Dialogue with Immigrant Mothers from Chinese and Tamil Communities to Explore Homogenization, Normalization, and Objectification of their Body

Manuela Ferrari, Gail McVey & Joanna Anneke Rummens

Abstract: The influence of urbanization, modernization and acculturation processes as causes for the development of body image concerns and eating disorders are documented in the literature. Women exposed to a Western idea of "beauty" as skinny and thin may be more vulnerable to body dissatisfaction. The elements of Western society that contribute to women's body dissatisfaction are captured and described in BORDO's empire of images (2003) and FREDRICKSON and ROBERTS' objectification theories (1997). Both theories rest on the assumptions that women's bodies are seen as passive elements in Western society, and that as a result women often engage in activities that measure, modify, and control their bodies to meet Western standards of beauty and attractiveness. Homogenization, normalization, and objectification have not been studied among immigrant women, nor have similarities and differences been explored across ethno-cultural communities. Participatory methodology informed the data collection process and analysis. A series of three separate parent focus groups were held with each of the Tamil and Mainland Chinese mothers of elementary school children respectively, for a total of six focus groups and 13 participants. Through dialogue, newcomer immigrant mothers were invited to define their cultural idea of beauty and to confront it with the Canadian one. For both Chinese and Tamil mothers, the homogenization, normalization, and objectification of their bodies appeared to occur in similar ways. Immigrant women and their daughters tend to internalize the Western ideals of women's thinness; this makes them self-conscious about their own bodies.

Table of Contents

1. Theoretical Introduction
2. Method
3. Results
   3.1 The resettlement context
      3.1.1 Re-defined women/mothers' identity after migration
      3.1.2 Media exposure
   3.2 Homogenization and normalization processes: Changes in ideas of beauty after migration
   3.3 External objectification: The objectifying gaze
      3.3.1 Gender differences
      3.3.2 Sexually objectifying gaze
   3.4 Internal (self) objectification and its consequences
4. Discussion
5. Conclusion
Acknowledgment
References
Authors
Citation
1. Theoretical Introduction

Several quantitative and qualitative empirical studies have suggested a possible link between urbanization, modernization and acculturation processes and the development of body image concerns, disordered eating, and eating disorders (BECKER, 2004; BECKER, BURWELL, GILMAN, HERZOG & HAMBURG, 2002; BECKER, FAY, GILMAN & STRIEGEL-MOORE, 2007; THOMPSON, 1992, 1994). The pioneering work of BECKER and colleagues (2002) in the islands of Fiji showcased the influence of media/TV on the development of eating disorders among Fijian girls and women: after Western television programs were introduced in the Fiji's islands the prevalence of eating disorders increased among girls and women. Fijian girls experienced what has been defined as an acculturation process: the process by which an insider (e.g., native) or outsider (e.g., immigrant) subordinate group becomes included into the colonialist or dominant settlement society (SCOTT & MARSHAL, 2005). The acculturation occurs as the subordinate group conforms to the values and culture of the dominant cultural group. For Fijian girls the internalization of ideal beauty and female attractiveness portrayed by Western television led them to develop body shape concern, and in the most extreme cases eating disorders. For Fijian girls, body dissatisfaction and eating disorders resulted from the rapid social and economic post-colonial development of the country and the exposure to Western values and norms (ANDERSON-FYE & BECKER, 2004). [1]

In Western thinking, the human body has historically been characterized by the dichotomous view of the body and mind as different entities. The mind is described as an active entity and the body, in contrast, as a passive element capable of responding only to impressions, emotions, or passion (GABE, BURY & ELSTON, 2004). Furthermore, gender seems to play a key role in the division between active mind and passive body (BORDO, 2003): men are viewed as active while women are viewed as passive. This gender-based division between the active/spirtited/men entity and the passive/appearance-based/women one is not merely a philosophical or historical position but rather one that is integrally embodied within contemporary culture. Women are often portrayed in the media in positions that invoke an image of passivity (e.g. sitting, lying down), whereas men are often represented in more functional roles (e.g., working, driving, playing, running, being physical) (BORDO, 2003). [2]

