

# The Sociostructural-Intersectional Body Image (SIBI) framework: Understanding the impact of white supremacy in body image research and practice

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## ABSTRACT

White supremacy and racial inequities have long pervaded psychological research, including body image scholarship and practice. The experiences of white, heterosexual, able-bodied, cisgender (predominantly college) women from wealthy, Westernized nations have been centered throughout body image research and practice, thereby perpetuating myths of invulnerability among racialized groups and casting white ideals and experiences as the standard by which marginalized bodies are compared. Body image is shaped by multiple axes of oppression that exist within systemic and structural systems, ultimately privileging certain bodies above others. In this position paper, we highlight how white supremacy has shaped body image research and practice. In doing so, we first review the history of body image research and explain how participant sampling, measurement, interpretive frameworks, and dissemination of research have upheld and reinforced white supremacy. Next, grounded in inclusivity and intersectionality, we advance the Sociostructural-Intersectional Body Image (SIBI) framework to more fully understand the body image experiences of those with racialized and minoritized bodies, while challenging and seeking to upend white supremacy in body image research and practice. We encourage other scholars to utilize the SIBI framework to better understand body inequities and the body image experiences of all people, in all bodies.

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## 1. Introduction

Prominent examples of contemporary systemic racism<sup>1</sup>—such as the killings of unarmed Black community members in the United States, the unlawful deportation of Commonwealth migrants from the United Kingdom, the rise of far-right political parties and neo-Nazism across Europe and the Americas, the multinational refugee crises and anti-immigration rhetoric, and the disproportionate mortality of people of color during the COVID-19 pandemic (Estrada et al., 2022; Goldstein, 2019; Haliokiopoulou & Vlandas, 2019, 2020; Moore et al., 2018; Swami et al., 2018)—have highlighted the continued centrality and impact of white supremacy internationally. Such events have also led researchers within the psychological sciences to (re-) consider the myriad ways in which theory and practice have contributed to forms of scientific racism (e.g., American Psychological Association APA, 2022; Buchanan et al., 2021; Roberts et al., 2020; Roberts & Mortenson, 2023), as well as the maintenance of systemic racism in broader society (e.g., Wills, 2021). Indeed, while the psychological sciences have long played a role in promoting social justice (e.g., Leong et al., 2017), scholars have also raised concerns about the (lack of) pace of the psychological sciences in uprooting systemic racism and white supremacy in its practices (American Psychological Association, 2021; Buchanan & Wiklund, 2020; Roberts et al., 2020; Roberts & Mortenson, 2023). What is true of the psychological sciences in general is also true of body image research in particular.

*White supremacy* can be defined as an “ideology that presumes the superiority of white people and the inferiority of all other groups” (Haeny et al., 2021, p. 887), as well as the practices that are based upon that assumption (DiAngelo, 2018). In this view, the notion of white supremacy points to an international political, economic, and socio-cultural system in which “whites overwhelmingly control power and material resources, conscious and unconscious ideas of white superiority and entitlement are widespread, and relations of white dominance and non-white subordination are daily re-enacted across a broad array of institutions and social settings” (Ansley, 1997, p. 592). White supremacy is thus systemic and pervasive (i.e., informing everything from laws and policies to habits and desires, including affording white people a set of insurmountable privileges that go beyond their class or power status [i. e., *white privilege*]; Aouragh, 2019), as well as a transnational system that links multiple structures of inequality (e.g., xenophobia, Islamophobia; Beliso-De Jesús & Pierre, 2020), so much so that it is often an ingrained feature of societies and thus “looks ordinary and natural” to persons in those societies who do not question it (Delgado & Stefancic, 2017, p. xvi).

From this perspective, the key to understanding white supremacy and systemic racism is in identifying the collective practices, mechanisms, and behaviors that reproduce racialized domination and subjugation (Bonilla-Silva, 1997). However, systemic racism also cannot be fully understood without considering how it intersects and collides with other axes of oppression, such as patriarchy (Crenshaw, 1989; Hall, 1980). For instance, bell hooks (2000, p. 118) advanced the notion of “white supremacist, capitalist patriarchy” to describe the ways in which racism, patriarchy, and capitalism differentially affect white people and people of color (e.g., gendered racism or the way that white cisgender

women are differentially positioned within white supremacist capitalist patriarchy compared to, say, Black cisgender women; Lewis et al., 2017). The same is true of the intersection between race and other factors, such as socioeconomic class, nationality, sexuality, ability, body size, and gender identity. In this view, *intersectionality*—defined as “the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities” (Collins, 2015, p. 2)—is fundamental to the racialized socio-political processes that (re-)produce systemic racial inequalities (Cole, 2009; Crenshaw, 1989; Grzanka & Cole, 2021).

In tandem with the increasing attention to white supremacy within the psychological sciences, there has also been increased—albeit piecemeal and nascent—consideration of systemic racism, intersectionality, and structural inequalities by body image scholars (e.g., Awad et al., 2020). Within this body of work, there is increasing recognition that existing theories, operationalizations, and understandings of body image are often culturally bound to white populations, are racially biased, and have historically and contemporarily marginalized the experiences of people of color (for reviews, see Lowy et al., 2021; Watson et al., 2019). Put differently, white supremacy has not only shaped the ways in which scholars have described, defined, and articulated body image(s), but also the ways in which they have conducted and understood body image science and practice. This is problematic for the field as a whole because it obscures the complexities of body image experiences and because it positions “being white” as the norm, which in turn de-emphasizes, dismisses, and renders invisible the body image experiences of marginalized groups (Bordo, 2009; Brady et al., 2017; Chan et al., 2023).

Building on this emergent work, we present a position paper based on consensus among a group of body image researchers (see Section 1). Our aim here is not to systematically review relevant literature, but rather to present an argument that white supremacy has created a form of body (image) privilege (cf. Kwan, 2010), in which the experiences and narratives of white populations are advanced as normative, used as a benchmark against which to evaluate all other populations, and raised as the primary—and sometimes only—way of experiencing, inhabiting, and relating to one’s body. We begin this paper by briefly describing exemplar ways that white supremacy has shaped body image research and practice historically. We go on to argue that the result is that white supremacy is now entrenched in all aspects of body image research, from the theories scholars draw upon to the methods utilized in research and practice to the very ways in which “body image” is understood. Finally, as a step toward combating white supremacy in body image research and to equip scholars with the tools to do so, we offer a new critical-conceptual framework for understanding body image—the Sociostructural-Intersectional Body Image framework. It is our hope and intention that scholars use this framework to address white supremacy within body image research, to better understand and account for the experiences of bodies that have been marginalized, and to ensure that our recurring practices are relevant to *all* bodies.

## 2. The manifestation of white supremacy in body image research

Before we can begin to rectify historically entrenched inequalities in body image research, we first need to look back. As body image researchers and practitioners, we have a responsibility to critically examine the history of our discipline and consider how it has shaped the way we conduct science and practice. Similar to the disciplines of psychology (American Psychological Association, 2021), social work (Del-Villar, 2021), and family science (Chatters et al., 2022; Walsdorf et al., 2020) as a whole, for example, we contend that white supremacy is interwoven throughout the history of body image science and practice—namely in terms of who is represented in body image research (and how they are represented), who body image theories and instruments

<sup>1</sup> We use the term “systemic racism” to refer to the involvement of whole systems (e.g., political, legal, economic, healthcare, educational, etc.), as well as entrenched practices and established beliefs and attitudes, in the production and perpetuation of unfair treatment of people of color (Feagin, 2006). The term can be distinguished from “structural racism”, which emphasizes the role of structures (e.g., policies, laws, practices, and norms) that provide a scaffold for systemic racism to be enacted (Bonilla-Silva, 1997). Because systemic racism can be viewed as encompassing structural racism, we use the former term throughout to emphasize the systematic ways in which people of color are disadvantaged and marginalized.

are developed for, and who body image interventions are created for and used with. In this subsection, our intention is not to review the history of body image research (for a relevant account, see [Cash & Smolak, 2011](#)), but rather to unearth and highlight how white supremacy has often gone unnoticed or unnamed in historic body image science and practice.

