obligations to herself above her obligations to others. These characteristics ... bring potential disgrace to the woman’s family ... and are in marked contrast to traditional Confucian teachings.”⁵ Each of these traits that are needed to succeed in a market economy do not align with the role that women are supposed to fulfil within Confucian standards. This dissonance could be interpreted as being in conflict with society, and thus a form of interpersonal conflict, bringing shame to themselves, their entire families, and past ancestors.²

Another angle with which Korean culture must be examined to understand the development of disordered eating and negative body image is from the angle of collectivism. Korea is considered to have a collectivist culture rather than an individualistic culture.⁷ In collectivist culture, “people are largely perceived as a group and not as independent individuals”.³ In decisions and structure, individual choice, feelings, or opinions are not necessarily what is valued. Rather, the larger whole, or the group, is what should be considered in choices and decisions. Because of the focus on the group rather than the individual, some “South Korean people might internalize their negative feelings because expressing individual concerns is not generally acceptable in a collectivist society.”³

While collectivism can lead to many positive social outcomes, one of the negative social outcomes that often results is that mental health issues are less likely to be reported and treated.⁷ Mental health issues include negative body image and disordered eating. Because of the decreased likelihood of reporting mental health issues, “it is perhaps not possible to establish whether... South Korean women had issues with their body weight and image.”³

Historically, researchers have theorized that negative body image and disordered eating is lower in Korean and East Asian countries than it is in Western countries. This is because traditionally, “Korean women considered extra weight to be an indicator of higher status and better health.”³ In fact, low body weight or slenderness in women was associated “with poverty, poor health, and low fecundity.”⁶ Rather than supporting this theory, evidence shows that this conclusion is false.^{5,6} In their study, published in 2006, Jung and Forbes found that “East Asian societies actually have *more* body weight dissatisfaction than Western societies.”⁶ Jung and Forbes focused specifically on the body image and perceptions held by Korean women. They

found that “South Korean women perceive a greater difference between their actual and ideal weights”² than American women do, even though Korean women were closer to a normal body mass index (BMI) than Western women were.

In another study, Asian women, including Korean women, “had poorer body image compared with their White counterparts even after controlling for weight.”² This body dissatisfaction or negative body image is understandable when the societal standards for body shape, size, and presentation are considered. With women bearing the weight of upholding cultural norms within families while they also disrupt cultural norms by entering the workplace, their self-image and self-worth are explicitly tied to how they are perceived by others. In South Korea, “physical appearance is often factored into hiring decisions”⁸, meaning that one’s body functions as “a significant and salient social and economic pressure.”⁸ If one’s body is not considered to be ‘appealing’ or ‘acceptable’ to be hired for a job, one’s self-esteem and self-worth is tied to their body image. If not hired, women might consider themselves a failure, which can be a “common bridge symptom between disordered eating and depression symptoms.”⁹

The United States’ Culture

Culture in the United States (i.e., American culture) is characterized by two main traits, individualism⁷ and consumerism.¹⁰ Individualism focuses highly on the individual, emphasizing individual opinions, feelings, and choices. The individual is considered over the group.⁷ Consumer culture is a key component of capitalism, the United States’ economic system. In consumer culture, “the good life [is] available for purchase,”¹⁰ and is therefore attainable by anyone, as long as they purchase the correct products. This culture of individualism and consumerism is key to the character of the United States and is prevalent in the United States’ interactions with other nations, as will be discussed later.

In American consumer culture, one’s body and appearance are directly related to how one’s character is perceived.¹⁰ In fact, “those who become fat, or let their appearance go, or look old before their time, [are] not only slothful, but [have] a flawed self.”¹⁰ Because of this, society mandates that “people should attend to their body image in an instrumental manner, as status and social acceptability depend on how a person looks.”¹⁰ This connection between appearance and character judgements can be attributed to media and its role in establishing social perceptions of the ‘ideal’ body.

Media, including advertisements, movies, video games, and social media, all create the opportunity for the average person to compare themselves to the ‘ideal’ bodies that are depicted.¹⁰ In media such as movies and video games, admirable characters are presented with unrealistic bodies, setting the standard people compare themselves to.¹¹ While these unattainable bodies are just images shown in popular media, “[images] are often used to summon up and crystallize”¹⁰ the ideal of a thin, unrealistic body. In marketing, smaller, thin bodies are pictured as desirable. Media and celebrities promote this ideal of thinness, creating an even more exaggerated desire for a thin body.³ Products are marketed as solutions to the ‘problem’ of not having an ‘ideal’ body. A person must purchase these products in order to change their bodies so that they will look more like the ‘ideal’ shown in advertisements. With the prevalence of this mentality, “[transformation] is not only central to consumer culture, it is one of the key tenets of Western modernity.”¹⁰ Women are the key targets of this media. One study of advertisements in magazines found that women’s magazines included 80 times as many ads for food products, 63

times as many ads for diet foods, and 12 times as many articles about “weight, dieting, and body size”¹¹ than men’s magazines did.