BORDO's image theory and FREDRICKSON and ROBERTS's objectification theories can shed light on the women's bodies in contemporary society and, specifically the gender differences in the relationship with one's own body (BORDO, 2003; FREDRICKSON & ROBERTS, 1997; SMOLAK & MURNEN, 2001). These theoretical frameworks help to explain "how" and "why" women from minority groups begin to choose to conform to the dominant group's idea of beauty and attractiveness. Indeed, BORDO's work looks at the impact of popular culture and what she calls the empire of images, namely images of women portrayed on television, advertisements or in magazines that often make women feel negative about their bodies. The author further argues that mass culture works through the representation of homogenized and normalized processes.
The homogenization of our culture obfuscates all racial, ethnic, and sexual differences to satisfy Anglo-Saxon, heterosexual expectations and identification. Furthermore these are normalized images in that they function as models against which one continually measures, judges, "disciplines" and "corrects" oneself (BORDO, 2003, pp.25). Examples are the use of plastic surgery to hide or cover ethnic characteristics, such as what is perceived to be an "African" or "Jewish" nose, or to conform to the Western image of ageless beauty. [3]

FREDRICKSON and ROBERTS (1997) examined the social discourses that construct women's bodies as objects to be gazed at, along with their adverse impacts on women's self- and body experiences. Their work is based on the premise that women's bodies are treated differently than men's bodies in Western society. Recalling the gender-based division between active mind vs. passive body, FREDRICKSON and ROBERTS affirm that women's bodies are believed to be inactive and, as a result, women's bodies are seen and used as passive objects, or sexually objectified objects, gazed at by man's eyes and society's eyes, as occurs when young women are portrayed in very provocative poses and clothing. On the one hand, external objectification occurs because modern society sexually objectifies women's bodies. At the same time, women internalize the society gaze on their body and the idea that they need to be nice, pretty, look good, and please men's eyes. This last process is called internal (self) objectification. Empirical evidence shows how the accumulation of such repeated experiences is linked to female mental health illnesses such as depression, eating disorders, and sexual dysfunction (TIGGEMANN, 2011). In women's everyday lives, self-objectification diminishes their cognitive and physical performance, thus strongly influencing both their private and work-related life (QUINN, CHAUDOIR & KALLEN, 2011). [4]

However, not all women experience objectification in the same way. The combination of class, age, sexuality, and ethnicity can influence these experiences (CALOGERO, TANTLEFF-DUNN & THOMPSON, 2011; FREDRICKSON & ROBERTS, 1997). The research literature presents different conclusions in this respect. This is probably due to the different use, and understanding, of the term "ethnicity," used, for example, to refer to people who look different (racialized), or to people who actually live different cultural traditions (cultural groups), or to people who, because they look alike, are therefore assumed to share same cultural traditions but they are not (ethno-racial minorities). For example, some research has shown differences in women's/girls' self-objectification experiences based on ethnicity (BREITKOPF, LITTLETON & BERENSON, 2007) whereas other research results have not found this difference (HARRISON & FREDRICKSON, 2003; HEBL, KING & LIN, 2004). Non-Western women or women from racialized and/or ethnic minority groups do not seem immune to sexual and self objectification (ROOT, 1990; HEBL et al., 2004) and often feel the pressure to be "perfect" in accordance with the Western norm of beauty. A larger diverse sample of 400 women of varying ethnic backgrounds found, for example, that women engaged in self-objectification in very similar ways (HEBL et al., 2004). Yet another empirical study found ethnicity to be a protective factor (see CROKER, CORNWELL & MAJOR, 1994). Black women...
who have experienced racial oppression develop a sense of self difference/opposite to the image portrayed, as ideal in the Western/White culture. In other words they often resist the White thin and skinny desirable beauty standard (CROKER et al., 1994). This suggests that experiences and responses of objectification may vary across socio-economic, ethno-racial and ethno-cultural groups. To date, little is known about the process of objectification in women from different minority and cultural ethnic groups (see CALOGERO et al., 2011), nor how they might intersect with social class, age or sexuality. As McKINLEY (2004, pp.59-60) notes:

"We know very little about women who do not fit the profile of the model U.S. college student. Thus, we know little about women of color, lesbian, bisexual women, women of non-privileged classes, women with disabilities, adolescent, and older women. (...) How might dominant social constructions of women's bodies interact with other constructions, such as those of race and class?" [5]

Few empirical studies explore acculturation and/or objectification in college students from different ethno-cultural backgrounds (BARRY & GARNER, 2001; DAVIS & KATZMAN, 1999; HUMPHRY & RICCIARDELLI, 2004; JENNINGS, FORBES, McDermott, JUNIPER, HULSE, 2005) and only one study was found to explore body objectification between mother and daughter (McKINLEY, 2004). To our knowledge, no empirical study has yet been conducted to explore the objectification processes in newcomer immigrant populations and their children. This paper explores homogenization, normalization, and objectification in two ethno-culturally distinct newcomer communities. Through in-depth analysis of the narratives of immigrant mothers, this study examine the influence of objectification on their elementary school-aged children. [6]

2. Method

Two newcomer communities—Mandarin Chinese and Tamil—were chosen in order to maximize the comparison between actually lived culture with that of the larger society. Both communities are furthermore racialized groups within the larger Canadian context. [7]

Using the elements of the participatory methodology (GREEN et al., 2003; KEMMIS & McTAGGART, 2005) involving researchers, ethno-community research partners, community coordinators, and newcomer immigrant mothers in a process of data generation and interpretation, a total of six focus groups were held with members of these two ethno-communities. We recognize that this study placed more emphasis on research collaboration than on action (KEMMIS & McTAGGART, 2005; BERGOLD & THOMAS, 2012). The focus group interview was chosen as method of data collation because of its ability to generate rich data both through each participant's narrative and though group interaction as each participant's story and experience generates another participant's narrative. Furthermore, focus groups do not only allow participants to share their stories but also to support, confirm, challenge and contrast each other's narrative (KUZAL, 1999; PATTON, 2002). According to BERGOLD and THOMAS (2012, §13):
"In order to facilitate sufficient openness, a 'safe space' is needed, in which the participants can be confident that their utterances will not be used against them, and that they will not suffer any disadvantages if they express critical or dissenting opinions. It is not a question of creating a conflict-free space, but rather of ensuring that the conflicts that are revealed can be jointly discussed." [8]

Key for the success of the study was letting community coordinators lead the participant recruitment and focus group sessions, and also involving them in the data analysis. Community coordinators master both the language and cultural practices needed to access and understand more fully the life of the immigrant mothers who participated in the study. The sharing of common experience was also helpful. One of the community coordinators noted in her field notes:

"The group was genuinely interested in the topic and was pleased to share their knowledge. I believe that the participants must have felt that they were in a safe place, as they were comfortable enough to share personal stories and make jokes. I also think that it helped that [the first author] told them that she was a new immigrant herself. It made the women happier to know that she had gone through the same experiences as they had" (FERRARI, TWEED, RUMMENS, SKINNER & McVEY, 2009, pp.1262). [9]

Using the elements of the participatory methodology (BERGOLD & THOMAS, 2012), the study unfolded according to the following steps:

1. An information brochure was prepared to facilitate dissemination of study details and to identify Tamil and Chinese ethno-community partners for this study.

2. A researcher met with people who worked in the ethno-community agencies in Toronto to further discuss the study purpose and to clarify the inclusion criteria required for participating in the study. Two community agencies agreed to support the research: the Tamil Emergency Medical Services and the Toronto Chinese Community Services Association.

3. Two community coordinators for each community were hired to help recruit potential participants for the study. The community coordinators were located via the community partners and CERIS, the Ontario Metropolis Centre for research on immigration and settlement.

4. The study brochures were made available for broader distribution by the partners and other community agencies in Toronto—e.g., the Language Instruction for Newcomers to Canada (LINC) Program, South-Asian Family Support Services (SAFSS), and the South East Asian Services (SEAS) Centre—and sent out through the agencies’ e-mail lists.