### 2.1. The historic context of body image research

The history of body image research can be traced from early neurological perspectives (e.g., perceptual experiences of the body resulting from disease, brain injury, and amputation; [Schilder, 1935](#)) to psychodynamic approaches (i.e., emphasizing unconscious psychological processes; [Fisher & Fisher, 1964](#)) that became commonplace from the 1950s onwards. Under the latter perspective, body image came to be defined in terms of the extent to which individuals are able to mentally separate their bodies from the environment ([Fisher & Fisher, 1964](#)), with clear body image boundaries postulated as being adaptive. While this body of work has undoubtedly been important in terms of advancing knowledge and developing early understandings of the body image constructs, it is also notable that much of this work was grounded in the experiences of white populations. More specifically, the experiences of white adults were used as the benchmark to categorize body image outcomes and to ascertain “normalcy”.

For instance, through the use of psychodynamic methods—most notably inkblot tests—researchers often sought to position white (typically undergraduate student) populations as behaving “normally” in comparison with a range of purported outgroups (e.g., prisoners, persons with disabilities, adults with schizophrenia), who were constructed as aberrant in their body image boundaries (e.g., [Mosher et al., 1967](#)). In many such cases, inkblot tests were used to reveal the aberrant mind of “othered” groups in a post-war world, including colonized and decolonizing societies ([Lemov, 2011](#)) and gay men ([Hegarty, 2003](#)). In other cases, race remained “invisible”—that is, a construct unworthy of investigation—or, where it was considered, it was deemed a “complication” (e.g., [Cleveland & Morton, 1962](#)), which inadvertently further marginalized the experiences of people of color. Even in contemporary research that continues to rely on psychodynamic approaches (e.g., [Santostefano, 2015](#)), race is treated problematically, with people of color frequently pathologized.

### 2.2. The theoretical context of body image research

A key event in the history of body image research—changing how body image was theorized and studied—was when body image disturbance was recognized as a cardinal feature of eating disorders ([Bruch, 1973](#)). Pathology-oriented conceptualizations of body image (e.g., body image disturbance, body dissatisfaction, body preoccupation) became increasingly studied in relation to eating pathology, and various treatment and prevention programs incorporated interventions to reduce or subvert body image disturbance. However, and mirroring a shift in the way body image had come to be conceptualized, body image disturbances and eating disorders came to be viewed as a culturally bound condition affecting white, upper-to-middle class girls and young women ([Bruch, 1973](#)). The pursuit of thinness, for instance, was associated with social mobility ([Schultz, 1979](#)), offering white women opportunities to improve their relative power, resources, and opportunities. In part, such understandings were based on published clinical reports describing patients with anorexia and bulimia nervosa (e.g., [Morgan & Russell, 1975](#)), which excluded people of color because of implicit stereotypes about vulnerability and invulnerability ([Gilbert, 2003](#)).

As a result of such stereotyping, the study of both eating disorders and body image largely centered the experiences of white adolescent girls and young adult women and excluded other groups, including those outside North America and Western Europe ([Striegel-Moore & Smolak, 2000](#)). A very good example of this was the proliferation of a wide range of measures of body image concerns in the 1980s, all of

which measured constructs that were known to affect white women (e.g., drive for thinness, weight and shape concerns, and preoccupation with reaching a small body size). The development of such measures was based on the experiences of white women, and their validation in samples of typically young white women helped to perpetuate a mythology that body image disturbance did not occur in people of color ([Nasser, 1997](#)). Indeed, in terms of research itself, race came to be seen as a largely insignificant variable—race and race-related variables were an afterthought rather than the focus of research ([Scarr, 1988](#)).

However, as scholars increasingly recognized that the infrequent identification of disordered eating and body image disturbance in people of color may have been due to misdiagnosis rather than scarcity of the conditions ([Nasser, 1997](#); [Silber, 1986](#)), research shifted to draw comparisons between white women and women of color (e.g., [Osvold & Sodowsky, 1993](#)). Drawing on both theories and instruments of body image disturbance developed with white women, women of color—both within nations (e.g., in the United States) and across nations (in cross-national research)—came to be viewed as uniformly experiencing healthier body images compared to white women ([Franko & Roehrig, 2011](#)). As a result of both clinical lore and a lack of empirical data, the “cultural contexts” of women of color came to be seen as offering “protection” against body image disturbance (e.g., [Schwartz et al., 1982](#)). Although such views, on their surface, may appear to reflect a deviation from the history of pathologizing the experiences of women of color, they reified the idea of whiteness as the default and they caused harm through marginalizing—or ignoring altogether—the body image concerns of women of color. Such findings also not only cemented the stereotype of the white female victim, but also provided a justification—if one were needed—for continuing to conduct body image research in, and to design interventions and target healthcare at, white girls and women ([Silber, 1986](#)).

The notion of “protection” against body image disturbance in women of color itself was often based on implicit racialized biases. As [Root \(1990\)](#) vociferously countered in an early account, assumptions of cultural “protection” often relied on ignorance of the cultures, lifestyles, and values of women of color. Moreover, in treating women of color as a homogenous group protected from body image disturbance, researchers frequently rendered invisible individual experiences that may have placed groups other than white women at risk for body image disturbance. One outcome here was that people of color were often excluded or marginalized from clinical care. To use examples from [Root \(1990\)](#), therapists would have likely avoided issues around body image in larger-bodied Black women or thin-bodied Japanese women, precisely because such communities would have been viewed as “protected.” Or, as [Silber \(1986, p.121\)](#) suggested, “the prevailing stereotype of the white upper class victim may conspire against early recognition.” Where persons of color were the focus of research or treatment, it was often from the point-of-view of being a curiosity—“oddities and guinea pigs” ([Root, 1990, p. 531](#))—rather than because of an intrinsic interest in their experiences.

A second important shift in body image research occurred with the acknowledgement that body image was a multifaceted, complex phenomenon ([Bond & Cash, 1992](#); [Cash & Pruzinsky, 2002](#)) that is irrevocably linked to its environmental and cultural context ([Thompson et al., 1999](#)). Especially important here was an understanding that sociocultural contexts—including the specific contexts of historically marginalized communities—shaped body image outcomes in a myriad of ways. Even here, however, theorizing and empirical research typically began with applications to white women before its deployment to other communities. That is, models of body image and its development were typically constructed with white women in mind, before their applicability and validity were tested in other communities. In a similar vein, instruments for the measurement of body image—of which there are now many—have typically been developed with white populations before being validated in other communities, either within nations or in cross-national settings. Although things are beginning to change (e.g.,

Hernández et al., 2021), researchers working with people of color often rely on models of body image that were largely developed with, and for, white populations.

