

ALASKA NATIVE FEMALES: UNDERSTANDING BODY IMAGE  
DISSATISFACTION IN A CULTURALLY DIVERSE COUNTRY

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ALASKA NATIVE FEMALES: UNDERSTANDING BODY IMAGE  
DISSATISFACTION IN A CULTURALLY DIVERSE COUNTRY

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### Abstract

The current study was conducted to expand literature on body image dissatisfaction (BID) in Alaska Native females. As BID has been a concern for European American females, and many minority groups in America, professionals should examine all cultural groups for the presence of BID. The research was comprised of qualitative interviewing methods. Interviews were conducted with Alaska Native female participants between the ages of 18 and 23 years, attending the University of Alaska Fairbanks. Research questions addressed whether or not Alaska Native females experience BID, and if so how BID develops and manifests for this population. The study found that all participants experienced BID beginning in adolescence. The development and manifestation of BID varied on an individual basis, reflecting other research findings.

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## Introduction

Paul Schilder, a psychiatrist and psychoanalyst who studied under Freud, introduced the term body image in his 1935 book *The Image and Appearance of the Human Body*. Schilder (1935) discussed body image as being the image or physical perception one has of his or her own body. Schilder concerned his work with the thoughts people had about their own appearance and sexual attractiveness. However, thoughts and perceptions of body image can include many facets; one of these facets is body image dissatisfaction. Body image dissatisfaction (BID) usually refers to one's dissatisfaction with his or her perceived physical body (Schilder, 1935). The sense of dissatisfaction towards one's own body can become particularly damaging toward the individual (Hoskins, 2002). A 2010 study found a strong positive relationship between the presence of low self-esteem and body image dissatisfaction in adolescents (Van den Berg, Mond, Eisenberg, Ackard, & Neumark-Sztainer, 2010) These findings spanned both racial and gender groups, discussing the correlation between low self-esteem, BID, and presence of negative health effects found later in life. When thinking of youth problems it is likely that immediate concerns such as substance abuse, suicide, depression, violence, and pregnancy risk will come to mind. But BID has been linked to low self-esteem, depression, risky behavior, and suicide, meaning it should not be an over-looked area (Bearman & Stice, 2008; Brausch & Muehlenkamp, 2007; Crow, Eiesenberg, Story, & Neumark-Sztainer, 2008; Story et al., 1994; Story et al., 1997; Van den Berg et al., 2010).

Michelle Obama recently addressed the issue of BID in the United States as part of her Let's Move! program, which encourages kids to get active and promotes better

nutrition (Miller, 2013). While promoting a healthy lifestyle, Obama emphasized that we need to ensure we do “not make this an issue about looks” (p.1). Obama stated that as a country, “we should really talk to kids about how they feel inside, so that we're not just dealing with the physical manifestations of the challenge” (p.1). Acknowledging the widespread problem of negative body image in our country, the first lady suggested we address BID in a healthy and supportive way.

There has been a host of research done on BID among European American adult and adolescent females and findings have consistently indicated high levels of BID for these particular populations (Bearman, Presnell, Martinez, & Stice, 2006; Cowan & Heselmeyer, 2011; Dalley, Buunk, & Umit, 2009; Skemp-Arlt, 2006). Now, more than ever before, American adolescent girls are viewing their bodies as projects in need of constant improvement (Bearman et al., 2006; Hoskins, 2002; Juarascio et al., 2011; Vartanian, 2009). Models in America are the thinnest they have ever been while the average weight of the American population has risen (Hoskins, 2002). This converse relationship has taken its toll on the population in the U.S., and the female population in particular. Still there is a gap of BID knowledge concerning the Alaska Native experience and this could be especially important for counselors’ in Alaska. As BID has been such a concern for European American females, and a growing concern for several other cultural groups in America, it would be helpful for counselors to know if BID is a concern for the Alaska Native population.

**Need/Rationale**

Research concerning BID in the Alaska Native population has been both limited and outdated. The literature revealed four studies, which included BID in Alaska Native youth, and all studies pairing Alaska Native populations with American Indian groups (Kronenfeld, Reba-Harrelson, Von Holle, Reyes, & Bulik, 2010; Rinderknecht & Smith, 2002; Story et al., 1994; Story et al., 1997). As such there is not enough research to ethically make conclusions about the Alaska Native populations' experience with BID, or to conclude if BID is even a concern for the Alaska Native population. Thus, the purpose of this research is to examine BID perspectives in Alaska Native females, whether Alaska Native females experience BID, and if so, how it manifests for those individuals interviewed. The questions addressed are meant to provide a broad understanding of BID in Alaska Native females. How would an Alaska Native female define BID? Do Alaska Native females experience BID? And if BID is experienced, how does it develop and manifest for Alaska Native females? These are all questions explored through one-on-one interviewing. The expectation was if Alaska Native females experience BID, their experiences would vary somewhat depending on individual differences in acculturation, self-esteem, and ethnic identity (Van den Berg et al., 2010). Alaska Natives who have a low self-esteem might be more inclined to find their identity within the mainstream European American culture (Vartanian, 2009). For example, a female from an Alaska Native village might possibly have a stronger ethnic identity and be less acculturated than an Alaska Native woman who was raised in a more urban area such as Fairbanks or Anchorage. These expectations were derived from the results of studies done with

African American and Hispanic women in early adulthood (Hesse-Biber, Livingstone, Ramirez, Barko, & Johnson, 2010; Viladrich, Yeh, Bruning, & Weiss, 2009). However, the studies utilizing African American and Hispanic women reported several common themes. In this way, it was expected the Alaska Native population would have some commonalities in their BID experiences from which one could draw conclusions.

Understanding the Alaska Native experience is important for providing effective services to Alaska's diverse population. The population studied, being ages 18 to 23 years, was specifically selected to reflect the experiences of young adult Alaska Native females. The research will hopefully lend insight into working in the secondary school setting. With the positive correlational relationship found between the presence of low self-esteem and development of BID in adolescents, BID is an issue to be addressed for all cultural groups (Van den Berg et al., 2010). Counselors cannot hope to be culturally effective or competent practitioners without understanding the experiences of the Alaska Native population.

### **Literature Review**

Body image dissatisfaction has been a recognized professional concern for European American females in affluent Western societies since Paul Schilder (1935) published his work on body image and specifically addressed BID. European American females have been the focus of the majority of BID studies. One of the main conclusions drawn from the research concerning BID in European American females is the concept of a thin ideal. This thin ideal refers to an ideal slim figure to which women compare themselves (Hoskins, 2002; Juarascio et al., 2011). Hoskins (2002) pointed out that in the

last twenty years the ideal body type has become ten pounds lighter than the ideal set by the popular British model “Twiggy” in the sixties. One cause of BID and the construct of the thin ideal in European American women is exposure to media images of underweight women (Dalley et al., 2009). According to a study by Dalley et al. (2009) constant television and print advertisement exposure to underweight European American women has aided in the internalization that European American women should look underweight. While BID is a common concern amongst European American women, in the past decade especially, more research is addressing BID concerns in non-European American populations.

BID research studies including minorities have been limited and inconclusive in some instances. For example, research on Hispanic BID has been very contradictory, thus leaving the question of whether any general conclusions about this population could be drawn (Contendo, Basch, & Zybert, 2003; Henrickson, Crowther, & Harrington 2010; Viladrich et al., 2009). Concerning BID research with American Indians and Alaska Natives, although findings have been consistent, the studies have been extremely limited and are considered outdated as the majority of studies were conducted over a decade ago (Story et al., 1994; Story et al., 1997). Of minorities, the majority of BID research has been done on African Americans and thus this population has had the most encompassing and thorough research findings related to BID (Henrickson et al., 2010; Hesse-Biber et al., 2010; Talleyrand, 2010). But the research is simply not sufficient in terms of understanding how BID is experienced in culturally diverse populations. The one conclusion that most literature has shown is that BID is a diverse issue which permeates

various races, genders, and socioeconomic groups (DeLeel, Hughes, Miller, Hipwell, & Theodore, 2009).