5. Participants in the study were recruited through community coordinators. Community coordinators distributed study flyers in different community centers as well as attended community center initiatives/activities to promote the study. [10]
This study was designed to involve only parents because of their critical role in a child's physical and mental development. To receive the maximum range of information possible, the sampling strategy was purposive rather than random (mixed purposeful sampling vs. randomized sampling: see KUZAL, 1999; PATTON, 2002). Study participants consisted solely of mothers since only mothers showed interest in attending the focus groups. In order to participate in the study, participants needed to be: 1. recent immigrants or refugees who had been living with their families in Canada for at least one year but no more than five years; 2. self-identified members of the Tamil or Mainland Chinese communities in Toronto, Ontario, Canada; 3. parents (18 years of age or older) of elementary-school-aged children; and 4. individuals sufficiently fluent in conversational English to participate in the focus groups. This study received approval from The Hospital for Sick Children and the University of Toronto Ethics Boards. [11]

By selecting two very different ethno-cultural communities (Mandarin Chinese versus Tamil) that are well represented within Canada's newcomer immigrant population, an attempt was made to maximize the possibility of cultural contrasts. The fact that parents had both female and male children was used to further explore gender-based differences. Body image and change perception with respect to the ideal of women's beauty and attractiveness was one of the three topics explored in this study. The other two topics were: health habits, and physical activity/leisure time. The present analysis focuses on the data collected during the "body image" focus group—for the full analysis of all data collected and more methodological information see FERRARI et al. (2009). [12]

A total of six and seven newcomer immigrant mothers participated in the Tamil and Chinese focus groups respectively. The demographic information for both groups is provided in Table 1. All study participants' names have been changed to ensure anonymity.

<table>
<thead>
<tr>
<th>Name</th>
<th>Country of origin</th>
<th>Years in Canada</th>
<th>Age and sex of children</th>
<th>Occupation before migration</th>
<th>Current occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agira</td>
<td>Sri Lanka</td>
<td>4</td>
<td>12 year old girl</td>
<td>Housewife</td>
<td>ESL student</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>15 year old girl</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>18 year old boy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karup-pamma</td>
<td>Sri Lanka</td>
<td>2</td>
<td>12 year old boy</td>
<td>Nurse</td>
<td>ESL student</td>
</tr>
<tr>
<td>Akkam</td>
<td>Sri Lanka</td>
<td>1</td>
<td>13 year old girl</td>
<td>Housewife</td>
<td>ESL student</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6 year old boy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sudhanthira</td>
<td>Sri Lanka</td>
<td>2</td>
<td>11 year old boy</td>
<td>Housewife</td>
<td>ESL student</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>15 year old girl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Country of origin</td>
<td>Years in Canada</td>
<td>Age and sex of children</td>
<td>Occupation before migration</td>
<td>Current occupation</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------</td>
<td>-----------------</td>
<td>--------------------------</td>
<td>-----------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Ambigeswari</td>
<td>Sri Lanka</td>
<td>4</td>
<td>12 year old girl, 19 year old boy</td>
<td>Housewife</td>
<td>ESL student</td>
</tr>
<tr>
<td>Kayalvizhi</td>
<td>Sri Lanka</td>
<td>5</td>
<td>13 year old boy, 15 year old girl</td>
<td>Housewife</td>
<td>ESL student</td>
</tr>
<tr>
<td>Li Wang</td>
<td>China</td>
<td>2</td>
<td>14 year old boy</td>
<td>Chinese teacher</td>
<td>Chinese teacher</td>
</tr>
<tr>
<td>Chu Hua</td>
<td>China</td>
<td>5</td>
<td>5 year old boy, 15 year old boy</td>
<td>English teacher</td>
<td>Working in a cleaning shop; now she has her own grocery business</td>
</tr>
<tr>
<td>Wang</td>
<td>China</td>
<td>5</td>
<td>7 year old boy, 2 year old girl</td>
<td>Logistic dept. officer at the airport</td>
<td>Never had the chance to work because of language difficulties</td>
</tr>
<tr>
<td>Zhang</td>
<td>China</td>
<td>2</td>
<td>12 year old girl, 10 month old boy</td>
<td>Chemist in a pharmaceutical company</td>
<td>Working in pharmaceutical control</td>
</tr>
<tr>
<td>Tao</td>
<td>China</td>
<td>3</td>
<td>3 year old girl, 5 month old boy</td>
<td>Buyer for a global company</td>
<td>Buyer for the same company in China. Currently on maternity leave</td>
</tr>
<tr>
<td>Meiyin Mei</td>
<td>China</td>
<td>5</td>
<td>14 year old girl</td>
<td>Biology teacher</td>
<td>Recently received a Canadian degree as a pharmacist; looking for job</td>
</tr>
<tr>
<td>Xiu Mei</td>
<td>China</td>
<td>5</td>
<td>12 year old girl, 10 month old boy</td>
<td>Working in a bank</td>
<td>Working in a bank</td>
</tr>
</tbody>
</table>