This, in turn, has two important outcomes. First, the lens through which body image is considered, understood, and researched continues to be reflective of the experiences of white populations (Chalmers et al., 2022). Often missing from this body of work are emic understandings of the ways in which body image develops, is experienced, and manifests in people of color—that is, models and tools developed for the purpose of understanding body image within a specific community of people of color, rather than models and tools that are co-opted for use in that community (see Swami & Barron, 2019). A second outcome is that research on body image and race remains poorly embedded within the broader body image literature. For instance, in a recent bibliometric review of studies published in *Body Image* between 2004 and 2020, Andersen and Swami (2021) identified a small cluster of research focused on race—most often on Black populations in the United States. However, this cluster of research was also poorly interconnected with dominant strands of research within the body image literature, suggesting that research on body image and race remains an anomaly.

### 3. The contemporary context of body image research

Having looked back at our discipline, we are now in a better position to look at the state of contemporary body image research and to critically consider the extent to which white supremacy continues to affect scholarly work. Here, we find that—although change is emerging in pockets, with scholars increasingly recognizing the importance of considering the impact of white supremacy and systemic racism on body image—science and practice overall has struggled to break free of historic modes of thinking and working. In this subsection, we delve into how white supremacy continues to manifest in multiple aspects of research, focusing on the ways in which body image theory is understood and applied, methodological issues, and the ways in which body image is disseminated to an international audience.

#### 3.1. How body image is conceptualized

##### 3.1.1. Thin ideals

As we described above, the lens through which body image is conceptualized and theorized has historically reflected the experiences of white populations. This remains true today, with dominant body image theoretical frameworks developed with white populations—primarily in North America—continuing to serve as universal templates for understanding and conceptualizing body image. To take one prominent example, sociocultural models of body image—such as the Tripartite Influence Model of body dissatisfaction (Thompson et al., 1999), which posits that peers, parents, and mass media exert negative effects on body image via appearance comparisons and internalization of the thin ideal—were originally developed with white girls and women in mind, but also with a focus on Euro-American history. Although attempts have been made to widen the focus of these frameworks (e.g., to include men and the internalization of muscularity, to incorporate social media influences, and to women of color in North America; Burke et al., 2021; Roberts et al., 2022; Schaefer et al., 2021), the focus on internalization of a thin ideal is rooted in the experiences of white women.

One outcome of this focus on white populations is that, based on comparative studies utilizing assessments of thin-ideal internalization, women of color are frequently viewed as having lower body dissatisfaction than white women (e.g., Molloy & Herzberger, 1998). That is, because women of color do not internalize the thin ideal to the same extent as white women (Burke et al., 2021), are more likely to endorse broader conceptualizations of beauty (Modica et al., 2023), and report lower levels of body dissatisfaction via instruments that center the thin ideal, research continues to perpetuate implicit stereotypes about the invulnerability of women of color (Gilbert, 2003). By focusing on the

thin ideal, studies are failing to account for the diversity of appearance ideals and are not considering the historic ways in which white supremacy has shaped the socialization of appearance ideals (Watson et al., 2019). In other words, extant research is failing to center the experiences of racialized individuals, particularly with respect to the ways in which they negotiate appearance ideals specific to their racialized identity (Gruber et al., 2022; Hughes, 2021).

Illustratively, findings from a widely cited meta-analysis (Grabe & Hyde, 2006) suggested that white women were more dissatisfied with their bodies than Black women (with a small effect size) and that there were few differences between white and Asian women, and white and Hispanic women in the United States. Yet, research centering Black women and girls' experiences in the United States suggests that their body esteem and appearance satisfaction were better explained by culturally relevant aspects of the body (such as skin tone, hair texture, and facial features; Capodilupo, 2015; Harper & Choma, 2019; Henning et al., 2021; Ladd et al., 2022), rather than body size and shape. Even when examining Black women's preferences for a more curvaceous body, their body satisfaction was associated with the discrepancy from a *curvaceous* ideal (Overstreet et al., 2010), thus further illustrating diverse body image experiences. Further, one study of body size perception among Black and white college women found that Black women resisted notions of a singular ideal body, while white women mostly preferred a curvy-thin or athletic body ideal (Webb et al., 2013).

Relatedly, studies from other parts of the world suggest that a focus on thin ideals may offer a poor lens through which to understand body image issues. For instance, one study of Black African women found significant differences in endorsement of a thin ideal and skin tone ideals, racialized body dissatisfaction, and internalization of Eurocentric beauty ideals between Nigerian and Kenya women (Balogun-Mwangi et al., 2023). Likewise, studies with Chinese adults have highlighted the prominence of facial attractiveness, particularly for women, as it is seen as an important aspect of feminine beauty (Lee et al., 1996). Indeed, some research has suggested that facial appearance is often a more important component when evaluating body image than body size (Chen et al., 2006). This mirrors findings in Asian American women, who were more likely to report lower face satisfaction, particularly with their eyes, as compared to white women (Frederick et al., 2016). Despite these findings, existing body image research centering Chinese community members rarely examines broader body image components, such as facial appearance (e.g., Nouri et al., 2011; Xie et al., 2010).

In short, these studies suggest that levels of negative body image in people of color are linked less to concerns about thinness than to dissatisfaction with culturally specific appearance ideals (e.g., facial appearance, straight hair, lighter skin tones; Awad et al., 2015; Capodilupo, 2015; Henning et al., 2022; Watson et al., 2019). In highlighting the ways in which people of color are socialized to negotiate multiple appearance ideals—some based on white ideals, some based on culturally specific ideals—emerging research challenges assumptions of relative invulnerability in people of color (Dunn et al., 2019; Gruber et al., 2022; Mishra et al., 2023), but also emphasizes how scholars often fail to fully understand the cultures, values, and lived experience of people of color. Moreover, much of the available research has failed to consider the ways in which systemic racism shapes body image experiences (Chan et al., 2023), choosing instead to focus on inter-individual factors that may confer some protection from negative body image in people of color, rather than focusing on systemic accounts of how white supremacy and racism shape body image outcomes.

##### 3.1.2. Drive for muscularity

A related but distinct area impacted by the centering of the thin ideal to the exclusion of other ideals is the construct of drive for muscularity (i.e., a perception of having an underdeveloped musculature combined with a desire to increase muscle mass; McCreary & Sasse, 2000). This concept was originally proposed to more fully capture the body image experiences of boys and men. Based on research with predominantly



white men showing associations between drive for muscularity and a host of adverse outcomes (e.g., lower psychological well-being and greater anabolic steroid use; [McCreary, 2007, 2012](#)), the construct has come to be viewed as an important facet of negative body image in men. While this perspective may be broadly true, the intersection of gender identity and race is also important, as the meaning and manifestation of drive for muscularity are likely different among men of color relative to white men.

Among white men—who occupy positions of privilege—drive for muscularity is sometimes constructed as a behavioral and attitudinal response to threatened masculinity triggered by increasing gender equality (e.g., [Griffiths et al., 2015](#)). Men of color, however, occupy positions of subordinated masculinity relative to men with white privilege ([Connell & Messerschmidt, 2005](#)) and thus negotiate their body image ideals within multiple stratified hierarchies (e.g., in relation not only to women but also to white men). From this perspective, the historic negative stereotyping of some racialized minority men as frail ([Wilkins et al., 2011](#))—as well as ongoing experiences of marginalization, racism, and alienation ([Liu & Concepcion, 2010](#))—may mean that men of color desire greater muscularity as a means of negotiating hierarchies of masculinity. In other words, racialized male embodiment, and specifically enhanced muscularity, can be viewed as a means for men of color to challenge racialized marginalization within the context of hegemonic masculinities ([van Hout & Kean, 2015](#)).