While there has been some shift in the ‘ideal’ body in the United States over different decades, the thin body has maintained its status as the standard throughout the last century. As early as 1900, consumer culture had roots in the United States and was influential in establishing the idealization of thinness.¹⁰ As popular media shows, thinness maintained its status as the ideal, and has only become more exaggerated overtime. In 1920, the Miss America pageant began. The average BMI of the contestants was 22, which falls within the ‘healthy’ BMI range of 18.5-24.9.¹¹ In 1959, the Barbie doll was introduced to the American market. The average modern woman in the United States has a BMI of 28.4. Barbie, at her introduction, had a BMI of 13.74. This falls well below the cutoff for a ‘healthy’ BMI, which is 18.5.¹¹ Barbie’s popularity and success within consumer culture solidified the ultra-thin body as the ideal for women. In the 1960s, there was a brief reversal of the downward trend of idealized BMI with Marilyn Monroe’s rise in popularity. Monroe was by no means ‘overweight’ and was still relatively thin but had a larger body shape than was common to see among models and actresses of the time.¹¹ Unfortunately, the idealized BMI continued to drop through the following decades. In the 2000s, the average BMI of the Miss America pageant’s contestants was 16.9, five units lower than it was at the start of the competition.¹¹ In 2007, models in the runway industry were required to be extremely thin. This ultimately led to the death of two prominent runway models with BMIs of 14.5 and 13.4.¹¹ With the consequences of emphasis on extreme thinness made public, the modeling industry in the United States introduced new standards such as restricting the industry to those older than 16, providing education about eating disorders, and preventing smoking and alcohol during fashion shows. However, none of the new standards called attention to the issue of low BMI.¹¹ In more recent years, the ideal body, at least in the perception of the average person, has diversified.² Due to the range of ideal bodies found in different cultures present in the United States, larger bodies are becoming socially acceptable as an ‘ideal body’.²

Despite this shift, what is desirable or attractive in different body shapes is still largely unattainable and many women are dissatisfied with their bodies. The Girl Scouts of America conducted a survey of girls younger than age 18 and found that 59% of the respondents were dissatisfied with their bodies.¹¹ 33% of respondents had a distorted perception of their weight, meaning that the respondents did not have a correct perception of a healthy body weight to compare their own body to.¹¹ Ultimately, only 2% of survey respondents said that they would call themselves beautiful, emphasizing that beauty ideals still have an incredible impact on even young girls.¹¹

In the United States, there is also a unique conception about what makes a body desirable that varies between genders. For men, instrumentality or appearance to be physically powerful is what is desirable. However, “women’s bodies are generally valued for their ornamental aspects.”⁸ This difference in desirable traits between gendered bodies could explain the difference in rates of disordered eating between men and women. An interesting point to note, however, is that all bodies, including men’s, are becoming increasingly objectified and compared to unrealistic ideals. This is leading to an increase in disordered eating incidences in men, to the extent that men and women’s rates of disordered eating and negative body image are predicted to converge.⁸ This emphasizes the fact that regardless of the body that a person exists in, there are unrealistic expectations for how a body is supposed to function and look to others.

Women were not involved in the economy of the United States until relatively recently in its history. For much of the United States’ history, women primarily worked in the home,

providing household labor (cooking, cleaning, and general maintenance of the home) as well as reproductive labor (birthing and raising children). While these roles are incredibly important in maintaining the livelihoods of individuals and supporting a consumer-based economy, this labor is typically left out of economic and historical analyses.¹² This absence of gender-based analysis of economic structures due to a historical societal lack of emphasis on the experiences of women means that there is little documentation and analysis of the experiences of women as they transitioned into formal roles in the economy.¹²

As in much of the developing and developed world, the United States is progressing towards gender equality, although the process is slow and in many areas of society there are still large gaps in equality. For example, legally, women and men are very nearly, if not fully equal. However, this change is slower to take effect practically and socially. Women, on average, are still paid less than men, and women still have lower levels of education than men do.¹³ Additionally, women and men are still socialized differently in the United States. Women are more likely to have views that emphasize care for children, interconnectedness between people, and fairness between genders.¹³ Women also demonstrate differences in alignment with ‘traditional’ views (upholding ‘feminine’ gender roles, family oriented) depending on their employment status. Women who work part time are more likely to be ‘traditionally’ oriented, whereas women who work full time and are more incorporated in the economy are less likely to be ‘traditionally’ oriented.¹³