Henrickson et al. (2010) found that African American women who identified with “White” culture, regardless of age or education, were more dissatisfied with their bodies than those who identified with African American culture. This brings up the concept of acculturation, which is the act of adopting traits and values of a foreign culture, and its role in BID (Berry, 1997). Acculturation defined by Berry (1997) includes a psychological as well as cultural shift, due to continued exposure to people of a different cultural background. This definition indicates not only the adoption of traits and values, but psychological changes as well. To illustrate this concept, an article by Becker, Burwell, Gilman, Herzog, and Hamburg (2002) discussed research indicating that prior to the introduction of television, Fijian girls scored extremely low in the importance of body type, weight, clothes, and appearances, while American girls scored much higher. Yet, Becker et al. (2002) found a rise in weight loss discussion, eating habits, and BID after the introduction of television to the Fijian culture. The same trends of Western influence and a rise in BID have been found within China (Holmqvist & Frisen, 2010).

Hesse-Biber et al. (2010) and Talleyrand (2010) both found a positive correlation between acculturation and BID in teenage African American females. According to Talleyrand (2010), African American females are no longer a population protected from body image issues by their culture. Previously, it was thought that African American women, being part of a culture valuing full figures, would not be at risk for BID (Talleyrand, 2010). Additionally, Talleyrand (2010) mentioned that African American

girls were at a higher risk for both obesity and, as a result of obesity, unhealthy dieting and weight loss strategies. Hesse-Biber et al. (2010) conducted interviews with African American women who attended a predominately “White” college. Hesse-Biber et al. found the relationship with racial identity has a positive correlation with BID. The women who identified culturally as African American were more satisfied than those who identified with European American women. Those African American women who identified with both African American and European American cultures had mixed feelings about their bodies and weight, often making contradictory comments (Hesse-Biber et al., 2010). Both studies revealed some of the underlying environmental influences of the development of BID in African American females.

Concerning Hispanic women, a study by Viladrich et al. (2009) examined the reoccurrence of conflicting BID findings. Studies have found Hispanic women to be just as concerned, if not more so, with their body image as their European American counterparts (Kronenfeld et al., 2010; Viladrich et al., 2009). Yet studies have also found Hispanic women to be more secure with their bodies than European American women, experiencing BID at a much higher body mass index (Cachelin, Monreal, & Juarez, 2005; Fitzgibbon, Blackman, & Avellone, 2000). Viladrich et al. (2009) found that Hispanic women showed a desire to be thinner than their current size, yet also supported the idea of curvier figure ideals. The authors noted that while the women self-reported their preference of a curvier figure, they also consistently chose a thin body type as their ideal (Viladrich et al., 2009). Essentially, though women surveyed expressed a desire to embrace the body image of their cultural backgrounds, some still internalized European

American ideals. Further supporting this idea, Contendo et al. (2003) conducted a study of 187 low-income Hispanic women in which every single participant selected a thin body type as being most desirable and healthy. Thus, although the culture might provide some protective factors, some women of non-European ethnicities are internalizing the Western thin ideals (Contendo et al., 2003; Hesse-Biber et al., 2010; Talleyrand, 2010; Viladrich et al., 2009).

Four studies conducted with Native Americans all found high levels of BID (Kronenfeld, et al., 2010; Rinderknecht & Smith, 2002; Story et al., 1994; Story et al., 1997). The study done by Rinderknecht and Smith (2002) incorporated BID, perceptions of healthy body weight, and the prevalence of obesity in a sample of 155 Native American youth ages 5 to 18 years. While the authors used the term “Native American” and compared results with studies involving Alaska Natives, the group was primarily composed of American Indian youth, Anishinaabe in particular. The authors noted of the 155 Native Americans studied, approximately half expressed BID and a desire to be thinner. Additionally, none of the participants chose the heavier silhouettes as being a healthy body size, though the heavier silhouettes depicted body sizes common in Native Americans. The authors concluded that the majority of Native American youth did not associate heavier body types with being healthy. Also, over 20% of both males and females in the study chose the thinnest silhouette, a figure being extremely underweight, as being the healthiest body type (Rinderknecht & Smith, 2002). This could indicate that a significant portion of the Native American population believes extreme thinness to be healthy. Similar results were found between the rural and urban youth.

Body image dissatisfaction in adults was assessed by Kronenfeld et al. (2010) through an internet-delivered survey taken by 4,023 women with a mean age of 35.19. The population studied included Asian Americans, African Americans, European Americans, Alaska Natives, American Indians, Hispanics, and an “Other” category. The study combined Alaska Native participants with American Indian participants and the total sample size was 36 Native Americans. While the Native American sample was small in size, and therefore was not discussed at length, Kronenfeld et al. reported similar levels of BID between European Americans and Native Americans. One method used in the study was a silhouette selection of preferred body size. The majority of Native American women selected the same silhouette as the majority of European American women. Additionally, the discrepancy scores reported by Kronenfeld et al., between preferred silhouette and actual BMI, for European American women and Native American women were very similar.

Concerning weight loss attempts, two studies which grouped Alaska Natives and American Indians together found that more Native American adolescents engaged in purging behaviors as a means of weight control than White or Hispanic adolescents (Story et al., 1994; Story et al., 1997). No research was found as to why this cultural group preferred the methods of purging, but clearly there is a cultural difference in how BID has manifested and is expressed. For the Native American population, BID has been particularly prevalent. A study, by Story et al. (1994), conducted in 37 locations and across 12 different states found that of 12,000 Native American adolescents’ grades seventh through twelfth grade, 48% had been engaging in weight loss behaviors. The

study included both male and female participants and found BID higher, in both gender groups, in American Indians and Alaska Natives than their Hispanic, African American, or European American peers (Story et al., 1994). The second study by Story et al. (1997) was comprised of 13,454 Native American youth, ages 7-12, and found similar results with high instances of purging behaviors. Story and her colleagues found that while American Indian and Alaska Native females were more likely to report a higher BID they were also less likely than European American girls to have dieted. Yet, as to date, there has been little research on BID in either American Indians or Alaska Natives. In this respect, a group in need of service has yet to be properly addressed and understood culturally.

In the broader sense, research indicates that BID is experienced in many ethnic groups, though the experience is often manifested differently (Banitt et al., 2008). Pompper and Koenig (2004) surveyed 20 women and found that college aged Hispanic women saw being thin as directly related to being competitive. The idea of competition was applied to both the relationship setting as well as employment (Pompper & Koenig, 2004). The women surveyed viewed thinness as a means of achieving success and happiness. Pompper and Koenig tied these findings to the viewing and internalization of European American beauty ideals shown in magazines. The authors noted that magazine advertisements “imply that losing weight or changing body shape leads to a better life and that being thin means being happier, sexier, and more loveable” (p. 92). Their assertion was likely correct, and further supports the idea that acculturation manifests in many ways. The subtleties of European American beauty ideals are found in everything

from language to art. Furthermore, there are a variety of reasons people from different cultural backgrounds choose to embrace the European American ideals (however unwittingly).

Lastly, Holmqvist and Frisen (2010) found a positive correlation between the prevalence of BID and affluence. Holmqvist and Frisen cited several cross-cultural studies, which examined the presence of BID in affluent and Westernized countries. A study done in 2000 by Lee and Lee, found Chinese people in more Westernized and affluent areas to have higher levels of BID than their rural Chinese counterparts (Lee & Lee, 2000). The example given by Lee and Lee was the higher prevalence of BID in Hong Kong versus Mainland China. As the majority of the U.S. is affluent, one might expect to find BID in many populations. The problem then becomes understanding how each culture might experience BID and to what degree each individual internalizes European American ideals of thinness.

### **Methodology**

Research can be divided into two broad categories; qualitative research or quantitative research. The use of either quantitative or qualitative methods is primarily based on the nature of the research question (Creswell, 2008). According to Creswell (2008), quantitative research is utilized when the research question requires an explanation of how two variables interact. Data is collected in larger quantities and is used to describe trends and tendencies between variables. The data accumulated in quantitative research is also used to answer research questions in a clear and quantifiable, or numerical, way. In contrast, Creswell describes qualitative methods as being

appropriate for research questions in which many variables are unknown. Qualitative research addresses questions in a broader sense, seeking to describe the experiences of individuals.

Initially, the idea of using quantitative methods of research in the form of conducting a survey was discussed. However, the researcher consulted the committee members, along with an Alaska Native researcher and another faculty member well versed in working with minority populations, and it was determined to be culturally insensitive to utilize a survey method. A survey method would risk generalizing the populations, introducing questions and concepts from a Western world view, and could potentially harm the Alaska Native population. Additionally, the sample size and the study contained many unknown variables. For these reasons research was conducted using qualitative methods of one-on-one interviewing.