Table 1: Participants’ demographics [13]

Study participants met three times for two hours. These focus group sessions were led by the community coordinators from the respective ethno-cultural groups rather than the researchers to ensure an equal distribution of power between researchers and study participants and to enable them to share their life experiences in a non-judgmental environment. Furthermore, the small focus
group (six and seven participants' per ethno-cultural group) allowed researchers to explore and understand the complexity of immigrant families' lives and cultural changes before and after migration (KRUEGER, 1995). Through dialogue, immigrant mothers were invited to define their heritage culture's idea of beauty and to compare it with the one they currently hold. Mothers were asked to identify the factors that influence women's body image in their own life and their children's life both before and after migration, as well as factors that influence health and physical activity habits. [14]

Data saturation in qualitative research is often the object of controversy, specifically what meaning and understanding should be given to it and how a researcher can achieve it (MORSE, 1995). We understand data saturation as "adequacy" of the data rather than "collecting data until new information is obtained" (p.147). In particular, the specific methodological choices deployed to obtain data saturation in this study were: 1. working with a culturally cohesive sample of narratives during the data generation stage; and at the same time 2. allowing cultural contrast exploration during the analytic phase; 3. letting community coordinators lead the focus groups so that their knowledge of the language and cultural practices could enhance data generation; and 4. meeting multiples times with immigrant mothers (three times for a total of six hours), which allowed mothers to review the materials and transcriptions at home, discuss the information during the following session, and develop trust between participants, community coordinators, and researchers. [15]

All focus group interviews were digitally recorded, transcribed, and translated into English where needed by the community coordinators. To ensure accuracy of both the transcription and transcription processes, one community coordinator transcribed and translated a focus group and the other subsequently reviewed the work done, and vice versa. Focus group transcripts were then prepared to enable thematic analyses (BRAUN & CLARKE, 2006). Furthermore, member checks were used to verify the accuracy of the information provided by the participants at the first level of analysis. Data analysis was performed to investigate if and how homogenization, normalization, and external/internal objectification took place. As described, these theoretical frameworks were used to explore women’s acculturation process as they were encouraged to unpack gender-based differences towards women's and men's bodies as well as the relationship between dominant and subordinate discourses surrounding Western ideal of beauty and attractiveness versus traditional cultural ones. [16]

The data analysis was organized along the following areas: identification and description of cultural idea of beauty and its change after migration; homogenized and normalized experiences in the life of immigrant mothers and their daughters; external objectification divided into 1. gender differences; and 2. sexually objectifying gaze; and 3. internal (self) objectification. Furthermore, to contextualize the theoretical framework themes it is important to describe two specific areas that are key to understanding immigrant mothers' experiences: the re-definition of women/mothers' identity after migration and relationship between
immigrant mothers, their children, and media. These contextual themes, along with the theoretical ones, will be presented together in the section below. [17]

3. Results

3.1 The resettlement context

3.1.1 Re-defined women/mothers' identity after migration

"Sudhanthira: Really, why we came to Canada is for our safety, otherwise [in] our country, we're always happy. We don't have to work like here and struggle. There, it's a government job with good salary. Here, it's not like that—we have to work hard. Both of us have to work day and night. We wanted to save the lives of our kids and get a good future for them" (FERRARI et al., 2009, pp.1264).