In fact, comparative studies have shown that men of color often have significantly greater drive for muscularity compared to white men (e.g., [Swami, 2016a](#)), while cross-sectional studies have shown that experiences of racism by men of color are associated with greater drive for muscularity (e.g., [Cheng et al., 2016](#)). Even here, however, treating men of color as a homogeneous group leads to missed nuance in lived experiences. For men of South and East Asian ancestry living in North America and Europe, for instance, drive for muscularity may be a means of contesting social space in defiance of historic portrayals of feminized male bodies ([Haywood & Mac an Ghaill, 2003; Hill, 2015](#)) and, in the context of colonialism and imperialism, rejecting narratives of their bodies as inferior ([Bramham, 2003](#)). Conversely, narratives and portrayals of Blackness frequently emphasize physicality and athleticism, which may lead Black men to desire greater muscularity because they have internalized these narratives or because they experience pressure to conform to these stereotypes ([Lawrence, 2011](#)). In both cases, race becomes a signifier of difference, serving to reproduce hegemonic racialized order ([Hobson, 2005](#)), which in turn shapes the meaning and manifestation of drive for muscularity in men of color ([Swami, 2016a](#)). However, if interpreted solely through the “white gaze,” the reasons for, and mediators of body dissatisfaction in, men of color will be missed and resultant interventions using such flawed science will be ineffective in addressing the needs of these men.

Black adolescent boys also contend with both gender and racial stereotypes (e.g., related to hyper-sexualization and aggression; see [Rogers & Way, 2016](#)). Thus, experiences related to both their gendered and racialized identities may influence how they feel about culturally relevant appearance features. For example, cultural pressures to embody appearance ideals related to masculinity (e.g., muscularity, darker skin tones; [Hall, 1995](#)) likely intersect with racial stereotypes of Black boys being perceived as “threatening” or “dangerous” given racial biases regarding physicality and muscularity for Black versus White men (e.g., [Wilson et al., 2017](#)). Research has begun to examine satisfaction with these culturally relevant appearance areas among Black adolescent boys ([Ladd et al., 2022](#)).

### 3.1.3. Other areas of interest

Yet another example of centering white ideals is provided by research on objectification theory ([Fredrickson & Roberts, 1997](#)), a widely utilized framework for understanding sociocultural pressures and body image by considering (gendered) power dynamics within (cultural) environments. In particular, objectification theory builds on

the premise of sexual objectification (i.e., the evaluation of body or body parts as separate from a person’s whole, complex being). Though this framework has been extended to minoritized groups ([Moradi, 2010](#))—particularly sexual minority groups (e.g., [Wiseman & Moradi, 2010](#))—less is known about its applicability among people of color and among people of color outside North America. For instance, while some research has linked self-objectification and negative body image in racially diverse individuals within North America (e.g., [Tolaymat & Moradi, 2011](#)), research in other world regions indicates relatively low levels of self-objectification ([Loughnan et al., 2015](#)).

Moreover, while the white male gaze may be prevalent across cultures for various reasons (e.g., colonization, globalization, etc.; [Swami, 2007, 2021](#)), its imposition as the normative lens when exploring objectification and self-objectification in diverse samples may obscure the intricacies of gendered racism, power dynamics, and body image in these global majority contexts. For instance, it is unknown how the intersection of race and patriarchy informs the white male gaze to exert objectifying pressures on women, and thus, resulting in different inequalities of power dynamics. Further, it is unknown whether women of different racialized and/or national backgrounds respond differently to the white male gaze or what sociocultural and historical factors influence their responses. With the current lack of culturally grounded research, it is unclear how racialized experiences manifest in the effects induced by the white male gaze.

Our objective, in highlighting how these particular theoretical frameworks utilized in body image research fall short of capturing the experiences of people of color, is not to disparage these contributions or to minimize their importance. On the contrary, we seek to contextualize their contributions and emphasize how many historic trends in body image research—shaped by white supremacy—continue to affect and limit the way in which body image is theorized and conceptualized today. Similarly, we are not attempting to be exhaustive; rather, we contend that there are many other relevant examples. For example, while research on positive body image has grown dramatically over the past two decades ([Andersen & Swami, 2021](#)), much of this work has likewise centered the meaning-making of white embodiment. Moving beyond these constraints requires a fuller understanding of the ways in which parallel oppressive processes and systemic racism shape experiences of embodiment in specific contexts ([Piran, 2018](#)). It will also require a critical consideration of *how* body image research is conducted.

## 3.2. How body image research is conducted

### 3.2.1. Sampling diversity

The historic trend of centering the body image experiences of white populations—a form of “racist passivism” that involves an apathy toward racial advantage and a denial of systemic racism ([Roberts & Rizzo, 2021](#))—persists and continues to shape body image research today. We see this both in terms of *who* is represented in research, as well as in *how* they are represented. In the first instance, white populations are often sampled as the “default,” while people of color from racially diverse backgrounds and their experiences are often presented as the “other” (cf. [Reddy, 2021](#)). Even in comparative studies, where the experiences of racialized individuals are discussed, they are typically contrasted against a white benchmark, as though meaning-making would be impossible in the absence of a white lens. As an example, new body image instruments are often developed first with predominantly white populations—often college samples—without considering the experiences and manifestations of the construct of interest in people of color.

The same is true on an international scale, where populations in North America, Western Europe, and Australia continue to be privileged in body image research, despite the wealth of research that already exists within these contexts. In contrast, very little research centers the experiences of populations beyond these geographic regions, especially in Africa, Central Asia, Eastern Europe, and South and Central America. Even large, multinational studies of body image (e.g., [Swami et al.,](#)

2020) contain limited data from these world regions, if any at all, in part due to having few body image researchers available in these world regions. Moreover, very little research has considered populations at the intersection of race and urbanicity, with research in rural populations continuing to be neglected (Swami & Todd, 2022). In a similar vein, very little research has considered the experiences of international migrants (i.e., any person who was born outside their country of residence, such as refugees, asylum seekers, and international students), despite some evidence suggesting that migration has a detrimental effect on body image outcomes in people of colour (Swami, 2016b; Swami et al., 2012). This continued neglect of entire world regions and populations from the literature has meant that the experiences of white populations are treated as normative, overlooking the need to further body image research in other samples and regions, and thus upholding white supremacy in body image research.

Moreover, *how* people of color are treated in extant research is also problematic, as they are often presented using broad conceptualizations. For example, South Asian, East Asian, and Southeast Asian participants are often categorized using broad terms such as “Asian” (e.g., Frederick et al., 2016; Nouri et al., 2011), despite having very different cultural and social experiences. In some cases, data on the specific cultural identities of participants are either not collected or are omitted from written reports (e.g., Xie et al., 2010), thereby strengthening the “other” narrative. This practice implies the homogeneity of *other* experiences and contributes to the erasure of cultural nuances in body image experiences. It also means that the heterogeneity of these racial and cultural identities is often left unpacked and underexplored. Moving forward requires a much fuller recognition of the ways in which white supremacy has meant that the experiences of large swaths of the global population have been neglected in the body image literature.