Qualitative research can be used to flesh out and explore personal sociocultural views, bringing private thought and perspective to light, whereas quantitative research relies on collecting data and describing its relationship with known variables (Weiss, 1994). Qualitative research also demands a focus on the quality of interviews, specific to each individual, exploring details and nuances to give a descriptive piece of information. In such a pursuit researchers must be careful with the data they interpret and how they interpret it. Ethnography, according to Murchison (2010), is a tool that allows a researcher to become an involved observer of cultures and societies, recording experiences firsthand. The involved aspect is an important distinction Murchison qualifies. Ethnographic research methods differ from the popular method of detached

observation. Ethnography enables the researcher to be an active participant in research, understanding cultures in an interested way. Murchison warns that in doing ethnographic research, the researcher has the important task of observing, interpreting, and discerning relative data. Choosing what data is relevant and interpreting another individual's words is a weighty endeavor. The researcher was mindful of these warnings while conducting, disseminating, and interpreting the data.

Using a one-on-one interview setting allowed for flexibility in the conversation. While there was a list of questions for the participant to look over, it was emphasized that they were only *potential* questions which may or may not pertain to the individual. Unlike the survey method, interviewing allowed the participant to guide the conversation ensuring questions were asked only when they might pertain to the participant. The qualitative approach allowed for focused case studies exploring the individual's experience. Quantitative methods were deemed inappropriate considering the varied population, sample size, lack of previous research, and research questions. Essentially, for culturally sensitive methods of delivery, a thorough understanding of experience, and minimization of harm, the method chosen was one-on-one qualitative interviews.

### **Materials**

The semi-structured interviews included a single sheet of demographic information filled out by the participant, and subsequent interview questions. The first drafts of questions were reviewed by two faculty members outside of the research committee. One faculty member is an expert on qualitative methodology and the other an Alaska Native female scholar. Questions were re-evaluated for any Eurocentric language

or insensitivities and some questions were discarded or re-written. Questions were also crafted with a focus on *health* and *balance*, to introduce the topic in a culturally sensitive manner. Research materials, including the interview questions, were submitted to the UAF Institutional Review Board for approval (See Appendix A). Initially, the study included a set of female figure images for the participants to use to indicate body image and *healthy figure ideals*. However, after the initial interview, the researcher deemed the images an inappropriate tool to use with the participants and discarded the method. Instead, participants were asked to select celebrity figures to represent both a *healthy figure ideal* and *personal ideal figure*.

Demographic information was collected with the purpose of gathering the participant's; age, cultural identity, and potential levels of acculturation (See Appendix B). Following the 8 demographic questions, the interview followed the guidelines of approximately 30 interview questions (See Appendix C). Questions were designed to be open-ended and to build on one another.

### **Criteria/Population**

The population interviewed comprised of UAF students who self-identified as being Alaska Native females between the ages of 18 and 23 years. The population studied was comprised of younger adults as the research gleaned was intended for application to the secondary school setting. Participants learned about the study via word of mouth or recruitment posters (See Appendix D). Each person interviewed met the initial criteria of being a self-identified Alaska Native, female, and between the ages of 18 and 23 years. Participants were given a copy of the interview questions and a brief description of the

study and nature of data collection at least 24 hours prior to being interviewed (See Appendix C). In order to give the participant full attention, and to ensure accurate data collection, participants were recorded using both audio and visual methods. Participants who accepted the methods of the study (being recorded) were scheduled for an interview.

The total number of participants was 4. Three of the four participants were above the age of 21 while one participant was eighteen years old. Three participants spoke languages other than English, though not fluently. English was the primary language for all four participants. Three of the four participants lived in rural parts of Alaska. Rural, using the 2000 Census Bureau definition, is defined as a location with a population of less than 2,500 people outside of an urban place (State of Alaska Department of Labor and Workforce Development, Research, and Analysis, 2013). While there are certainly other factors that can affect the definition of rural, for the purposes of this research a numerical representation is sufficient. It should be noted that only two of the participants spent notable time in their young adulthood in a rural location. The third participant, who had lived in a rural location, did so as an infant and spent most of her upbringing in either Anchorage or Fairbanks, both locations having a population of more than 40,000. The participant who has not lived in a rural location was born and raised in Fairbanks.

### **Interview Methods**

Interviews were conducted individually in the UAF Psychology Lab's small enclosed rooms. The rooms have three chairs, two facing each other separated by a small table and one situated across the room and next to the door. The participant and researcher sat across from each other in the two chairs away from the door. The camera

capturing the visual material is discretely located in a corner of the ceiling, out of view. The microphone is considerably more noticeable, located on the table between the two chairs. The third chair, next to the door, is beside a medium-sized TV and media player. The TV screen, which can display the session being recorded, was turned off during the interviews to minimize distraction and discomfort. Noise-makers, which create a humming noise, were placed outside of the closed door to muffle voices and provide maximum confidentiality.

Participants were handed an informed consent document, detailing the terms of the interview (See Appendix E). Participants were also given a separate handout, to keep, which had the researcher's contact information, supervisor's contact information, and the information for the UAF Office of Research and Integrity (See Appendix C). Once the informed consent was signed and the contact information distributed, the researcher reiterated that all participation was voluntary and the participant was not required to answer every question or continue the interview for any length of time. With the assent from the participant, the researcher provided the \$15 compensation, as detailed in the agreement, and began the interview session.

The participant filled out the first page of questions, answering the demographic portion (See Appendix B). After the demographic data was collected the interview began. Some questions were asked of every participant while other questions were directed by previous answers from the participant. At the end of each interview the researcher thanked the participant, reminded them of the contact information sheet, and offered to

help make any follow-up appointments with the UAF Counseling Center if the participant felt the need to see a counselor.

### **Data Analysis**

The researcher utilized hand analysis of qualitative data, as outlined by Creswell (2008). This method consists of the researcher transcribing notes by hand, without the aid of a qualitative data analysis computer program. Creswell recommended the hand analysis method for small-scale research yielding less than 500 pages of transcriptions and notes. After the notes were transcribed a preliminary exploratory analysis was utilized to get a better understanding of the material and organization needed. This process involved reading the materials and finding useful ways to disseminate and categorize the information.

Once the interview materials were reviewed a second time, the researcher began coding the materials. Notes were written in the margins to record initial impressions, questions, and comments. From the notes the researcher labeled different codes. The codes were then reviewed for overlaps and frequency, a process from which the themes emerged. The data is primarily communicated using a “realist” approach, meaning an assertive presentation of fact rather than passive description (Van Maanen, 1988). This approach is chosen, in part, to minimize the researcher’s re-wording and summarization of conversation. A realist research voice minimizes Eurocentric language from the researcher and allows the participants to convey data in their own words.

## Results

### Participant #1 Kelly

The first interview conducted was with a female participant who will be referred to as Kelly. Kelly is a 23 year-old Yup'ik and European American woman. Her mother is Yup'ik and her father European American. English is her primary language. Kelly was raised in Fairbanks, Alaska and considers it to be her home.

Kelly was first asked about *health* and *balance*. Her answers focused on nutrition. She discussed health in terms of eating “leafy greens” and good foods. She also mentioned participating in the gathering or consumption of subsistence food sources such as moose or salmon as being part of the *balance* aspect. When Kelly was asked about her own health, and how she viewed her *health* and *balance*, she gave a mixed response. She considers herself healthy in that she does not consume junk foods on a regular basis, or drink too much soda. But Kelly also considers herself unhealthy due to her smoking habit and lack of regular exercise. Kelly mentioned hunting and harvesting meat as being an activity that would make her more *healthy* and *balanced*. The act of harvesting meat requires exercise, and energy spent, and the food source is also healthy. Kelly described an ideal *healthy* and *balanced* person eats a healthy diet specific to their needs, does not drink or smoke excessively, and gets regular exercise.

When Kelly was asked to define body image, she labeled it as being the way she sees herself in her mind, versus what she might see in the mirror. Kelly was asked if there was a discrepancy between the two and she responded that there was. Kelly discussed herself as being too critical and seeing flaws that no one else likely saw. Kelly's idea of

body image includes one's self-esteem and whether or not they feel good about how they look. Likewise, her idea of body image dissatisfaction is not feeling comfortable with how one looks.