Global Westernization

Westernization (Americanization) is the process in which Western “fashion and popular culture, economic and political structures or values, social roles and expectations of others,” are conveyed to non-Western nations through exposure.² Americanization is not something that can be defined simply though. It is a long-term, complex process as it covers many different aspects of normal life and social organization. Because of its impact on nearly every aspect of life, Westernization “may be related to body dissatisfaction and weight concerns among women.”⁶ Americanization is an important concept to discuss in relation to disordered eating in Korean American adolescents because it impacts not only how Korean culture conceives the ideal body in recent generations, but it also describes how American culture has come to be the prominent lens through which mental health and body image are seen globally.

Americanization has been seen to have negative impacts on body image and disordered eating in many different cultures of the world. Generally, “increased exposure to Western influences has been associated with increased body dissatisfaction.”⁶ This is because people tend to adhere to what is societally considered ‘normal.’ As Western influences infiltrate other countries, people in those countries will accept American ideals as the ‘normal’ ideals in their countries.³ When it comes to body image, Western influence has caused the prevalence of disordered eating to increase among women, particularly in Asian cultures.^{3,5,6} Part of this could be due to the changing role of women in society. In Korea and many other non-Western countries, women have been gaining social standing and equal opportunity. In non-Western countries where social roles are changing for women, there is also seen an increase in body dissatisfaction.² This is largely due to the fact that part of Westernization is the internalization of American body ideals.²

When it comes to the increase in negative body image and disordered eating in non-Western countries due to Westernization, there are two main theories for why this is the case:

feminist theory and sociocultural theory. Feminist theory says that “spreading of depictions of unrealistic appearances is a means to perpetuate gender inequality” in reaction to changing social norms that allow women to move up the social ladder.³ In places where the influence of American culture has created more social opportunities for women and increased gender equality, women are more likely to have negative body image and body dissatisfaction, due to the prevalence of unrealistic body ideals in media.³ The thought is that women will be kept out of public spaces and public positions due to developed insecurities.^{3,6,8} If this is true, in places where there has been social shift towards gender equality, women experience greater rates of body dissatisfaction. This has been seen in countries in Eastern Europe that have been Westernized.² Sociocultural theory says that rapid social change in non-Western cultures due to Western influences causes an increase in the number of people who experience negative body image or disordered eating.^{5,6} In contrast to feminist theory, sociocultural theory points to social instability from rapid change as a causal factor in the development of self-image issues. If the social standard for the ‘ideal body’ is in flux and no longer defined the way it has been traditionally, one’s self-image then is also unstable. Increases in body dissatisfaction and disordered eating will continue over time as the culture becomes increasingly Westernized.³

Identity Formation with Bicultural Norms

Considering the differences between Korean culture and American culture as well as the Westernization of Korea, the difficulty with acculturation that Korean American youth face is understandable. When factoring in body image and disordered eating, the issue is further complicated. “[T]he relationship between culture and body image is complex” and can be impacted by what external inputs a bicultural individual is receiving.² Guan, Lee, and Cole looked specifically at how external cues impact how a bicultural individual perceives their cultural identity. They determined from their study that when presented with one set of images, either deemed ‘North American’ or ‘Korean’, individuals tended to associate themselves more with the culture that was *not* shown on the stimuli; if an ‘American’ stimulus was shown, the individual was more likely to associate their identity with a non-American culture, and vice versa.² This study shows the importance of external social stimuli in influencing one’s cultural identity. For Korean American adolescents, being surrounded by American culture could influence them to lean into their Korean cultural identity.