### 3.2.2. Measures and methodology

In addition to who is being studied, *how* researchers study the experiences of these populations warrants attention. Specifically, another iatrogenic effect of a field built on a white perspective is that the measures and methods used to examine body image constructs capture only the physical features that are relevant to white populations. Accordingly, empiricism is prioritized, individualism is centered, and measures of body image focus on the alignment or misalignment with white appearance ideals, resulting in the systematic exclusion of other body types that drive body dissatisfaction (and poor health outcomes), such as curvaceous (Overstreet et al., 2010) or hourglass body shape ideals (Hernández et al., 2021), as well as other aspects of body perception, such as skin tone, hair texture, and facial features (e.g., Craddock et al., 2023; Ladd et al., 2022; Wilfred & Lundgren, 2021). This centering of alignment or misalignment with white appearance ideals suggests that existing body perception instruments that assess whether appearance ideals or body parts are valued or devalued may not be measuring the same constructs (e.g., perception of hip size/shape as thin/small may be valued in one population and devalued in another population). Additionally, affective measures—such as those assessing satisfaction with body parts—might fail to capture the variance within diverse groups, if deviation from white appearance ideals is the only target examined. Notably, when studies do include culturally responsive body features or study people of color (in the absence of white populations), such studies are often relegated to special topics and not published as part of “mainstream” science (Buchanan et al., 2020).

More broadly, it is notable that much of the body image literature prioritizes quantitative over qualitative approaches and pushes for logical positivism (i.e., the attempt to measure truth or real phenomena through numbers and statistical analyses alone; Mio et al., 2019). By prioritizing quantitative approaches as the “gold standard”, body image literature continues to impose current white-centric frameworks on people of color, where their experiences are continually measured and understood within the boundaries set by white-centered theoretical models and frameworks. This leaves no space for unique experiences to

arise from research—only for evaluations of how people of color fare within the theoretical boundaries of the imposed framework. As body image experiences are tied closely to people’s socio-cultural-political contexts, qualitative research that centers the voices of various groups of people of color is needed to understand the uniqueness of their body image experiences—rather than continuing to examine how it converges or diverges from white experiences. Despite the emergence of *some* participant-focused qualitative research in the recent years (e.g., Chalmers et al., 2022; Goel et al., 2021; Watson et al., 2012), the majority of body image research continues to center a white lens and thus perpetuates a system that inadvertently maintains white supremacy.

### 3.2.3. Interpretative frameworks

All human communication necessitates interpretation, and the interpretative lens frequently employed in body image research is situated within white supremacist frameworks. Findings from diverse samples are often discussed either without contextualizing the cultural context of the sample or with limited cultural and historical depth. We find that, in part, this stems from an implicit assumption that findings from white populations are universally true, in the absence of any such evidence supporting this perspective (Buchanan et al., 2021). It likely also reflects an ignorance of the cultures and experiences of people of color by primarily white authors, who see their own experiences reflected in findings and thus assume that their findings and interpretations are widely generalizable. In particular, when research teams lack diversity or when there is a significant power differential between diverse team members and white principal investigators, it may be that historic blindness of racialized experiences continues to exert an effect in the way in which studies are designed and data are interpreted (Roberts et al., 2020).

For example, the white interpretative lens confines discussions of skin color (dis)satisfaction among South Asian women within the context of the white ideal (e.g., Prusaczyk & Choma, 2018; Sahay & Piran, 1997), without unpacking the intertwined complexities of colonialism and the deep-rooted caste system in South Asia (cf. Jayawardene, 2016). It is worth noting that although caste is not assigned based on skin color and skin color does not reflect one’s caste, (lighter) skin color is perceived as closely related to (higher) caste in South Asian cultures (e.g., Ayyar & Khandare, 2013). Similarly, when examining objectification and self-objectification in people of color, a white interpretative lens often leads to an exclusion of race-related factors that may be pertinent – such as the historical influence of oppression, enslavement, and institutional policies designed and ratified into law to marginalize Black people (e.g., Lowy et al., 2021; Watson et al., 2012). Although emergent research has begun to consider the ways in which race-related factors—such as commitment to one’s racialised identity (Ladd et al., 2022) and racial microaggressions and racial dissonance (King & Iwamoto, 2022)—shape self-objectification, much more needs to be done to de-prioritise a white interpretive lens. For instance, adopting an intersectional, person-centered approach would help researchers more fully capture both the complexities and diversity of self-objectification experiences in different populations.

### 3.2.4. How body image research is supported and disseminated

There are numerous barriers to conducting body image research in racialized populations and in disseminating findings in publications and avenues that reach minoritized populations (Roberts et al., 2020). The legacy of imperialism, colonialism, and white supremacy ensures that a disproportionate amount of research funding is dedicated to science that advances knowledge on white populations and values (Buchanan et al., 2021). Further, when basic needs (e.g., housing, food security, and health care access) are not being met due to the legacies of imperialism, colonialism, and structural racism, prioritization of body image research in minoritized, racialized, and non-Western populations in many parts of the world will be de-emphasized. This, in turn, perpetuates the absence of historically marginalized populations from body image research and

ensures that a focus on white populations is maintained.

With respect to dissemination of research, the expectation that research findings need to be disseminated primarily within journals and books, without a similar expectation or requirement to disseminate the findings back to the communities from whence the research came, maintains white, individualistic values, rather than the collectivist and community-centered values of more diverse cultures. White supremacy is also maintained by several other structural barriers to research dissemination that are codified into the journal publication process within the psychological sciences, such as the fact that almost all peer-reviewed journals are published in English, which forces non-English speakers to only read and publish research in English. Further, reviewers—who tend to be mostly white (Buchanan et al., 2021)—are more likely to reject papers that do not mirror their own experiences and these reviewers and editors (who also tend to be white; Roberts et al., 2020) are also more likely to reject papers that are not submitted in good written English. This type of (multilevel) epistemic exclusion (i.e., perceiving that certain scholars and types of research lack value and are illegitimate; Settles et al., 2020) within the psychological sciences ensures that white reviewers, white editors, and white publishers shape research production (and what we label as “objective science”) to fit the white gaze and thereby inflict their white, Western lens on science and impose a cultural barrier even when research has been conducted on minoritized populations by minoritized researchers (Roberts et al., 2020).

#### 4. The manifestation of white supremacy in body image practice

Beyond research practices, it is also critical to recognize how the insidious nature of white supremacy takes shape within clinical settings and ultimately influences body image practice. Notably, there is robust evidence that body dissatisfaction is a common experience in adults and youth globally (e.g., Fiske et al., 2014; Swami et al., 2010, 2020). Therefore, it is likely that many clients seeking mental health treatment are affected by body image concerns. Within the clinical practice setting, practitioners and their clients may engage in treatments to improve clients' body image, ranging from individual therapies to large-scale intervention-based approaches. However, despite the prevalence of negative body image across diverse clientele, practitioners are often educated and trained in ways that fail to provide expertise in intersectional approaches and multicultural orientations (see Brinkman & Donohue, 2020; Buchanan & Wiklund, 2020; Hook et al., 2017), likely perpetuating white body image practices that may cause harm to clients of color (Kwan, 2010). Further, tools that guide body image practice at the assessment and intervention level also often fail to appropriately serve populations across varying social identities (e.g., gender identity, race, class, sexuality, ability, socioeconomic status) by utilizing methodologies normed for white, cisgender, heterosexual, able-bodied populations (Lowy et al., 2021). These critical gaps within body image practice across mental health fields highlight the need for continued research, training, assessment, and intervention tool development that addresses intersectionality, anti-racism, and cultural humility.