Kelly communicated that her ideas of body image were crafted during her middle school years. It was also at this time, around the ages of 12 or 13, that Kelly began feeling self-conscious and inadequate. Kelly always felt too skinny or lanky, unlike the curvier women she saw in movies and on magazines. While Kelly did not know of any of her immediate family members experiencing BID, she had a friend in high school who had also felt dissatisfied. However, according to Kelly her friend was “the other way around. She wanted to lose weight.” Both young girls experienced BID, though in different ways. Kelly was asked where she thought these ideas, and feelings of inadequacy came from. She did not pinpoint a specific memory or event that triggered the shift in self-esteem. Rather, Kelly described herself as being a “late bloomer”, and stated, “you see all these images and it's like I don't look like that at all.” Kelly, in short, explained how she was dissatisfied with how she measured up in comparison to women she saw in movies.

Kelly was asked to give an example of an *ideal healthy figure*, using any celebrity. Kelly chose Jennifer Hudson, the curvy singer/actress. Kelly found her to have the right “height to weight ratio.” When Kelly was asked to select her *personal figure ideal*, meaning how she would look if she could, she chose Natalie Portman, the petite and very slim actress. During the interview, Kelly was made aware of the difference between her *healthy ideal figure* and her *personal figure ideal* and seemed surprised. She

had not realized that she picked a curvy woman as being very healthy and a very slim woman as being her *personal figure ideal*.

Kelly clearly stated that she currently feels very comfortable in her skin. When asked about her level of happiness, Kelly gave a 3.5 from a Likert scale of 1 to 5. She mentioned her happiness with herself would be higher if she did not smoke and exercised more frequently.

### **Participant #2 Amy**

The second interview was conducted with a 22 year old Yup'ik female, who will be referred to as Amy. Amy speaks some Yup'ik as well as being fluent in English. Amy was raised in the Bethel region as well as a small community northwest of Bethel, of less than 600 people. Amy moved to Fairbanks to attend school in 2011. She considers Alaska to be her home, and no one place in particular.

Amy was asked what comes to mind when she thinks about *health* and *balance*. She took this phrase to mean both nutrition and mental balance. She did not, however, consider herself to be *healthy* and *balanced*. Amy was asked to expand on why or what made her unhealthy and imbalanced. Amy communicated that she regularly consumes fast foods, processed foods, and rarely eats natural wholesome foods. She also labeled herself as feeling mentally imbalanced. Amy detailed what would make her more healthy and listed things such as participating in cultural and traditional activities and not being introduced to alcohol, which she feels has had a negative effect on her health and mental balance. For Amy, an ideal *healthy* and *balanced* person would abstain from alcohol, be involved in cultural activities, and uphold traditional values.

Amy's idea of body image was limited to someone who has a slim, model-like, or otherwise good figure. She did not distinguish body image as being applicable to everyone and how they see themselves physically. Likewise, her definition of body image dissatisfaction differed from the Western meaning. Amy described BID as the immune system being dependent on medication, or someone being mentally ill. Amy's responses suggest a lack of exposure to the terms body image or body image dissatisfaction.

Amy was given an explanation of BID as it has been defined in the Western world and asked if she had ever experienced BID by that definition. Amy expressed that she has experienced BID and she attributes the onset of BID to the trauma of losing a loved one in her youth. In her words, she had, "mentally of this image of the problem being [me] or something." Amy believes that this blow to her self-esteem helped stir up negative body image thoughts. She relayed the feeling of not being a good enough role model, and not having anyone tell her it was okay to be herself. The trauma she experienced was part of the equation of negative body image, but Amy also reported school bullying having an effect on her negative self-image. She moved to a village that spoke more Yup'ik than Amy had been accustomed to hearing. She stated that living in that location "might have been the birth of body image." She was bullied for looking different and not being fluent in Yup'ik. This caused her to become self-conscious and insecure with herself, and Amy described her experience as being one of "torment." Amy also has several friends and family members who have also experienced BID.

Amy selected George Lopez, as the celebrity who best represented a *healthy ideal figure*. She explained her choice by stating that Lopez is good at portraying emotions

when they should be shown. She saw him as being *healthy* in his emotional expression. When she was asked to select a celebrity who would embody her *personal figure ideal* she chose the curvy, yet slender, Selena Quintanilla-Perez, a famous Hispanic singer.

Amy concluded that body image was no longer a concern for her. However, upon rating her level of happiness with her figure she gave herself a score of 3.3 out of 5. Amy explained that while she is not entirely satisfied, she is also not dissatisfied, and she feels she is fair in her assessment of herself. She mentioned she often dislikes or feels self-conscious about her mid-section. But she added that she is “fair” with her judgment, and is aware she could eat better or exercise but does not care enough to do so. While she has tried some sporadic dieting and exercise in the past, nothing has stuck with her, and she admits she would rather not put in the effort to change her habits.

### **Participant #3 Brenda**

Participant number three will be called Brenda for the purpose of discussion. Brenda is a 23 year old female who identifies as being primarily Inupiaq with some Swedish ancestry as well. Brenda has lived in both urban and rural Alaska and her only language is English. Brenda grew up in seven different places in Alaska including Nome, Kodiak, and Anchorage. Brenda’s rural experiences come from living a short time in a small community southeast of Nome, with her aunts. When asked where she considered her home to be, she answered Kodiak.

When Brenda was asked about *health* and *balance*, she gave a response that showed her knowledge of nutrition. Brenda responded that being *healthy* and *balanced* meant living a lifestyle of making nutritious choices for your body and mind. She

discussed the need to eat fruit, vegetables, and whole grain while also limiting sugar and sodium intake. When asked if she meant individuals should have a healthy diet, she responded no. Brenda discussed eating good foods as a lifestyle, not a diet, in a way that promotes body and brain health.

Having been asked if she considered herself to be healthy, Brenda gave an answer of “sometimes.” Brenda then began discussing the fact that she grew up with a mother who had, in Brenda’s words, “severe body image issues.” Her mother, who is Alaska Native, was a significant influence on Brenda, and resurfaced in latter interview discussion. Brenda mentioned that as a child she witnessed her mother engaging in bulimic behavior, and this made her question her own body. Since getting out of her home life, leaving secondary school, and entering college, Brenda is more comfortable with her appearance. Yet having those previous experiences has left her feeling “on and off” about whether she thinks she is or is not healthy.

Brenda’s idea of being *healthy* and *balanced* was described as someone who limits fats, sugar, and carbohydrates while eating lots of foods that are good for the brain and someone who is active on a daily basis. Brenda clarified that she did not mean a “marathon runner,” but rather someone who moves around often. She noted that it would be *healthy* and *balanced* to spend a Sunday lounging around reading, so long as a person is normally active. Brenda described her own lifestyle as being relatively healthy. She buys healthy foods most of the time and usually goes to the gym. Brenda discussed the stress of finals, and how that has left her missing gym sessions and picking up fast food on the go. She communicated feeling “mentally tired” and “slowly moving” because of a

few days of unhealthy food choices and a lack of exercise for three days in a row. Those unhealthy choices were tipping her out of that balanced spot that she generally feels she occupies.

Brenda's definition of body image was similar to Paul Schilder's (1935) definition, as discussed previously. Brenda described body image as being "the way one looks at themselves." She expanded that definition to include things like thoughts and concerns about fashion and hair styles. When Brenda was asked to define body image dissatisfaction, she responded that it meant when people were unhappy with themselves and thought they could make changes in their appearances to be happier. According to Brenda, she developed this definition from media exposure and hearing kids talk about body image in school. While Brenda lived in many places, she did indicate that different locations lent to different feelings on fashion or body image. When she lived in Nome she said "nobody cared" about fashion; which was something kids considered more important when she lived in Anchorage. However, she also mentioned age as being primary factor. She lived in Nome when she was younger and lived in the Anchorage area for her middle and high school years. School discussions in her older years became more fashion oriented.

Brenda spoke at length about the primary source of her body image concerns, her mother. Brenda discussed both she and her two younger sisters have body image issues that stem from her mother. Her youngest sister, who for the purposes of this study will be called Candice, is seven years old. Candice will often refuse food or drinks that she thinks will make her fat. Brenda mentioned Candice was "more white" as Candice has a

European American father. When asked if she thought this made any difference, Brenda indicated that it did. She discussed how Candice's father is extremely fit and her mother, whom she shares with Candice, is a little "bigger around the stomach." Brenda stated that many women in her family tend to gain weight around the midsection but her mother "struggles" with that genetic tendency. Brenda sees Candice as perhaps aspiring more to look like her father. Regardless, Brenda feels her sister has developed an unhealthy view of body image, one that lacks balance. Additionally, Brenda's sister, who has performed at a high athletic standard, sometimes says she is fat. Obviously, someone with competitive athletic awards, as Brenda pointed out, is at least relatively fit. Brenda attributes the skewed body image perceptions to their mother's influence. Brenda recalled being told she was fat in her younger years, just because she "was eating something unhealthy." It took years for her to break through that thinking and feel comfortable with herself. Their mother's own image issues had a negative effect on Brenda and her sisters.