Unfortunately, society in the United States does not often encourage people to live into multiple cultural identities. In the United States, “people with more than one race will be classified based on their physical features and acknowledged by only one race.”¹⁴ Applying the findings of Guan, Lee, and Cole, this would cause Korean American adolescents to lean into their American identity. However, cultural identity development is more complex than just applying external stimuli to determine one’s cultural identity. Some of the factors that can affect cultural identity include the inherited influences that come from one’s family and their cultural identities, as well as the external social environment. The ecological model of identity formation describes this process well. In the ecological model of identity formation, there are two main lenses that impact one’s identity formation. The first lens is called the contextual lens. This includes factors that affect a person’s identity such as gender, socioeconomic status or class, and racial or ethnic histories that impact how a person views themselves in their social context.¹⁴ The other lens is the lens of inherited influences. This lens includes things such as “given names, language spoken at home, cultural values, parent’s identity, family identity, and extended

family.”¹⁴ It can also include individual traits such as “temperament, talents, and coping skills,”¹⁴ as well as social contexts such as “home, school, work,” friend groups, and the broader surrounding community.¹⁴

All of these aspects that influence one’s identity formation are incredibly important in shaping a person’s self-image. Negotiation is the process through which individuals who are part of multiple cultural traditions find the middle ground between cultures and determine their own self-image.¹⁴ If a person is successful in negotiating, they are considered to have identity security. Identity security can be defined as “the degree of emotional safety” that a person has regarding their social membership with any and all cultures they are a part of.¹⁴ The opposite of identity security is identity vulnerability, which is a “degree of anxiousness of ambivalence” regarding social membership and results in a person not having a clearly defined self-image.¹⁴

The family is an especially important factor that plays a role in identity development. The family, “where biracial persons live, has to be analyzed because it creates the environment surrounding them, which has a critical role in helping them understand and value both racial heritages.”¹⁴ It is well established that the family is the first point of socialization for people, and the first influencing factor in the individual’s development. Importantly, one’s self-image is influenced by their family. Family members can be particularly important in helping one develop a “positive self-concept”¹⁴ Family can also be the cause of critical self-image, which can have negative implications for mental health in the future.^{7,14} This positive or negative self-image that comes from family can cause a person to relate that self-image with the culture and heritage of the family. If negative, this can make “individuals distance themselves from an ethnic group, or ... remove the remnants of cultural or racial markers to free themselves” from the self-image they have connected to their racial or ethnic heritage.

Discussing the process of identity formation in a cultural or ethnic context is important because it gives key insights into how cultural identity formation, as well as identity acceptance or rejection, play into mental health, negative self-image, and disordered eating. An important factor to look at when talking about adolescents, especially, is the effects of multiple generations on identity formation and mental health outcomes. As discussed earlier, it has been found that Korean women have higher rates of negative body image and disordered eating than American women do.^{2,5} In addition to this, women who were born and raised in Korea “have more disordered eating attitudes than Korean American” women do.³ For Korean American women, it has been found that “first-generation immigrants [experience] greater acculturative stress, lower self-esteem, and higher depression than later-generation individuals”.¹ Within the later-generation individuals, second-generation individuals experience more stress than third-generation individuals, and so on and so forth.¹ This is due to later generations becoming more accepting of American cultural norms over time.¹ Second-generation individuals can feel “caught between immigrant parents’ culture and the culture of the dominant group”;¹ or in other words, between their parents’ traditional Korean values and the surrounding American cultural norms. This paper focuses primarily on female Korean American adolescents because “women are often ‘bearers of culture’ who uphold cultural ideals and standards” and thus are more often likely to have struggles with body image and disordered eating.²

Culture plays a large role in determining body ideals, and thus is extremely influential in a person’s body image development.² Given this, “bicultural individuals may have complex and dynamic images of their own bodies” as they are influenced both by their familial culture’s body ideals and their surrounding culture’s body ideals.² Korean American adolescents participate in Korean culture, which emphasizes an extremely thin body as the ideal,² and American culture,

which emphasizes a thin body as the ideal but is more accepting of other bodies.² While a person may struggle with defining what they consider to be the ideal body as they are immersed in both cultures, the culture that a person most closely identifies with is most likely to also be the cultural body ideal that they accept.² For example, personal acceptance of Korean identity would mean that the individual is more likely to accept the thinner Korean body ideal.

Discussion

Implications

Recent research shows that Asian American adolescents only utilize mental health resources at half the rate that White American adolescents do.¹⁵ Given that negative body image and disordered eating are under the umbrella term of mental illness, Asian American adolescents are about half as likely to receive mental health service support to treat their negative body image or disordered eating than White American adolescents are. As discussed earlier, Korean American adolescents must deal with compounding cultural body image standards, which can contribute to negative stressors that contribute to the development of disordered eating and negative body image such as negative self-image and low self-esteem.³