##### 4.1. Training and education

The perpetuation of white supremacy within body image practice begins with clinical training and education of mental health practitioners. Despite growing recognition by mental health professionals that multicultural competencies are an important aspect of therapy (American Psychological Association APA, 2017; Comas-Díaz, 2012), only in recent years has an emphasis begun to emerge on multicultural orientation and social justice alignment in clinical training practices across mental health fields (Adames et al., 2018, 2023; Buchanan & Wiklund, 2020; Grzanka et al., 2019). Despite these strides, there are continued challenges inherent in engaging in race dialogues between faculty and clinical trainees within clinical training settings, including concerns about trainee distrust and questioning of faculty credibility, facilitator

triggers and counter-transference (e.g., faculty's personal reactions arising due to lack of racial exploration of their own racial identity, biases, prejudice, and privilege), and trainee defensiveness and resistance (Chung et al., 2018; Smith et al., 2017). When issues related to culture and identity have been highlighted in clinical training curricula, they have often focused on “multicultural competence”, including increasing knowledge and skills for working with clients with diverse identities and sociocultural contexts (e.g., Sue & Sue, 1981–2019). Although such models of multicultural competence have begun to emphasize self-examination of identity and positionality among clinicians (Sue & Sue, 2019), this component is often ignored with greater focus directed toward exploring clients' cultural identities. The problem with focusing predominantly on clients' cultural identities, rather than therapists' own identities, is that it can reinforce the idea of therapists' being empty vessels whose identities do not affect clinical work (Hook et al., 2017)—which can, in turn, inadvertently reinforce white supremacy in the context of therapeutic relationships. For example, in the context of a white therapist working with a Black client experiencing disordered eating, failure of the therapist to self-reflect on the power and privilege they hold as a white individual, and their corresponding internalization of white appearance ideals, may lead to their missing opportunities to explore clients' body image experiences that likely manifest in culturally relevant ways.

As integrated in models of multicultural competency (e.g., Sue & Sue, 2019), training approaches grounded in *cultural humility* emphasize: therapists' self-awareness about their own cultural identities, privilege, and oppression; ongoing critical self-reflection regarding therapists' potential limitations in understanding clients' cultural experiences; and interest in and openness to exploring clients' cultural identities (Hook et al., 2016, 2017). Understanding one's own cultural identity, worldview, beliefs, values, and attitudes can improve practitioners' understanding of how cultural identities affect one's sense of self and interactions with others—especially clients. Further, practitioners' own awareness of themselves as racial, cultural, and gendered beings can have strong effects on the therapeutic relationship (Davis et al., 2016). In applying the cultural humility approach to the body image context, the therapist would need to critically self-reflect on how their own cultural identities may bias their conceptualization of body (dis)satisfaction (e.g., a white, able-bodied woman may assume their client's body dissatisfaction revolves around desire for thinness) and would need to develop cultural comfort in directly discussing how the client's cultural identities impact the client's own body image. At the systemic level, the lack of representation of people of color in mental health training programs intersects with the “historical residue” of scientific racism, in perpetuating white supremacist values and norms, while marginalizing the perspectives of people of color (Bernard et al., 2023).

##### 4.2. Assessment

Education and training across mental health fields has historically missed the mark in appropriately preparing practitioners to assess and address the complex perceptual, attitudinal, and behavioral components associated with body dissatisfaction across varying sociocultural contexts and among racialized populations. For example, researchers have found that clinical practitioners do not feel equipped to assess for body image in girls and women clients (Ramseyer Winter, Teti et al., 2018), and given stereotypes that body image is a cisgender “women's problem” (Bordo, 2009; Swami & Knowles, 2014), these difficulties are likely even greater in work with clients who identify as men, transgender, non-binary, or gender expansive. Ramseyer Winter, Teti and colleagues (2018) also found that practitioners lacked thorough training and knowledge regarding how body image affects mental health, suggesting providers may not be adequately prepared to assess their clients' needs related to body image. These findings are supported by qualitative work with mental health practitioners. Specifically, practitioners generally



define body image as unidimensional, frequently limiting conceptualizations of body image to only body evaluation and/or feelings (Ramseyer Winter, Brett et al., 2018). Further, when asked to discuss body image, the majority of practitioners in the study did not address concerns related to body image that are culturally relevant to populations of color (Ramseyer Winter et al., 2018), further supporting prior findings that sociocultural contexts, multiculturalism, and intersectionality are rarely incorporated into clinical practice (see Buchanan & Wiklund, 2020). Clinical training programs remain behind, despite recognition that these programs should acknowledge and incorporate sociocultural influences and interlocking systems of privilege and oppression, as such training would significantly increase practitioners' ability to effectively address the needs of marginalized populations with regard to their body image (Lowy et al., 2021; Ramseyer Winter et al., 2018; Yokoyama et al., 2017).

#### 4.3. Interventions

Body image practice can also be conceptualized beyond the clinic to incorporate targeted and universal body image interventions designed for school, online, and community settings, in addition to self-help resources. The vast majority of evidence-based body image interventions cited in the literature have been developed by researchers in North America, Western Europe, and Australia—that is, majority white, high-income, English-speaking countries. Additionally, to date, the collective evidence-base for body image interventions is largely limited to majority white samples. For example, in a review focused on the effectiveness of universal eating disorder prevention interventions in improving body image among children, the 22 included trials were limited to primarily white participants in North America, Australia, the United Kingdom, Spain, and Germany (Chua et al., 2020). Similarly, in a review of the effectiveness of interventions aimed at improving positive body image in adults, 14 of the 15 included studies were among primarily white participants based in the United States, Australia, the United Kingdom, the Netherlands, and Portugal (Guest et al., 2019).

The lack of focus on the development of interventions for communities in many parts of the world may stem from a number of reasons, some historic and some ongoing. Historically, for instance, researchers influenced by claims of (relative) invulnerability of people of color may have believed that white populations were in greater need of care and/or that interventionist approaches were unneeded for people of color (Nasser, 1997). Even where unmet need is recognized, ongoing issues—including the lack of availability of psychometrically validated assessment tools (Swami & Barron, 2019), available tools being focused on ways of being that are specific to white populations, and the legacy of imperialism and colonialism meaning that body image research is de-prioritized—often mean that historically neglected populations continue to face neglect and marginalization. Additionally, researchers may often implicitly adopt universalist assumptions about interventionist strategies—that what works for white populations in North America, Europe, and Australia will work for populations the world over.

Importantly, there is some evidence to suggest that such universalist assumptions are erroneous. For example, a school-based program developed in the United States—“New Moves” (Neumark-Sztainer et al., 2003)—did not yield significant improvements to body image in Brazilian adolescent girls (Dunker & Claudino, 2018), despite improving body image in a diverse group of girls in the United States. As a field, we cannot continue to make assumptions regarding the effectiveness of body image interventions in diverse samples without adequate culturally informed adaptations. Likewise, upending white supremacy in interventionist work will require a much greater focus on emic strategies (i.e., interventionist strategies developed for, and, by people of color) that center the lived experiences of marginalized communities, rather than continuing efforts to export “what works” for white populations to other communities.

## 5. Sociostructural-Intersectional Body Image (SIBI) framework

### 5.1. Towards an inclusive and intersectional definition and theory

Given the evidence reviewed above that white supremacy continues to pervade body image research and practice, we suggest that there is a clear need to develop and test an integrative and comprehensive critical-conceptual model to better understand body image across and within diverse populations around the world. In this paper, we begin this task by presenting an inclusive, and intersectional framework—the *Sociostructural-Intersectional Body Image* (SIBI) framework (see Fig. 1)—that aims to capture racialized *body inequities* and thus highlight appearance ideals, practices, and experiences of *all people and all bodies*. Existing body image definitions and theories have not considered the diversity of sociocultural appearance pressures around the world, thus painting an incomplete picture of body image. Our theoretical framework brings together not only bodies that have been historically and contemporarily privileged, but also amplifies and centers those bodies at the margins, thereby disrupting and realigning networks of power and privilege. Altogether, this framework aims to: (a) inclusively bridge inequities that elevate voices that have been invisibilized and ignored; (b) recognize body image as complex, multidimensional, and contextual; and (c) guide future research and hypothesis-testing, assessments, and interventions in this area. We offer the SIBI framework and encourage its examination in future research and its application to practice.