Brenda was able to pinpoint her first real moment of experiencing BID. She was eleven years old and she was in her father's apartment in Anchorage. Inside of the bathroom she recalls grabbing her stomach and noticing that she "had like a little pudge." Brenda was going on a ski trip down to Alyeska that day with other kids. Brenda has a vivid memory of riding the bus down; concerned she was fatter than everyone else even though everyone was wearing winter gear. Brenda feels much of her concern was the result of her mother's comments about her being fat. But regardless, Brenda felt fat and out of shape. She struggled to breathe, which she took as a sign she was out of shape.

Ironically, Brenda has asthma, but at the time she tied the out of breath feeling to being unhealthy and out of shape. This event occurred during puberty, a time which the body changes and Brenda recalls beginning to look different. Besieged by beautiful movie characters, body image discussions in school, and her mother's ridicule, Brenda experienced years of feeling unattractive.

Brenda was also asked about her ideas of ideal body image and her own current attitudes toward her body. Brenda's *personal figure ideal* and *healthy ideal figure* were the same. Brenda's choice of an *ideal figure* was Kim Kardashian. She appreciates the stronger body type. While Brenda stated she had never engaged in weight loss behaviors, she has wanted to in the past. According to her, she just could not make herself "starve". However, she currently feels comfortable with her body and body image. She mentioned she "sometimes" feels insecure or uncomfortable, but for the most part she's happy with herself. When asked about her level of happiness, using a Likert scale from 1 to 5, with her health and body image, Brenda supplied a 5.

#### **Participant #4 Hannah**

Participant number four, who will be addressed as Hannah, is an 18 year-old female. She identifies as being both Mexican-American on her mother's side and Eskimo on her father's side. She speaks some Spanish, but English is her primary language. Hannah has lived in Anchorage, Fairbanks, and a village with a population of less than 500 people, for a short period of time. She considers Fairbanks to be her home. Hannah discussed health in terms of eating nutritiously and being at a healthy weight. She regarded *balance* as being a state of mind. She did not consider herself to be healthy

and *balanced*, but rather, “on the road to getting there.” Hannah indicated her weight has been a constant struggle for her and she is currently making a commitment to slow changes in dietary and exercise behaviors. Her explanation of healthy entailed eating salad, fruit, and lean proteins. She reiterated that the changes in diet and exercise are what would make her healthier.

Hannah defined body image as being “how you see yourself in the mirror.” Similarly, she explained her idea of BID as when someone “is unhappy with the way they look.” Hannah also discussed the need for some level of acceptance for one’s body. When Hannah was asked where she developed these ideas of body image and BID, she indicated it came from discussions at home. Hannah’s mother was often ridiculed, by Hannah’s grandmother, during her youth. Her mother was criticized for not fitting in a swimsuit and being overweight. Hannah’s mother was open with Hannah about her desire to “break the cycle” and instill a positive body image in her daughter.

Along with her mother having experienced BID, Hannah described her two older sisters as displaying symptoms of BID. She vividly remembered her sisters receiving flak from their friends for eating junk food. Hannah explained that growing up their mother always encouraged them to eat snacks whenever they wanted them. But after being pressured by their peers, Hannah detailed a conversation where her sisters gave her a bag of popcorn and said they would not be eating snacks like that anymore. At this time, though she did not feel affected by the event, Hannah felt her sisters had experienced peer pressure and guilt over eating unhealthy foods.

Hannah first experienced BID at the age of 12. Hannah described her first real moment of BID being when she went from wearing a size 16 up to a size 18. The change in size alarmed her. Additionally, Hannah described other females in her middle school as being “extremely skinny.” Hannah described herself as, “bigger boned... more overweight than other girls [her] age.” She relayed feeling large, tall, and not proud of herself. When asked why she thought BID developed at this time Hannah indicated she was at an age where she wanted to be popular and have people like her. Other girls, at the charter school she attended for a short time, often gave her looks that indicated their disapproval. Hannah left the school due to harassment over her weight, acne, and her mixed racial background.

When Hannah was asked to choose a celebrity that embodied a *healthy ideal figure* she chose extremely thin actress Angelina Jolie. Hannah explained her choice was not just “because [Jolie’s] supposed to be the most beautiful woman in the world.” Hannah found Jolie’s humanitarian efforts to be an inspiring role model for being *healthy* and *balanced*. However, Hannah chose a *personal figure ideal* to be Wonder Woman. She acknowledged Wonder Woman’s active role in fighting for good and praised her Amazon-like muscular physique. Hannah added, “I kind of relate to her because I’m big boned and I’m tall.”

While Hannah is still concerned about her weight, she regards it as being more of a health issue. Hannah explained she has diabetes risk on both sides of her family and she wants her weight under control for reasons other than vanity. While she has engaged in extreme diet behaviors in the past, Hannah currently practices dietary moderation and

exercise. On a Likert scale of 1 to 5 Hannah rated her level of happiness with her figure a 4. She explained that while she is not completely satisfied, she is on the road to being in what she labeled “the healthy zone.”

### **Interviews Summary**

Common themes found in all interviews were: presence of BID, age of onset, peer and media influence, fear of judgment or ridicule, self-pressures and expectations, discomfort, and emphasis on nutrition. Other themes present, though not in each interview include: importance of exercise, importance of traditional Alaska Native food sources, feelings of guilt, and discrepancy between *healthy ideal figure* and *personal figure ideal*. Each participant experienced BID and during the same age-range, between 12 and 16 years old. Despite being from different areas of Alaska, both rural and urban, and even physically different, each participant experienced BID in either middle school or high school. Kelly experienced BID in terms of feeling too slim and lanky in her body type. Conversely, Brenda, Hannah, and Amy all worried about being too heavy. All participants mentioned the influence of peers, media images, or movies. Participants described feeling like they were being judged or that they did not look how they were expected to look. The idea of an audience who was constantly assessing and judging them was a reoccurring theme in the interviews. Lastly, self-pressure and expectations were part of this phenomenon. Each participant noted their concerns, criticisms, and judgments were often self-inflicted.

Additionally, each interview participant was asked to give suggestions for working with Alaska Native females in the future. The suggestions given by participants are discussed in the Discussion section.

### **Discussion**

Literature acknowledges that Native American people, including both American Indian and Alaska Native individuals, often think of life in terms of harmony and or balance (Herring, 1997). In attempting to approach interviews in a less Eurocentric way, participants were asked about *health* and *balance* initially. This phrase was chosen to allow room for cultural interpretation, so as not to frame the interview in purely Western terms. For some participants this seemed to be a good phrase to use, inviting the traditional Native American ideas concerning harmony, spirituality, and balance within one's self and surroundings. To some extent, each participant gave both Western answers and also alluded to more traditional Alaska Native views. In terms of what constituted *healthy*; nutrition, eating leafy greens, less consumption of fast food or hydrogenated oils, and consuming fruits and vegetables, were all suggestions provided by the participants. Most participants also discussed exercise as an important aspect of *health*. But participants tended to lend more non-Western ideas to the phrase *balance*. This could be, in part, because Western culture has infused the word healthy with many meanings. The word *balance* is less used, and has less media or cultural stigmas attached to it. Perhaps the lack of stigma allowed more free thinking and expression by the participants. Regardless, the word *balance* tended to invoke ideas about subsistence living, natural food sources, and finding some sense of moderation.