This information tells us that Korean American adolescents are more at risk for developing negative body image and/or disordered eating attitudes or tendencies. However more likely they are to develop these conditions; they are not more likely to access mental health treatment resources to process and work through these issues. Because of this, Korean American adolescents are more likely to struggle with undiagnosed and untreated negative body image and disordered eating than White American adolescents are. This is partially due to Asian cultures being collectivist rather than individualist cultures. Collectivist cultures, as discussed earlier, emphasize harmony and group relationships rather than individual concerns. Mental health issues often present internally rather than externally, meaning that they are not necessarily visible, unlike behavioral issues or physical illness. Cultures that focus on the group and emphasize harmony may not see internalized mental health issues as concerning because they do not disrupt group harmony.⁷ Additionally, Asian American youth are “less willing to express mental health problems and ... needs because they tend to view them as a burden to family and friends”.¹⁵ Because of the cultural emphasis on not bringing shame to the family in Confucian and collectivist cultures, youth are less likely to voice issues that could bring shame to the family or make themselves appear burdensome.

The Korean American population is increasing rapidly. When the 2000 United States Census was completed, it found that “the number of Korean Americans in the United States increased by nearly 35%” between the years of 1990 and 2000.¹ This data is not recent, and it can be inferred that this trend continued, as the United States is becoming a more diverse and less White nation. With the Korean American population increasing, the number of Korean American youth and adolescents are increasing as well. With an increase in Korean American adolescents, there should be an increase in disordered eating and negative body image issues found in the population as well. However, from what Zhang, Cain, and Liao found in their research, we can also predict that the increasing population of Korean American adolescents with disordered eating and negative body image issues is not receiving the amount of mental health services needed to treat these issues. If untreated, these complicated relationships with food and

body become part of the family culture that is passed down from parent to child, becoming an issue for future generations as well.

Today, mental health in adolescents is a subject of concern, both within the general population and for those professionally connected to public health. Additionally, the United States is seeing rising levels of disordered eating and body image issues, especially in the adolescent population. After the COVID-19 pandemic, self-reports of eating disorders and disordered eating tendencies became a significant public health concern. Termorshuizen, et. al. completed an online survey in 2020 asking people who self-reported to have an eating disorder about their mental health and eating disorder symptoms.¹⁶ Over 500 people from the United States responded to the survey over a period of 28 days.¹⁶ The study found that the COVID-19 pandemic and resulting lifestyle changes caused those with self-reported eating disorders to have “greater restriction in [anorexia nervosa]” and “increased eating in [bulimia nervosa] and [binge eating disorder]”.¹⁶ From this we can see that individuals who were already suffering from disordered eating tendencies experienced an increase in their symptoms.

In addition to the concerns that this research presents for Korean American youth, these concepts and conclusions can be applied to other bicultural youth in other locations. Acculturation happens to some extent for every individual who is navigating two contrasting cultures as part of their everyday lives. The conclusions of this paper cannot necessarily be applied to all bicultural adolescents because “incidence and manifestations of body dissatisfaction and eating disorders sharply differ among ethnic groups”,⁵ but these issues “now appear in much, arguably all, of the developed and developing world”.⁵ These issues are not something that is unique to Korean American adolescents or even to bicultural adolescents in the United States. These issues are something that bicultural individuals globally are likely faced with, making body image issues and disordered eating related to identity formation a global issue.

Limitations

There are limitations to the literature review and the conclusions that are able to be made from the information gathered. Different portions of the research focused on the ‘Asian’ population when discussing mental health or disordered eating and negative body image. This is unspecific and unhelpful when trying to gather meaningful information about specific populations. Firstly, the term ‘Asian’ refers to a massive area of land that contains many different ethnic groups, each containing different cultural groups. To mass-refer to all individuals as ‘Asian’ discounts the extensive variance that there is across the landmass. Secondly, North American researchers use “the term *Asian* to refer to the people from East Asia... or Southeast Asia” and Western European researchers often use “the term *Asian* to refer to persons from India or Pakistan”.^{2,5} Therefore, in conducting research, it is important to look at where the research is coming from to determine what people groups are being referred to by the term ‘Asian’. For the literature review of this paper, it was crucial to look at what populations, specifically, authors were referring to when they used the term ‘Asian’ to determine if the information was relevant to the Korean population.

Another limitation to the literature was that there was not a significant amount of research regarding the Korean American population. There was much research available about Korean populations and about the United States population, but this research only provides limited information that can be applied to the Korean American population. It can be inferred or

hypothesized as to how these two sets of research combine with research about acculturation in Korean American populations, but there is not *specific* research for the Korean American population examined in this literature review.