As a way forward, we first re-imagine a more inclusive and comprehensive definition of body image as a multidimensional concept of one's body. This conceptualization is at the core of the SIBI framework. While previous descriptions of body image allow for inclusivity in how body image *could be* conceptualized, theorized, and measured (Cash & Smolak, 2011), body image has historically been viewed—almost exclusively—as a picture of one's body size (height, weight) and shape, which is grounded in, and a reflection of, white supremacy (Lowy et al., 2021). Yet, what one sees in the mirror is more than this view of the body. Drawing on prior scholarship, though limited, that has considered body image and appearance beyond body size and shape (e.g., Awad et al., 2015; Capodiliupo, 2015; Falconer & Neville, 2000; Frederick et al., 2022; Landor & McNeil Smith, 2019; Swami, Todd & Tylka, 2022), our definition of body image incorporates cognitions, affect, and behaviors related to size (height, weight) and shape/physique (including curvaceous and hourglass bodies; Overstreet et al., 2010; Hernández et al., 2021), as well as additional salient—but often overlooked—characteristics, such as skin tone and condition, facial features (e.g., eyes, lips, nose), hair (e.g., texture, length, style), aging, body tone (e.g., muscularity, leanness), gendered expression, body function, and ability. By extending the construct of body image in this way, we aim to help ensure that scholars are primed to more fully explore embodiment in diverse communities.

Next, we position the SIBI framework to capture the pervasive and deeply entrenched systemic and structural contexts that influence appearance ideals and body image experiences. As mentioned above, for example, sociocultural theories (see Section 3.1) have primarily focused on how sociocultural sources of pressure—such as media, family, and peers—impact body image. Though important and necessary to include, these models and subsequent empirical work are insufficient in capturing the full experience of racialized individuals. More precisely, existing models have not taken into account the critical influence of macro-level systems of domination, oppression, and inequity (i.e., the systems, social forces, institutions, ideologies, and interactive processes that generate and reinforce racialized inequities; Bonilla-Silva, 1997). In particular, while acknowledging the utility of sociocultural factors in influencing body image ideals, the SIBI framework centers macro-level structural systems (e.g., white supremacy, caste systems, patriarchy) that situate the lived experiences of all people and all bodies in full view across the lifespan. Guided by interdisciplinary work that explicates how systemic factors privilege some bodies while otherness disadvantages



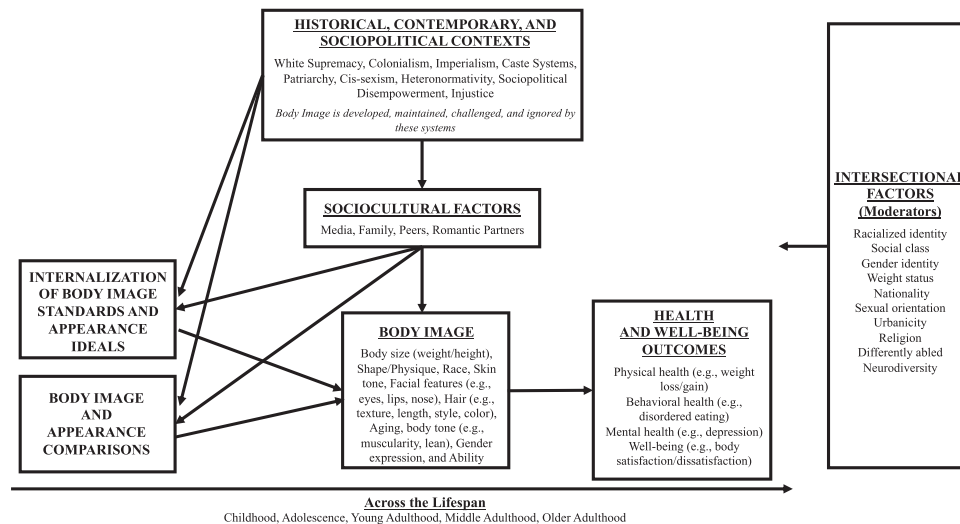


Fig. 1. Model of the Sociostructural-Intersectional Body Image (SIBI) Framework.

other bodies in a white supremacist society (Collins, 1990), the SIBI framework integrates salient but often overlooked macro-level historical, contemporary, and socio-political systems that (re-)produce and reinforce appearance ideals and corporeal experiences. In this way, the SIBI framework does not treat body image as though it develops and is maintained within a vacuum operating independently of broader systemic contexts and macro-level factors, such as white supremacy, colonialism, imperialism, caste systems, patriarchy, cis-sexism, heteronormativity, sociopolitical disempowerment, and injustice. Without the inclusion of these macro-level structural context in body image research, individuals are assessed in isolation from the inescapable systemic forces that surround them. Therefore, body image is not just a by-product of sociocultural pressures, but also a *system of domination and inequity*. In fact, it is these foundational systemic factors that must be fully addressed to better understand the etiology of body image and its subsequent impact on health and well-being.

Thus, we suggest that the SIBI framework is unique in several ways. First, it recognizes the multifaceted factors that make up body image and the multidimensional way in which embodiment is experienced. Second, it explicitly recognizes and considers the critical role of systemic, sociostructural factors in producing, re-producing, and maintaining appearance ideals and body image experiences—thus, for the first time, integrating both systemic factors and sociocultural factors in one framework of body image. Third, the framework allows researchers to more fully conceptualize the myriad ways in which systemic and sociostructural factors produce racialized, gendered, heterosexist, ageist, classist, and other disparities in multiple domains of health and well-being. Fourth, the model centrally situates intersectionality to better understand the ways in which all people and all bodies experience interlocking forms of oppression and marginalization. Lastly, the SIBI framework is developmental, accounting for these processes across the lifespan, recognizing that body image development does not occur in an adolescent vacuum, but continues to evolve from birth to death.

Below, we explicate each component of the SIBI framework and provide initial examples of how this framework could be deployed in future research. In broad outline, the core of the SIBI framework is the more inclusive and comprehensive definition of body image described above. The SIBI framework posits how historical, contemporary, and socio-political contexts shape the development and maintenance of body image through systems of power, oppression, and discrimination. These macro-level, systemic contexts then influence sociocultural factors—including media (traditional media, such as television, movies, magazines, and music; new media, such as social networking sites, blogs, and podcasts), family (immediate, extended, chosen), peers

(friends, co-workers, classmates), and romantic and life partners—that place pressure on individuals to adhere to appearance ideals and to engage in body-work through internalizing body image standards and appearance ideals and making body image and appearance comparisons. Internalization of body image standards and appearance ideals refers to the extent to which an individual internalizes standards of beauty (e.g., internalization of shape/physique ideal, internalization of skin tone ideal) that are often unrealistic and unattainable. Appearance comparisons occur when an individual compares themselves to others whom they view as representing attainable goals. These processes of internalization and comparison, in turn, influences an individual's own body image and appearance ideals and experiences, resulting in better or worse health and well-being outcomes. We posit that health and well-being outcomes may include physical health (e.g., weight loss/gain), behavioral health (e.g., disordered eating), mental health (e.g., depression), and well-being (e.g., body satisfaction/dissatisfaction), though this list is not exhaustive. Systemic contexts may also indirectly impact appearance ideals and corporeal experiences through internalization of body image standards and appearance ideals and appearance comparisons. The proposed model also highlights the complexities of body image as a result of centering of intersectional identities and acknowledges that the development and maintenance of body image occurs across the lifespan.