Subsistence foods were a common theme amongst the interviewees. The discussion focused on food choices and sources when discussing body image and health. Participants all mentioned a desire to have healthier eating habits. The wish for different eating habits indicates dissatisfaction of some sort. Participants all discussed traditional food sources as being a primary part of eating healthier. Most participants also discussed eating fast food, McDonalds was often the example, as being a negative habit. Amy stated that she wished she would not have ever been introduced to fast-food as it is not a food source native to her Yup'ik culture. This idea of non-Alaska Native cultural food was one that surfaced in 3 of the 4 interviews. Unhealthy eating was correlated to the divergence from traditional Alaska Native food sources. Brenda expressed the desire to maintain *health* and *balance* by hunting, harvesting, and consuming moose and duck meat. Amy also mentioned that she would be healthier had she, “not [been] introduced to fast foods...” She stated, concerning fast food, “it’s not our tradition we have.” Lastly, Kelly spoke extensively about the need for traditional Alaska Native foods, such as seal oil or whale fat, to be discussed in terms of being healthy sources of fat. Furthermore, Kelly discussed healthy fats, such as traditional seal and whale sources, as being an important factor in maintaining brain health. Participants, without prompt, related the idea of eating healthier or being healthier with consuming more traditional Alaska Native foods and limiting fast food consumption.

The “imaginary audience,” as Kelly described, borrowing a term crafted by Elkind (1967) was a strong theme in the interviews. The imaginary audience refers to adolescent egocentrism, when adolescents believe that those around them are obsessively

observing them and are concerned with their affairs (Elkind & Bowen, 1979). This self-obsession, or egocentrism, was referred to in the interviews. The idea that people were judging their looks or comparing them to media examples was present in each interview dialog. All four participants experienced discomfort beginning in their adolescent years, the time when the “imaginary audience” becomes a factor, a common finding in BID studies (DeLeel et al., 2009). Regardless of participants desire to be healthy, or curvy, or stick skinny, or any number of wishes; participants all indicated having experienced discomfort in their own skin (DeLeel et al., 2009; Van den Berg et al., 2010). Discomfort can come in many forms, as seen in the interview dialog. While one of the common discomforts of females in the Western world is the concern with being overweight, other discomforts can contribute to BID; Kelly worried she was too lanky and Amy experienced ridicule for her “big eyes,” and Hannah felt self-conscious about her acne. For a variety of reasons, participants discussed themselves as feeling inferior to standards either real or imagined.

This internalization of ideals and its relation to BID has also emerged in other studies (Juarascio et al., 2011). Kelly spoke of the teenage years as becoming aware of other people, and other people’s opinions. Essentially, Kelly described developmentally shifting past a stage of egocentrism. With a shift from being self-obsessed, individuals become aware of not only other people’s feelings but also develop a fear of people’s judgments. Hannah noted girls in her middle school were very thin and gave her judging looks for her heavy weight. And Brenda’s experience of the ski trip, fearing she would look too fat and out of shape in comparison to other kids, reiterates Kelly’s observation.

Similarly, Amy expressed concern that she did not measure up as a role model or person, which coincides with other studies on self-esteem and BID (Van den Berg et al., 2010).

Participants gave many different answers for their ideals, but the commonality found was each individual gave a body type, for both *healthy ideal figure* and *personal figure ideal*, which was not like their own body. This in itself indicates a level of dissatisfaction. For a *healthy ideal figure*, Kelly and Brenda chose strong curvy women, Amy focused on mental health, choosing George Lopez because “he shows a lot of emotions when it is time to show them,” and Hannah chose a very thin ideal figure while also emphasizing the humanitarian efforts of her role model. The choices made by each participant lend insight as to what they consider health to consist of and what healthy looks like to them. In many ways, their choices re-enforced the definitions of health each participant gave at the start of the interview. For example, Amy described *healthy* as being someone who was mentally balanced, likewise her *healthy ideal figure* was George Lopez, chosen for his emotional expression. Hannah expressed that positive inner qualities were important to *health* and that was reflected in her choice of a *healthy ideal figure*. Both Amy and Hannah gave answers that indicated *healthy ideal figure* included one’s actions, and was not exclusive to their physical body, indicating participant’s ideas concerning what the phrases *healthy ideal figure* and *personal figure ideal* meant, differed.

Concerning *healthy ideal figures*, three of the four participants gave differing descriptions for *healthy ideal figures* and *personal ideal figures*. Kelly chose a *healthy ideal figure* as being curvy Jennifer Hudson, yet her *personal ideal figure* was Natalie

Portman who is both petite and very slim. Amy chose George Lopez as a *healthy ideal figure*, yet her personal figure ideal was curvy, yet slender, singer Selena. Hannah chose an *healthy ideal figure* that was very thin, but her *personal figure ideal* was Wonder Woman whom Hannah deemed as bigger boned, like herself. The discrepancy between the two ideals, as chosen by Kelly, Hannah, Amy, might suggest that one's personal figure ideal is not necessarily tied to health. Additionally, none of the participants selected stick-thin women as being the *healthy ideal figure* as Rinderknecht and Smith (2002) found in their study of Native American youth. Rather, the participant's choices reflected Viladrich et al.'s (2009) findings wherein participants showed a preference for a curvy figure as being a *healthy ideal*, while also selecting a thin figure for their own ideal. As the Rinderknecht and Smith study was conducted in 2002, and Viladrich's study was in 2009, this could indicate a shift in thoughts about what constitutes as being healthy.

Brenda's experience with BID was consistent with literature discussing BID as a result of parent modeling. There have been several studies on parent modeling and its correlation to the onset of BID (Kluck, 2010; Markey, 2010; Rodgers, Paxton, & Chabrol, 2009). Some studies have found that BID is more common amongst female adolescent girls whose mother's display an obvious dissatisfaction of their body (Kluck, 2010). Brenda's experience was similar to other study findings, wherein the participant and her siblings all demonstrated symptoms of BID as a likely effect of their mother's modeling of dissatisfaction. A 2009 study by Rodgers et al. found that female adolescents are likely to model after their mothers in weight loss attempts or BID. Additionally,

adolescents whose parent or parents dieted were more likely to experience BID (Rodgers et al., 2009). For a variety of reasons, including developmental changes, adolescents often look to their parents when developing an identity (Markey, 2010). In Brenda's case, she not only observed her mother's BID but also experienced disapproval of her own looks and eating habits from her mother. All Brenda's sisters, even the 7 year old, observed their mother's struggle and subsequently developed BID. Brenda acknowledges this is an ongoing influence in her life. While Brenda was the only participant who rated her level of happiness a "5", she also admitted that her happiness varies. Throughout the interview Brenda, though unaware, communicated symptoms of BID. She expressed guilt after eating fast food or missing a few exercises. She also indicated her level of happiness was directly tied to how well she was eating and if she was exercising. Many of Brenda's experiences were similar to those found in Kluck's study (2010) of adolescent daughters with disordered eating. In particular, Kluck's study noted that females are more susceptible to displaying BID and bulimia symptomology in a family environment that contained verbal comments about appearances. Kluck also found that families with an appearance-culture, such as displayed dieting by one or more parents, increased the likelihood of disordered eating and BID concerns in the daughters. In Brenda's situation, her mother's ridicule of eating unhealthy food and comments about appearances created what Kluck would have considered an appearance-culture within the home.

Research shows that BID is commonly found amongst adolescent females (Banitt et al., 2008; DeLeel et al, 2009; Van den Berg et al., 2010). What the interviews were designed to examine was whether Alaska Native females might be included in that

population and in what way. The interviews, while clearly not providing a large enough sample to make generalizations, indicate that some Alaska Native females who attend the University of Alaska Fairbanks experienced BID during their teenage years. The nature of BID, extent to which it still affects the individual, and cause of onset all varied amongst participants. Literature suggests that BID is a phenomenon common among females in the West regardless of race, and this is likely due to the varied nature of BID (DeLeel et al., 2009).

How does an Alaska Native female define BID? Every participant defined BID as being something negative. Answers included, “feeling uncomfortable in your own skin” and when people “are unhappy and it’s something they can change.” Participants recognized body image dissatisfaction as being a negative state of mind, or feeling you needed to look like a model. The fact that the participants gave such Eurocentric answers indicates a certain level of acculturation. The idea of disliking one’s body was not a foreign concept. But do Alaska Native females experience BID? And if BID is experienced, how does it develop and manifest for Alaska Native females? Each person experiences BID according to their own ideals, experiences, influences, and background. Racial discrimination, resentment, and microaggressions are a few issues that minority individuals have to tackle in addition to the onset of puberty (Sue, 2010). Regardless of the cause of turmoil, it is clear that adolescence is an age where turmoil escalates. The participant’s answers reaffirm that finding. That is not to say that all Alaska Native females experience BID, but clearly it is plausible. The interviews indicated that there is a great variation in how BID is experienced amongst Alaska Native females.