The third limitation applicable to the literature on disordered eating and negative body image in Korean populations is that body dissatisfaction and disordered eating is not just a modern issue, but a historical issue. Most of the research cites Western influence as the main factor responsible for the prevalence of disordered eating and negative body image found in Korea and other Asian nations. However, “the emergence of [eating disorders] in some parts of Asia prior to Western influence [challenges] such theories and [highlights] the unique phenotypic expressions of [eating disorders]”.¹⁷ In fact, there are “intriguing parallels between increases in body dissatisfaction in Asian countries and increases in body dissatisfaction in the countries of Eastern Europe”.⁵ Much of what is assumed and written about in the literature regarding disordered eating and body image in Asian nations such as Korea requires that Western influences be the cause of the societal increase in disordered eating prevalence. However, if body dissatisfaction trends in Eastern Europe parallel those in Asian countries, and emergence of eating disorders in Asia predate Westernization, these assumptions may be discounted, and other explanations would have to be found.

Further Research

This literature presents relevant information regarding disordered eating and negative body image as they present in female Korean American adolescents. However, there is much room for further research on this issue. Outside of the scope of this literature review, there is a gap in research regarding disordered eating and body image issues in male Korean American adolescents, as there is for the male population in general, regardless of ethnicity or nationality. Disordered eating and negative body image are issues that affect men as well as women, and the lack of research in the field is disheartening. Within the scope of this literature review, there is a need for research on body image and disordered eating in the Korean American population as a whole, but especially for research in the Korean American adolescent population. With this, further research is needed on mental health service utilization in the Korean American adolescent population specifically, and research on disordered eating and body image issue treatment would be recommended. Finally, more research is needed on the issue of acculturative stress in the Korean American adolescent population. There are multiple novels and biographies written about the experience of growing up as a Korean American adolescent, but there is not much scientific research regarding the process and experience of acculturation for the Korean American adolescent population.

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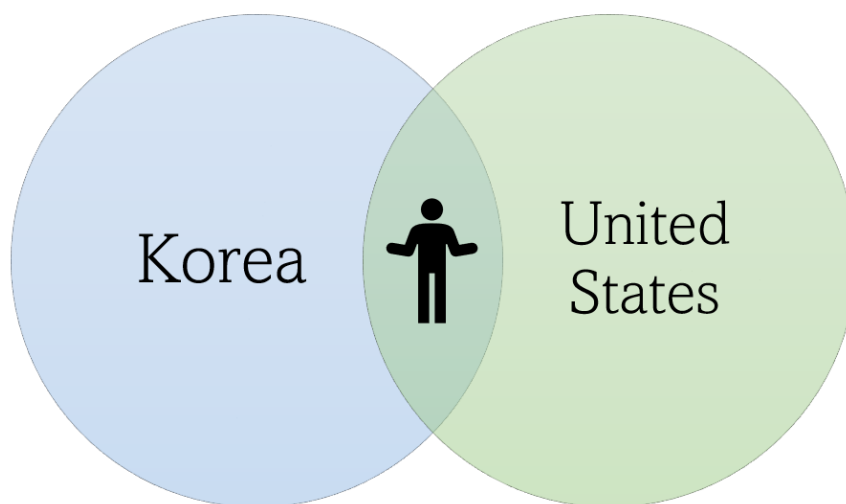
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Appendices

Presented orally at the Honors Research Symposium on May 20, 2023 in a four-person panel.

Moving Forward and Looking Back: Negotiating Culture and Promoting Wellness

The relational nature of culture and human identity allows for constant negotiation between people, their values, and their social institutions. Policy and education can be used to identify aspects of culture and knowledge formation that contribute to negative outcomes. With perspectives in healthcare, business, and sociology, the panel will explore the nuanced challenges of interrogating harmful practices while preserving culture.



Identity and Body Image: How Bicultural Influences Affect the Development of Negative Body Image and Disordered Eating in Korean American Adolescents

This panel focuses on the relational nature of humanity; how within relationships, individuals negotiate with their values, other individuals, and social institutions. My research focused specifically on identity formation, how Korean American adolescents incorporate two different cultural backgrounds to develop their own identity, and how this ultimately impacts their body image and risk of developing disordered eating tendencies.

Intro/background

Korean American adolescents have a unique cultural experience in the United States. Adolescents, generally, are influenced by their surrounding environments as well as their family context. Many Korean American families uphold Korean values, traditions, and cultural expectations, which can be significantly different than those held in Western cultures such as the United States.¹ Because Korean American adolescents are impacted by and thoroughly experience two different cultures, they must find a way to live simultaneously in both. These differences can sometimes cause stress for bicultural adolescents as they are forming their identity in a Western society.¹

This is called acculturative stress, defined as “the conflict between cultural patterns that is experienced by immigrants and results in psychological distress.”¹ Acculturative stress can be affected by “cognitive factors (such as self-esteem), personal variables (such as gender, [and] age),”¹ and societal factors such as the existence of cultural pluralism.