#### 5.1.1. Historical, contemporary, and socio-political contexts

This paper highlights the critical need to recognize broader historical, contemporary, and socio-political contexts in which appearance ideals and body image cognitions, affect, and behaviors are situated. The origins and impact of body image ideals are rooted in several systems of oppression, discrimination, and power, including white supremacy and systemic racism. The insidious nature of these systems impacts the transmission and internalization of appearance ideals, and shapes experiences of embodiment and of the body in particular cultural and subcultural contexts, as well as among those who traverse cultural contexts. Therefore, the SIBI framework acknowledges these systems that reinforce and reify marginalized bodies and takes into account different histories and legacies of body image across the globe. Importantly, this framework allows researchers to more fully situate the experiences of people of color in majority white contexts, as well as among the global majority (i.e., peoples all over the world who have been racialized as minorities).

While the SIBI framework acknowledges multiple systems of oppression and multiple pathways through which such systems could impact body image outcomes, we highlight here two ways in which this

framework could be deployed to better understand the impact of white supremacy on appearance ideals and body image experiences. In qualitative research, for example, scholars could begin by considering the ways in which people of color navigate multiple appearance ideals and consider the ways in which internalised and interpersonal racism shape body image experiences. Chalmers and colleagues (2022) provide a very useful example of such research as conducted with Aboriginal and/or Torres Strait Islander women. In their qualitative study, they found that beauty ideals in Australia exclude indigenous women, are informed by colonization, and body acceptance is informed in part by cultural identity (Chalmers et al., 2022). In quantitative research, scholars could begin by considering the processes and consequences of racialized oppression in terms of appearance ideals and body image. Examples of this strand of work include examinations of the direct impact of multiple forms of racism on body image outcomes, the extent to which racialized identity shapes body image in people of color (e.g., Cheng, 2023; Quiñones et al., 2022), and the ways in which people of color cope with experiences of racism and the impact of such coping on body image (Chan et al., 2023). Additionally, there is a need to develop body image instruments that more fully situate the lived experiences of people of color (e.g., Hernández et al., 2021; Le et al., 2022).

More broadly, we encourage scholars to place body image experiences within systemic contexts, rather than to assume that body image experiences occur outside of those contexts. This will require a fuller consideration of the ways in which different systems of oppression have both historically and contemporarily shaped appearance ideals and body image outcomes. In explicitly situating appearance ideals and body image experiences in historical and contemporary sociopolitical contexts, the SIBI framework will help scholars to better understand the ways in which systemic processes reinforce sociocultural factors that, in turn, shape body image outcomes, health, and well-being. Moreover, in centering systemic oppression, it is important that researchers consider the ways in which appearance ideals change and shift (i.e., appearance ideals as malleable and fluid). In doing so, it is vital that scholars not only consider the deleterious effects of white supremacy on body image, but also the ways in which anti-racism and challenges to systematic oppression—at multiple levels (e.g., societal, familial, individual)—affect body image experiences.

### 5.1.2. Sociocultural factors and intersectionality

Beyond a focus on systemic oppression, the SIBI framework also draws on and integrates both sociocultural (Thompson et al., 1999) and intersectional perspectives (Collins, 1990; Crenshaw, 1989; hooks, 2000). More precisely, our framework addresses the ways in which individuals—based on additional marginalized social identities (e.g., racialized identity, social class, gender identity, nationality, sexual orientation)—experience macro-level systemic factors and appearance pressures to adhere to often unattainable body image ideals. These standards do not leave space for individual and cultural differences. The SIBI framework accounts for such variations by situating sociocultural factors, as well as systemic contexts, that impact the transmission and internalization of appearance ideals into our framework. Further, by using intersectionality to account for the unique experiences of marginalized bodies, the SIBI framework captures the appearance ideals and experiences of all people and all bodies.

While we encourage empirical verification of our theory, here we offer an illustration of the utility of the SIBI framework with attention to body dissatisfaction research. Most scholarship on body dissatisfaction and well-being often attends to myriad sociocultural pressures that influence body dissatisfaction resulting in negative well-being outcomes. Though important, in doing this, body dissatisfaction research has centered the appearance ideals and experiences of the most privileged groups—white body narratives—by ignoring the insidious structural contexts in which individuals are situated. For instance, rather than testing a model of body dissatisfaction and well-being of Black South African women—in which the starting point is a focus on the

sociocultural pressures of media, family, and peers—the SIBI framework argues for the salience of including systemic factors, such as white supremacy, as manifested through colonialism and apartheid, as the genesis to conceptualizing and understanding body dissatisfaction among Black South African women. Moreover, these women may experience intersecting identities and marginalization (e.g., social class, cultural group membership). In this way, the SIBI framework has the potential to demonstrate how appearance ideals and experiences vary on the basis of intersecting identities.

## 6. Conclusion

Body image scholarship has a rich history across the globe, but we cannot ignore how this history is steeped in white supremacy. We find evidence of white supremacy entrenched in all aspects of body image research, including the very definitions of body image we use, the theories we draw from, and the methods and samples used in research. White supremacy is seen in practice from how we train and educate our clinicians to the interventions we employ. The SIBI framework seeks to move us beyond white supremacy, making body image research and practice, applicable and relevant to *all* bodies. The SIBI framework provides us an opportunity to overturn “racist passivism” (Roberts & Rizzo, 2021) and instead adopt an explicitly anti-racist, decolonial stance to promote equity across the levels depicted in Fig. 1. Going forward, we encourage researchers to adopt the SIBI framework to guide disruptive research that reimagines what body image means and can mean for different groups of individuals. More broadly, we call for research that begins to decolonize body image research and practice and for scholars the world over to adopt an anti-racist stance both within and beyond academic research and practice.

## Author Positionality

The authorship team includes ten scholars with different levels of experience, who at the time of writing included two doctoral students, two early-career faculty, four mid-career faculty, and two late-career faculty. Three members of the team were based in the United Kingdom and the rest of the authors were based in the United States. Six of the authors identify as persons of color and four identify as white. Regarding gender, nine of the authors identify as cis-women and one identifies as a cis-man. Our team is diverse in terms of sexual orientation with three identifying as queer, two as bisexual, one as pansexual, two as heterosexual, and one as mostly heterosexual. Nine of the authors were able-bodied at the time of writing and one identified their ability status as temporarily able-bodied.

## CRedit authorship contribution statement

**Antoinette M. Landor:** Conceptualization, Writing – original draft, Writing – review & editing. **Virginia L. Ramseyer Winter:** Conceptualization, Writing – original draft, Writing – review & editing. **Idia Binitie Thurston:** Writing – original draft, Writing – review & editing. **Jamie Chan:** Writing – original draft, Writing – review & editing. **Nadia Craddock:** Writing – original draft, Writing – review & editing. **Brianna A. Ladd:** Writing – original draft, Writing – review & editing. **Tracy L. Tylka:** Writing – original draft, Writing – review & editing. **Viren Swami:** Writing – original draft, Writing – review & editing. **Laurel B. Watson:** Writing – original draft, Writing – review & editing. **Sophia Choukas-Bradley:** Writing – original draft, Writing – review & editing.

## Declaration of Competing Interest

None.

## Data availability

No data was used for the research described in the article.

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