

The role of body dissatisfaction as a risk factor for depression in adolescent girls Are the differences Black and White?

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Abstract

Body dissatisfaction, disordered eating and depression differentially affect adolescent girls (compared to boys); however, these variables have not been examined in relation to ethnicity. A review of the literature finds that Black adolescent girls are more satisfied with their bodies than White adolescent girls and engage much less frequently in dieting or disordered eating than do White girls in the US. A central question raised by this review is whether body dissatisfaction and pubertal timing are as relevant to our under-

standing of the etiology of depression in Black girls as they appear to be in White girls. Based on the available data, it does not seem that a risk factor model supporting the role of early pubertal timing, weight increases and body dissatisfaction in the development of depression applies to Black adolescent girls. This review underscores the need for future research with a variety of ethnic minority groups to better understand the etiology of adolescent depression. © 2002 Elsevier Science Inc. All rights reserved.

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Introduction

Improving the scientific knowledge base regarding the mental health of ethnic minority populations, adolescents in particular, and ensuring the provision of culturally competent services have been identified as public health priorities [1]. Detailed reviews of the empirical literature focusing on specific mental disorders are needed to determine the prevalence of and risk factors for specific disorders as a basis for establishing the clinical services and preventive intervention needs for adolescents from culturally diverse groups. Such reviews also may identify gaps in knowledge and point to further research needs.

Moreover, much of what we know about adolescent mental disorders is based on largely White samples. Research agendas and treatment approaches are often developed from this vantagepoint, which may be inappropriate or unwarranted for minority populations. Thus, a better understanding of ethnic differences in the disorders

common to adolescents will broaden the scope of research and assist in the development of appropriately tailored treatment and prevention strategies.

Depression ranks among the most common mental health problems of adolescent girls [2,3] and a growing literature suggests that depression is persistent, recurring and contributes to numerous secondary adverse health and mental health outcomes [4]. The persistence and negative consequences of depression may be explained by the fact that depression “erodes personal and psychological resources” [4] (p. 203) and interferes with the accomplishment of important normative developmental tasks [5]. Improving our understanding of depression is critical if we are to develop interventions aimed at reducing the prevalence and incidence of this disorder.

Two major conceptual questions will be addressed in this review. One, do Black and White girls differ in depression and body dissatisfaction? Two, does an etiological model of adolescent depression apply equally well to Black as to White girls? In this review, we will examine the available evidence for each of these questions to determine whether any empirically based conclusions can be derived. A systematic literature search of two major databases (Medline

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and American Psychological Association PsychLit) was conducted, using the following key words in various combinations: Black, African American, White, Caucasian, depression, eating, body image, eating disorders and adolescence (e.g., Black and depression; depression and eating).

Depression in Black and White adolescents

Depression is one of the most prevalent mental disorders in the US. Longitudinal studies of White samples have shown that adolescence is a high-risk period for the onset of depression. For example, the Oregon Adolescent Depression Project reported point prevalence rates of major depression in female adolescents of 3.37% (Time 1) and 3.58% (1 year later) [2]. Lifetime prevalence rates for this group were 24.8% and 31.6%, respectively. Reinherz et al. [6] found that 13.7% of female adolescents met lifetime criteria for major depression by age 18, confirming that adolescence is a period of particular risk for depression.

A recent review of the literature on adolescent mental health concluded that although the prevalence of depression is similar in White, Latino and Asian adolescent girls; Black girls report fewer symptoms of depression [7]. However, to our knowledge, a detailed review focusing specifically on depression in Black adolescent girls has not yet been published. One purpose of the current paper is to exhaustively review the studies of depression in Black and White adolescent girls, to determine whether or not differences in prevalence rates actually exist between these two groups.

The data base search identified eighteen studies of depression in Black and White youth [8–25]. Table 1

summarizes the main design features of these studies. Close inspection revealed that only five studies specifically examined the differences between Black and White girls. The remainder combined males and females in the two ethnic groups and simply examined Black/White differences. This is particularly puzzling given overwhelming data documenting clear gender differences in adolescent depression across ethnic and cultural groups [26–28].