Body image and body dissatisfaction are key components to understand when addressing the issue of bicultural socialization and acculturative stress in Korean American adolescents. Body image is the concept that one has of their own body, including how it is seen in terms of size, shape, and satisfaction. Body dissatisfaction is when one sees their body as of a size, shape, or quality that is dissatisfactory to the individual. Regardless of a person’s physical condition, their perspective of their body is what defines their body satisfaction or dissatisfaction.

My research examined the existing literature related to body image and eating disorders as they present in Korean American adolescents, specifically in women.

Korean culture

Confucian values have been a part of South Korean social, political, and family structure for over 500 years.³ There are three main values that are central to unpacking Confucianism; gender roles, the importance of family, and the avoidance of conflict.^{5,6} Traditionally, women are subordinate to men of all ages in the family, and elder family members are to be respected.^{3,5} The family is the most important unit in the Confucian value system. A key aspect of this importance is that each individual is responsible for maintaining the family’s reputation. Disregarding social norms brings shame not only to an individual, but to living family and past ancestors as well.⁵ Similarly, avoiding interpersonal conflict is a value within Confucianism, not only because it brings social shame on the individual, but the family.⁵

Collectivism is another important aspect of Korean culture.⁷ In collectivist culture, “people are largely perceived as a group and not as independent individuals”.³ Collectivism emphasizes wellness of the group over wellness of the individual, especially when it comes to internally presenting, non-visible, non-disruptive conditions such as body image issues or disordered eating. Because of this, mental health conditions are more often internalized and left untreated.

The final piece of the picture is looking at the ideal body in Korean culture. Bodies presented in media as ‘ideal’ are extremely thin, such as seen in K-pop idols. A study conducted in the 2000s found that negative body image and disordered eating are more prevalent among Korean women than they are among American women⁶, showing that this extremely thin body ideal has a severe effect on women immersed in Korean culture.

United States culture

In contrast to Korean culture, the United States has an individualistic culture.¹⁰ Individualism focuses highly on the individual, emphasizing personal opinions, feelings, and choices. The individual is considered over the group.⁷

Consumerism is also an important part of the United States culture. In consumerism, “the good life [is] available for purchase,”¹⁰ and is therefore attainable by anyone, as long as they purchase the correct products. Additionally, one’s body in United States consumerism is directly related to their character. “[T]hose who become fat, or let their appearance go, or look old before their time, [are] not only slothful, but [have] a flawed self.”¹⁰ Media plays into this messaging significantly, with advertisements, movies, and videogames promoting the thin ideal.

In the United States, a small, thin body is the ideal, similar to the Korean ideal. The ideal body in the United States has become thinner and thinner over the years, as can be seen in the modeling industry and the introduction of dolls such as Barbie.¹⁰ In more recent years, the culture has become more accepting of larger bodies, but this is not standard. In a study conducted by the Girl Scouts of America, 33% of the respondents, all under the age of 18, had a distorted perception of their body. Only 2% of respondents said that they would call themselves beautiful.¹¹ This emphasizes that women in the United States hold themselves to an ideal that is unachievable or unrealistic, leading to widespread body dissatisfaction.

This also raises the question of what it means to be a *beautiful* human. As mentioned earlier in the introduction, body satisfaction is dependent on how a person perceives their body, regardless of its physical quality. In this sense, there can be no objective definition of what a 'beautiful' human looks like. The 'ideal body' is something that is often talked about, but when looked at from this perspective, there can be no 'ideal body.' The 'ideal body' is unique to every individual and what they, uniquely, see as *beautiful*. Thus, part of the human experience is defining what a 'beautiful' human looks like to oneself, whether than be ultimately a positive, attainable, definition or not. This was not something that I discussed in my research, but a subject that would make for relevant future research.

The larger research project delves into these areas in more depth and discusses the impact of Westernization on the relationship between these two cultures, but that will not be discussed in this summary.

Identity formation with bicultural norms

Considering the differences between Korean culture and American culture, the difficulty with acculturation that Korean American youth face is understandable. There are many factors that contribute to Korean American adolescents' identity formation. One study examined the impact of cultural stimuli on identity association. When presented with one set of images, either deemed 'North American' or 'Korean', individuals tended to associate themselves more with the culture that was *not* shown on the stimuli; if an 'American' stimulus was shown, the individual was more likely to associate their identity with a non-American culture, and vice versa.² For Korean American adolescents, being surrounded by American culture could influence them to lean into their Korean cultural identity. Other factors that can affect identity formation include inherited influences from family and cultural identities, as well as the external social environment.