Careful analysis of the interim transcripts reveals that for both Tamil and Chinese mothers the primary reason to leave their homeland was to offer a better and safer future for their children. For Tamil mothers moving to Canada was a way to escape civil war, while for Chinese mothers it was a way to escape the rigid Chinese Communist regime. Through their narrative it was clear that they all left better living conditions, rewarding jobs from both an economic and social perspective, as well as overall a more satisfactory life with friends and family. Even if most of the Tamil mothers maintained the same housewife status after migration, they felt more in control of their life back home in Sri Lanka than in the new country. In their homeland they owned a bigger house with a garden and they were able to effectively communicate in public, whereas most of them now rent a small apartment and face language barriers to accomplish even the simplest tasks such as grocery shopping or talking with their children's teachers. The fact that they had to go back to school, like their children, to learn the new language made them feel uncomfortable. Language barriers and unsatisfying living conditions were also identified by Chinese mothers, along with the difficulties experienced with finding a job. Only a few of them were able to secure the same job position they had before, while the majority were under-employed or had to go back to school to pursue further education in order to be able to enter the workforce in Canada. [18]

3.1.2 Media exposure

Both Tamil and Chinese mothers identified watching television or reading magazines as a major form of recreation. For both groups the preference was to read magazines that contained an abundance of advertisements compared to the magazines they had access to in their countries of origin. All Tamil mothers indicated that they, as well as their children, spent more time watching television than they used to in Sri Lanka. Tamil mothers spent their time watching Tamil soap-operas or TV shows broadcasted in their language of origin. It was also the preference of Chinese mothers to watch downloadable movies in their language of origin. Some Chinese mothers liked to watch newscasts or documentaries in English to stay current and to practice their English. For some of them watching
TV was a way to overcome the feeling of isolation as a result of being in a new country (Table 2). Similarly, all mothers reported that their children watched English television, including cartoons and movies. Children from both groups watched similar TV channels. Tamil mothers encouraged their children to watch English TV as they felt this would help them improve their language skills.

| Media exposure | Zhang: "to me, if I do not read newspaper, I feel like disconnected from the world, ISOLATED. Sitting at home, you feel really horrible. When I was in China, it did not matter if I didn't read newspapers, I was always connected to the society. Now, if you do not read, you don't know what is going on around you. You feel that you are very lonely."
|                | Akkam: "They had classes to go to, they went out and play. Come home eat and sleep. Here there is a lot of free time for the kids. Parents don't have time to take them to extra classes. So for that reason they spend more time with the tv."
|                | Kayalvizhi: "Really our kids learned a great deal from TV, we just have to turn it on and leave them, they learn many new words. They talk better English than us right."

| Heritage culture's idea of beauty | Sudhanthira: "Back home we look at the girl's personality."
| Tamil focus group | Agia: "You know what back home, we don't look at beauty alone, we look at how she get along with others. That's beauty back home."
| | Karuppama: "There is a saying, the beauty of a girl is shown through her face, like her emotions in her face. Like if we look at you and we are jealous, it's shown in our face."
| | Agira: "Our face will show everything. A lot of people don't show it here."
| | Ambigeswar: "I'm upset because I think I gained weight after coming here, I have no illnesses though. (...). Ya, well I wouldn't have noticed it back home."
| | Akkam: "Usually [in Canada] when we see thin people we think that they are healthy."
| | Karuppama: "But there are skinny people who are not healthy."
| | Agia: "When someone is active we think that they are healthy."
| | Kayalvizhi: "(...) My sister in law is very thin, but she has cholesterol."
| | Sudhanthira: "You can't look at someone and say that they are healthy or not, only after talking to them you would know what they have." |

---

1 Capitalization in the quotation has been used to indicate participant's stress on the particular word or sentence.
Chinese focus group

| Chu Hua: "In China, those who have small lips, big eyes, we think those are pretty. But now, sometimes, I feel that small eyes are beautiful too." |
| Tao: "It is like in China, from the perspective of the Chinese, you may think someone is beautiful. But it does not necessarily follow that they are beautiful here in Canada as well." |
| Zhang: "Yes. For example, before I felt that small mouth is pretty, but now, big mouths are pretty too." |
| Meiying Mei: "I feel that children are very sensitive. My daughter often tells me, because my husband does not pay attention to appearance. She would tell my husband that in Canada, appearance is vital. You must pay attention to that, for example, if you go for interviews. It is not a matter of good looking or not, you have to leave people a good impression about your presentation of yourself. My daughter is very sensitive to this." |

Table 2: Media exposure and heritage culture's idea of beauty [19]

The following table provides some examples for each major theme described within the analysis section. Some of these quotes combine one or more analytical themes even if presented in the table under one specific theme. This choice was made to preserve the integrity of these narratives.