Sue and Sue (2008) discuss the varying levels of acculturation, which influence the extent to which an individual struggles with identity, the sample of participants interviewed reiterates some of Sue and Sue's assertions as they communicated varying levels of acculturation. Amy was unfamiliar with some Western definitions and phrases which were known to the other participants. Amy, who was from a rural location, described BID as an illness of the immune system or a drug dependency while Hannah, Brenda, and Kelly gave answers in sync with Paul Schilder's (1935) definition. Amy's ideas of body image and BID suggest a lack of exposure to these two terms. Furthermore, as all participants were college students, it could be an indicator that she is less acculturated into mainstream Western culture. Kelly, who was not from a rural area, communicated her experience would likely differ from someone who had lived in a village. Kelly acknowledged that she felt very connected with the Western side of her culture. The study itself was not meant to include either purely rural or purely urban Alaska Natives. However, as expected, females from rural, urban, or both areas might have different levels of acculturation and therefore different ideas on body image and BID.

While it cannot be concluded that BID manifests in a certain way, the data indicates that BID develops in young adulthood for some Alaska Native females. BID can develop in some Alaska Native females due to: parental modeling behaviors, trauma, feelings of low self-esteem, or the pressure of media role models. Participants rated their levels of happiness as being high and concluded body image was not presently a concern. Yet, three of the four participants gave comments indicating a current level of

dissatisfaction. Though she was describing people not being able to change some things about their self, Hannah communicated her own dissatisfaction as well. Hannah stated that she could not “go into a surgery room and say cut my bones to make them smaller. I’ll always be bigger I’ll always be taller, but I can be healthier.” Hannah displayed the phenomenon Hoskins (2002) found with girls seeing their bodies as projects to be improved. She indicated her dissatisfaction with not only her weight but her physical bone structure and height. Likewise, Amy expressed feeling uncomfortable about her mid-section and Brenda mentioned feelings of guilt over missing workouts. The participant’s experiences provided enough information to indicate that some Alaska Native females experience BID. Furthermore, data found in the interviews supports other research findings.

At the conclusion of the interview, each participant was asked for any suggestions when working with Alaska Native adolescent girls who might be experiencing BID (See Appendix F). The rationale for asking for suggestions came from Sue and Sue’s (2008) discussion of the “White solutions” that are often applied to problems across cultures. Sue and Sue argue that our society continually tries to apply Eurocentric models to problems involving various cultures. The interviews, while undoubtedly still Eurocentric in many ways, are an attempt to understand the Alaska Native experience through a different lens. Each participant discussed rather intimate pieces of their lives, in their own words, to communicate answers to the questions asked. The suggestions received were invaluable.

Kelly suggested learning a few words in the language of the population one is working with. Taking that extra step might coax out a smile and make someone feel more comfortable. Kelly affirmed that Alaska Native females will likely be more reserved than White females, and people who work with them should be respectful of that tendency. Amy also suggested incorporating some cultural aspects to help make people feel comfortable. She relayed that finding out their favorite cultural activity could be helpful. She also mentioned that someone working with the Alaska Native female population might explain why they are asking questions and their desire to understand that person and their culture.

Brenda's comments collaborated Sue and Sue's criticism (2008) of canned Eurocentric curriculums and interventions. Brenda acknowledged that sometimes BID problems can stem from inadequate knowledge of nutrition. Information taught in schools did not translate to her living situation. She verbally painted a picture of her living in a community of less than 200 people, on the western coast of Alaska. She described the lone grocery store of the village, one shelf full of soda pop, a refrigerated section full of pre-made pizzas, and void of eggs, milk, fruit, and vegetables. While she learned she should eat fruits, whole grains, vegetables, and milk; few, if any, of these items could ever be found in her village. School curriculum also taught her that fats were bad. Brenda questioned her traditional food sources of whale fat, seal, or fish oil. She communicated that, because the information in school conflicted with her traditional food sources, she did not know what she was supposed to eat. Brenda stated that the poorly executed nutrition information, "contributes to weight and our choices... when we come to the city

we don't know what these foods are so we fall back to our comfort zone and grab a soda instead of a pomegranate juice... because I don't know what [pomegranate juice] is.”

While Brenda, herself, clearly knew about pomegranate juice, she illustrated an issue that faces many Alaska Natives who leave the village. Brenda suggested that people who work with Alaska Natives, addressing nutrition and BID, use information that applies to Alaska Natives. She indicated that it is not helpful to continue to hammer in the knowledge that one should eat eggs or fruit if there is never any available in the village.

Hannah's suggestions for working with Alaska Native females focused on creating a communal feeling. She suggested hosting a potlatch, featuring traditional and healthy food options, as an introduction to a group addressing body image. Hannah discussed the importance of creating welcoming atmosphere and encouraging a feeling of community. Additionally, she noted the presence of good traditional foods, such as whale, would make the process more comfortable for Alaska Native females.

### **Limitations**

Limitations to the study are primarily due to the small sample size. The sample of women interviewed were all college students between the ages of 18 and 23. Thus, the likelihood of acculturation is higher as the females interviewed are part of our University system. To get a better sample, women who are currently in rural Alaska as well as those women living in cities would need to be recruited. Some participants had rural living experience while others did not. Regardless, a larger sample size would be helpful for comparing and contrasting the two groups. Lastly, there is certainly a limitation with grouping Alaska Natives into any sort of generality. For example, Athabascan people,

who consider themselves Indian, are physically and culturally very different to the Inupiat people whom are Eskimo (Langdon, 2002). Therefore, if an Athabascan individual experiences BID it might be very different from how an Inupiat person may experience BID. Also, cultural beauty in Athabascan people is not perceived in the same fashion as with the Inupiat people (Langdon, 2002). This is an acknowledged problem with the data obtained. To address this issue each interview was discussed as a case-study, rather than one grouping of participant answers. Additionally, the interviews indicated that while we can conclude BID is a potential problem it manifests differently for a variety of reasons.

### **Conclusion**

The interviews provided data that supported various literature concerning BID in adolescent females. Participants did indicate low self-esteem in adolescence and internalization of thin ideals, as found in other studies (Bearman & Stice, 2008; Brausch & Muehlenkamp, 2007; Cowan & Heselmeyer, 2011; Crow et al., 2008; Dalley et al., 2009; Juarascio et al., 2011; Skemp-Arlt, 2006; Van den Berg et al., 2010). Also, one participant mentioned that living in a rural village lent to less concern with looks or body image, similar to Holmqvist and Frisen's (2010) study on affluence and body image. However, the participant did acknowledge that the lessened concern could have been the result of the age she was rather than the location. However, unlike previous studies on American Indians and Alaska Natives, the participants did not communicate having engaged in weight loss behaviors (Rinderknecht & Smith, 2002; Story et al., 1994; Story et al., 1997).

The data answered the basic questions of how BID is defined, whether it occurs, and how it develops and manifests for Alaska Native females. No generic summation of results can be applied, due to the varying nature of the interview answers. However, BID *was* defined as being a negative sense of body image, BID did occur for each participant, and BID manifested in ways that have been found in other studies. As such, the question of whether or not the Alaska Native female population should be examined for BID has been answered. While in no means would the study conclude BID is a ‘problem’ for this population, it can be concluded that BID can occur for the Alaska Native female population. As it can occur, it would be an area for future research to consider and address.

While the interviews made it clear this population needs more research, there are a few suggestions to be taken from the current study conducted, concerning working with adolescent Alaska Native females. Taking the time to ask about traditional past times and appreciate the Alaska Native culture was suggested. Learning how to say “hello” in the native language of the population one is working with might help establish rapport. While these gestures may seem small, participants indicated they would make a big difference in terms of establishing a trusting environment. Also, as Sue and Sue (2008) suggested, curriculum should not be standard or Eurocentric. When working with the Alaska Native population, professionals should include language, terms, locations, foods, and events or situations which pertain to their experiences. Using standardized curriculum not only alienates the Alaska Native adolescent, but as Kelly communicated, it can confuse individuals. Applying these suggestions is not only a step for working with adolescents,

but also for conducting future research. This could mean learning a few different ways to say “hello” in case a participant speaks Yup’ik or Gwich’in. Communicating interest in learning, as a researcher, would possibly help establish rapport in the interview process.