Negotiation is another important concept to discuss. Negotiation is the process through which individuals who are part of multiple cultural traditions find the middle ground between cultures and determine their own self-image.¹⁴ If a person is successful in negotiating, they are considered to have identity security. Identity security can be defined as "the degree of emotional safety" that a person has regarding their social membership with any and all cultures they are a part of.¹⁴ The opposite of identity security is identity vulnerability.

Culture plays a large role in determining body ideals, and thus is extremely influential in a person's body image development.² Korean American adolescents participate in Korean culture, which emphasizes an extremely thin body as the ideal,² and American culture, which emphasizes a thin body as the ideal but is more accepting of other bodies.² While a person may struggle with defining what they consider to be the ideal body as they are immersed in both cultures, the culture that a person most closely identifies with is most likely to also be the cultural body ideal that they accept.²

Implications

The Korean American population is increasing rapidly. When the 2000 United States Census was completed, it found that “the number of Korean Americans in the United States increased by nearly 35%” between the years of 1990 and 2000.¹ With the Korean American population increasing, there is an increase in Korean American adolescents, and an increase in disordered eating and negative body image issues found in the population. However, according to recent research, we can also predict that the increasing population of Korean American adolescents with disordered eating and negative body image issues is not receiving adequate mental health services to treat these issues. If untreated, these complicated relationships with food and body become part of the family culture that is passed down from parent to child, becoming an issue for future generations as well.

Connection to what it means to be human

In addition to the concerns that this research presents for Korean American youth, these concepts and conclusions can be applied to bicultural youth in other locations. Acculturation happens to some extent for every individual who is navigating two cultures as part of their everyday lives. These issues “now appear in much, arguably all, of the developed and developing world”.⁵ These issues are something that bicultural individuals globally are likely faced with, making body image issues and disordered eating related to identity formation a global issue.

In this sense, my research addresses three universal aspects of humanity: our relationships with food, our relationships with our bodies, and our relationships with cultural experiences. Part of the human experience is living in a cultural context, and either consciously or unconsciously negotiating between our cultural context and our understanding of self. One’s relationship with food is often born out of their cultural context, such as how their culture views the experience of eating, how ‘healthy’ foods are defined, and how foods are accessed. Their relationship with their body is born out of their understanding of self in both their social context and their own personal definition of an ‘ideal’ body. Ultimately, one’s experiences with food, their body, and their culture, are virtually inextricable from each other. One’s view of their body impacts how they interact with others and the world around them, impacting their experiences with their culture, with others in their social context, with their health in general, and with their food. This complex, intertwined relationship is part of what defines the human experience.

Research in the context of the larger panel

The final component of our panel looks at how we can recognize harmful cultural practices or beliefs and still preserve and appreciate those cultures. As seen in my research, aspects of both Korean and American culture can contribute to negative mental health outcomes for Korean American adolescents. That being said, those cultural aspects can also produce positive outcomes, which is why they have remained intact over many generations.

In light of my research, it is important to examine the existing knowledge structures in the profession of dietetics. Within dietetics, as in many health professions, seriously accounting for patients’ cultural experiences in their treatment is a relatively new concept. As nutrition professionals, it is crucial to understand both one’s own cultural experience as well as the cultural experience of the patient. Understanding one’s own allows the nutrition professional to recognize their own biases and gaps in knowledge that could impact their treatment of a patient from a different cultural context. Understanding the patient’s cultural experience helps inform

counseling strategies and nutrition prescriptions that will be effective for the patient. For example, it is important to understand the nuances of family structure and collectivist values present in Korean culture to understand part of a patient's view of themselves and the social context they exist in. The same goes for America and the consumer culture that is so deeply ingrained in the average American's lifestyle. Only after recognizing the importance of these cultural components can negative body image or disordered eating be adequately addressed.

Part of understanding healthcare from a nutrition perspective is acknowledging that one's cultural experience and attitudes are equally if not more important than simply looking at a patient's lifestyle or dietary patterns. It is not enough to simply use knowledge of the presentation of these conditions and attempt to treat them by addressing mental attitudes and day-to-day practices. In order to successfully heal a patient's relationship with food or body, the patient must be able to negotiate their health goals with their cultural experience and learn how to allow the two to interact in a health-encouraging manner.