<table>
<thead>
<tr>
<th>Homogenization and normalization</th>
<th>External objectification</th>
<th>Internal (self) objectification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wang: &quot;When I went back home, I watched TV. They went like 'aiya, that person looks so ...' but my opinion was different. I have changed. To be honest, it might be that I have changed myself.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zhang: &quot;Sometimes, when they saw my pictures shot here, they think that I have changed as well. (...) Somehow we have changed too, we have changed internally and externally.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Xiu Mei: &quot;Sometimes, I feel that I am influenced by the kids. Really, often she accompanies me for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Gender difference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Akkam: &quot;Women want to be thin more than men do. Men want their wives to be good looking but they worry less about how they look.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kayalvizhi: &quot;Women are the ones that worry more [about their physical appearance and body shape].&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Xiu Mei: &quot;Women pay more attention to body shape [than men]. To me, I feel like I have been putting on weight everyday. I am now doing sit-ups everyday to be thinner.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kayalvizhi: &quot;For my son I want a pretty girl, or he'll run away. We're looking for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agira: &quot;TV does not say, our eyes tell us. When we see, we can feel it in our hearts. As soon as we see, the feeling comes. She looks well, she looks beautiful. Like when we look at you, we go.. ohh she is very beautiful. She is dressed well. What if we looked like this. It is in our hearts.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Akkam: &quot;... must be thin, must be beautiful, they have that inkling. My daughter is in grade 7 and she will tell me 'mom, people come with more style than me. You won't let me comb my hair like that. They come with their hair open and you say</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
clothes shopping. This shirt is bought with her help. Often, she exerts influences on me. When she was little, I bought clothes for her. When I go shopping, she is like, all the clothes that caught your eyes were too expensive and too formal. She cannot accept mine. The clothes that she bought are very much casual and they indeed look much nicer."

Agira: "My husband tells me why are you hindering her? This is how they go here. Here they look at you strange if you do that [wear your hair in braids]. Little by little, I have started to let her go, okay but she should not go too much over. I myself will style it for her. Different, different styles. She tells me that even the teacher will say [child's name] you have a beautiful hairstyle today. Before, all I put on her hair was slides [bobby pins], or she would wear a wool band but if you look at it like that, now she is taking more care with herself. I am dressing one way, my friends are dressing another way, so I should dress with more style."

Agira: "Ya, that's what we want, we want a skinny girl."

2. Sexually objectifying gaze

Sudhanthira: "See we don't dress the same, we're more covered up, and we don't accept it otherwise. Here, people come with all types of clothes on. Back home we won't show our kids anything with people in their undergarments. Here kids are exposed to everything, it's normal for them now."

Akam: "In our culture, it's not accepted if woman go to do advertisements."

Chu Hua: "I think for women, to be sexy is to dress yourself so that you show your body shape. They say you are sexy."

Meiying Mei: "She likes watching for example, TALK DAILY, Or FASHION SHOW. And her classmates, for birthdays, would give her clothes for gifts. I really think they are very good. When she showed me the gift, I was like 'how come it was so small, how could you put it on.' 'go and ask her to change to a bigger size' She said people wear this small size. She then put it on for me. It looked nicer."

Tao: "Here [in Canada], in the office that I used to work in, one woman was like 'the boss is very sexy'. I could not understand what made him sexy. She said 'his shirt that is wrong.' And I change. Why am I making this child have a hard time. She says they come dressed like this and that but you say it is wrong for me to go like that. When I look at them, I feel (Ashamed). So I said okay, you can go the way that you like."