The prevailing assumption of lower rates of depression among Black girls notwithstanding, none of these five studies found statistically significant differences between Black and White girls on measures of symptom severity or prevalence of depression. In addition, four of these five studies have significant methodological problems. The studies by Lubin and McCollum [8] and that of Lester and DeSimone [9] included only 52 and 40 adolescents, respectively, raising concerns about the generalizability of the results and the adequacy of the statistical power to detect group differences. The study by McDonald and Gynther [10] was conducted in South Carolina where high schools at that time were segregated; thus, it is not clear whether these findings would hold today. Pumariega et al. [11] examined rates of depression in adolescents under the care of the Department of Social Services who were living in residential group homes. Thus, the only large representative study comparing Black and White adolescent girls found no differences in the rates of depression between these two groups [12].

The null hypothesis, that Black girls do not differ from White girls in the prevalence of depression, could not be rejected in these five studies. Several explanations can be entertained regarding this finding. One is that Black girls are

Table 1
Differences between Black and White participants on depression scales

Reference	Grade or age (sample size)	Measure	Means/prevalence rates	Results
McDonald and Gynther [10]	16–19-year-olds (<i>n</i> = 132 WF, 196 BF)	MMPI Scale 2	mean scores	Black > White
Kandel and Davies [13]	high school students (<i>n</i> = 5873 W, 683 B)	“self-reported scale”	mean scores	NS
Schoenbach [14]	7th–9th graders (<i>n</i> = 155 WF, 92 BF)	CES-D	frequency of symptoms	Black > White
Helsel and Matson [15]	4–18-year-olds (<i>n</i> = 108 W, B, Hispanic F)	CDI	mean scores	NS
Doerfler et al. [16]	4th–12th graders (<i>n</i> = 599 W, 608 B)	CDI, CES-D	mean scores	White > Black; NS
Reynolds and Graves [17]	3rd–6th graders (<i>n</i> = 52 W, 73 B)	RCDS	mean scores	NS
Emslie et al. [18]	high school students (<i>n</i> = 365 WF, 912 BF)	BDI	prevalence rates	Black > White
Garrison et al. [19]	7th–9th graders (<i>n</i> = 254 WF, 40 BF)	CES-D	mean scores	Black > White
Worchel et al. [20]	5th, 6th and 9th graders (<i>n</i> = 451 W, 165 B)	CDI	mean scores	NS
Lubin and McCollum [8]	15-year-olds (<i>n</i> = 21 WF, 19 BF)	DAACL	mean scores	NS
Lester and DeSimone [9]	high school females (<i>n</i> = 19 W, 33 B)	BDI	mean scores	NS
Treadwell et al. [21]	9–13-year-olds (<i>n</i> = 144 W, 34 B)	CDI	mean scores	NS
Wrobel and Lachar [22]	12–17-year-olds (<i>n</i> = 119 W, 99 B)	MMPI Scale 2	mean scores	NS
Pumariega et al. [11]	12–17-year-olds (<i>n</i> = 87 WF, 53 BF)	CES-D	prevalence rates	NS
Roberts et al. [23]	6th–8th graders (<i>n</i> = 741 W, 1091 B)	DSM scale	prevalence rates	Black > White ^a , Black = White ^a
Siegel et al. [24]	12–17-year-olds (<i>n</i> = 85 WF, 46 BF)	CDI	mean scores	NS
Cole et al. [25]	6th–8th graders (<i>n</i> = 664 W, 326 B)	CDI	mean scores	NS
Schraedley [12]	5th–12th graders (<i>n</i> = 4374 W, 1041 B)	CDI	mean scores	NS

Key: MMPI Scale 2 = Minnesota Multiphasic Personality Inventory Depression scale, CES-D = Center for Epidemiological Studies—Depression Scale, CDI = Children’s Depression Inventory, DSM Scale = Diagnostic and Statistical Manual of Mental Disorders Depression Scale, RCDS = Reynolds Child Depression Scale, DAACL = Depression Adjective Checklist, BDI = Beck Depression Inventory.

^a Black youth scored higher than White youth on depression without impairment and the groups were equivalent with impairment.

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