Suggestions for future research would primarily consist of obtaining a larger sample size. Both rural and urban females should be interviewed in future research. The small sample interviewed showed varying experiences, in part due to different locations within Alaska (i.e. rural or urban). It would be most beneficial to get a large sample of both rural and urban participants. Furthermore, with a larger sample differences and similarities might be seen in various groups of Alaska Natives. Also, the current study conducted was strictly composed of UAF participants. Future research could include all University of Alaska campuses, to draw participants from different communities.

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*Appendix A:*

University of Alaska Fairbanks IRB Approval Letter



(907) 474-7800  
 (907) 474-5444 fax  
 fyirb@uaf.edu  
 www.uaf.edu/irb

### Institutional Review Board

909 N Koyukuk Dr. Suite 212, P.O. Box 757270, Fairbanks, Alaska 99775-7270

October 30, 2012

To: Christine Cook, Ph.D.  
 Principal Investigator

From: University of Alaska Fairbanks IRB

Re: [364483-2] THE ALASKA NATIVE FEMALE EXPERIENCE: BID IN A CULTURALLY DIVERSE COUNTRY

Thank you for submitting the Response/Follow-Up referenced below. The submission was handled by Expedited Review under the requirements of 45 CFR 46.110, which identifies the categories of research eligible for expedited review.

Title:	THE ALASKA NATIVE FEMALE EXPERIENCE: BID IN A CULTURALLY DIVERSE COUNTRY
Received:	October 29, 2012
Expedited Category:	7
Action:	APPROVED
Effective Date:	October 30, 2012
Expiration Date:	October 30, 2013

This action is included on the November 1, 2012 IRB Agenda.

*No changes may be made to this project without the prior review and approval of the IRB. This includes, but is not limited to, changes in research scope, research tools, consent documents, personnel, or record storage location.*

*Appendix B:*

Demographic Interview Questions

**Part. I Demographic Data Handout (Completed by Participant)**

How old are you?

What ethnicity or ethnicities do you identify with?

Do you speak any language other than English?

If yes, (what language) and (which language is your primary)?

Could you tell me where you were raised?

How long did you live there?

When did you move away?

Do you consider that place to be home?

*Appendix C:*

Letter to Participant and Potential Interview Questions

Greetings,

You have agreed to participate in a one-on-one interview concerning body image. Below I have listed contact information as well as a list of the questions to be asked in the interview process. If you would like to withdraw from the study you may do so at any time. Any information from this interview is going to be used for academic purposes only. Your identity will remain confidential and will not be used in any reports. You are under no obligation to answer all the questions asked, everything is strictly voluntary. Any personal names given in the interview will remain confidential in any reports. If you have any questions or concerns you may contact myself or my supervisor.

Researcher: Karaline Naegele

[knaegele@alaska.edu](mailto:knaegele@alaska.edu), 474-5652

Supervisor: Christine Cook

[ccook@alaska.edu](mailto:ccook@alaska.edu), 474 5743, 708A GRUE

If you have questions or concerns about your rights as a research participant, you can contact the UAF Office of Research Integrity at 474-7800 (Fairbanks area) or 1-866-876-7800 (toll-free outside the Fairbanks area) or [fyrb@uaf.edu](mailto:fyrb@uaf.edu).

Interview Questions: To be asked by Researcher

Part II

- What comes to mind when you think about being healthy and balanced?
- Do you consider yourself healthy?
- What about you is healthy?
- What would make you *more* healthy?
- Do you feel you have a healthy AND balanced lifestyle?
- What specifically do you find balanced?
- Please describe a person (fictional is fine) which is your ideal example of someone healthy and balanced.

Part III

We've discussed what healthy balanced people and lifestyles are to you. Now I want to discuss some ideas which may or may not pertain to you. If they don't that is fine, please indicate if/when questions aren't applicable to you personally.

- What does the phrase "body image" mean to you?
- Is there anything else you think body image entails?
- When I say body image dissatisfaction what comes to mind?
- How do you think you've come to develop this definition?
- The definition I have come to use essentially means when someone dislikes their body and/or weight. Have you ever experienced any body image dissatisfaction by this definition?
- (If applicable) When did you first experience BID? Could you explain where, or from whom, you think your body image concerns developed from?
- Why did this event (or person) effect your body image perception?
- At what age did body image become a concern for you?
- Why do you think it developed at that time?
- What other factors, if any, do you think contributed to this change in self-perception?

Part IV. Looking at Body Images

- Of these images which person looks the healthiest to you?
- Which image represents what you would consider to be an ideal shape?
- Which image represents what you think is the 'healthiest' shape?

Part V.

- Is your weight and/or body image a concern for you at this point?
- If I were to ask you to use a scale of 1 to 5 in order to rate your level of happiness with your figure, what number would you supply?
- (If applicable)
- Have you ever engaged in weight loss behaviors?
- Could you give me some examples of the types of weight loss strategies you've used?
- How often would you say you've engaged in these types of weight loss strategies?

Part VI. (If applicable)

- What do you think could have been done to prevent your body image concerns?
- What would alleviate your current concerns about body image?
- 

Ask all participants

- Is there anything specific you'd recommend for working with Alaska Native females concerning body image satisfaction and healthy lifestyle?

*Appendix D:*  
Recruitment Poster



*Appendix E:*

Informed Consent Form

**Informed Consent Form**  
**Body Image Interview**

IRB # 364463-1  
 Date Approved: 10/30/2012

**Description of the Study:**

You are being asked to take part in a research study about body image. The goal of this study is to understand the Alaska Native experience with body image and body image dissatisfaction. You are being asked to take part in this study because you have stated you are Alaska Native and meet the age requirement. Please read this form carefully. You are invited to ask any questions you may have now or at any time during your participation.

If you decide to take part, you will be asked to answer a set of interview questions concerning body image.

**Risks and Benefits of Being in the Study:**

The risks to you if you take part in this study are emotional or psychological stress due to the personal nature of the topic. To minimize stress your name or the names of anyone mentioned will be changed in any reports or discussion. You are also not required to answer every question. You may choose to skip questions that cause too much discomfort. A possible benefit to you for taking part in this study is/are an awareness of your views on body image and body image dissatisfaction.

**Compensation:** To compensate you for your time you will be given \$15.00 cash at the end of the interview.

**Confidentiality:**

We will protect your confidentiality by coding your information with a different name so no one can trace your answers to your name, properly disposing of interview sheets and other papers, limiting access to identifiable information, telling the research staff the importance of confidentiality, and storing research records in locked cabinets. In reports, as previously mentioned, your name and the names of other parties will be changed.

**Voluntary Nature of the Study:**

Your decision to take part in the study is voluntary. You are free to choose whether or not to take part in the study. If you decide to take part in the study you can stop at any time or change your mind and ask to be removed from the study. Whether or not you choose to participate, will not affect your grades/ services you are receiving/ etc.

**Contacts and Questions:**

If you have questions now, feel free to ask me (us) now. If you have questions later, you may contact the Researcher: Karaline Naegele [knaegele@alaska.edu](mailto:knaegele@alaska.edu), 474-5652 or Supervisor: Christine Cook [cccook@alaska.edu](mailto:cccook@alaska.edu), 474-5743, 708A GRUE

If you have questions or concerns about your rights as a research participant, you can contact the UAF Office of Research Integrity at 474-7800 (Fairbanks area) or 1-866-876-7800 (toll-free outside the Fairbanks area) or [fyrb@uaf.edu](mailto:fyrb@uaf.edu).

**Statement of Consent:**

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been provided a copy of this form.

\_\_\_\_\_  
 Signature of Participant & Date

\_\_\_\_\_  
 Signature of Person Obtaining Consent & Date

*Appendix F:*

Suggestions from Participants for Working with Alaska Native Females

#### Participant Suggestions for Working with Alaska Native Females

- Explain your desire to understand the experience of, and serve, the Alaska Native population.
- Ask the Alaska Native individual about their favorite cultural activity (i.e. dancing to drums, berry pick, fishing).
- Learn a few simple words of the Alaska Native individual's language. Such as saying a greeting or a "thank you". The smallest extra effort might coax a smile out of an otherwise shy individual.
- Make the curriculum you use applicable to the Alaska Native population. As Alaska is a vast land of varied geography, no one curriculum would fit Alaska as a whole. Find culturally relevant examples of nutrition and exercise.
- Engage in cultural Alaska Native activities. For example, when hosting an invitational event, make it a potlatch instead of a dinner. Find culturally suitable ways to gain interest and establish rapport.