Ambigeswari: "Yes, they [teachers] say. When she does a nice hairstyle, they comment [child's name], you have a beautiful hairstyle today. Who did it? Where did you buy that blouse? Ohh it is beautiful, they tell her. She will tell me 'mom, your choices were good.' She will wear nice pants and go. Teachers act with them as if they are friends. Her teacher is your age [name of one of the community coordinators]. She [the teacher] was a bit careful when she [the child] came from Sri Lanka. Good teacher, that one. She acts very close to them. So when she comes and tells me I think that I need to change. What the child says is right. We are big people, we only know of the old days. We learn through our kids. Some things, I only understand after my child tells me. Like how they act in school. I tell her friends, boyfriends are the only thing that she is not allowed to do."
made him very sexy’ I tried my best and still I could not tell how come some people are sexy. Here it is like I can tell how women can be sexy, but I never learned how men could be sexy.”

Table 3: Homogenization, normalization, and objectification processes [20]

3.2 Homogenization and normalization processes: Changes in ideas of beauty after migration

In terms of beauty, both groups of mothers reported a difference between what was perceived as ideal in Canada versus their heritage culture's idea of beauty. Furthermore, both groups experienced that their "ideal beauty" and their body image had changed since moving to Canada (Table 2). [21]

The Tamil cultural idea of beauty appeared to be more holistic—with an emphasis on "being" rather than "appearing" beautiful. As a Tamil mother said: "You know what, back home, we don't look at beauty alone, we look at how she gets along with others. That's beauty back home." [22]

Visually, Tamil mothers described the heritage ideal body shape for a woman as the shape of a vase: the bottom is wide, the top is wide, and the middle is thin, like a stem. Tamil mothers described that after coming to Canada their ideal of beauty changed to conform to the Western one, which they perceived to be related to physical appearance only and which for girls and women meant being thin and slim. This is different from the Tamil's heritage ideal of women with large hips and breasts. In Tamil culture being skinny is associated with being sick and unhealthy, whereas they felt that it is the opposite in Canada where overweight is seen as indicative of illness and unhealthy behaviors. Some of the Tamil mothers have begun to feel unsatisfied about their body shape and weight as a consequence and wanted to lose weight through controlling or restricting their eating. [23]

According to Chinese mothers their heritage culture’s idea of beauty is strongly associated with physical characteristics: "In China, those who have small lips, big eyes, we think those are pretty." They similarly reported that their perception of ideal beauty and attractiveness changed after living in Canada to conform to the new cultural norms. Furthermore, Chinese mothers reported conforming to these new norms as a positive thing, as it was a way for them to be more open to different ideas of beauty. Nevertheless, this new application of human beauty is still strongly linked with physical appearance (e.g., face or body characteristics). They feel that they now need to pay more attention to the way they look and appear to others (i.e. "Canadians") than they did back in China. [24]
Both Tamil and Chinese mothers reported that their children were conforming to the Western ideal of beauty as reflected in their choice of clothing and their desire for a tall/slim body shape. This is true for both boys and girls. Mothers described how their children had often asked them to look and dress like their "Western classmates ... to have 'more style'." Even if the mothers were initially resistant, they soon supported their children's desires. Some felt that this was a way to help their children to better fit with their peer group and school environment including teachers and school staff. [25]

Through the homogenization process, newcomer immigrant mothers' heritage ideal of beauty vanished to satisfy a more Western one. Immigrant mothers and their children felt that they needed to change their physical appearance and normalize their body image (e.g., clothes, hair style, and body shape) to conform to the new societal idea of body image. [26]

3.3 External objectification: The objectifying gaze

3.3.1 Gender differences

As reported in Table 3, immigrant women perceived that there are differences in the way women's and men's bodies are treated in society and that women have more societal pressures to look good and perfect. It was interesting to notice that according to the Tamil mothers the adult men seemed to pay less attention to their physical appearance but the new generation of young boys seems to pay more attention to their look and style. Women felt the pressure to look good in the eyes of men, and to attract them with their beauty or "nice" attitudes. In the Tamil culture where marriages are prearranged, mothers felt the need to find a good-looking wife for their sons. Similarly, they wanted their daughters to preserve their beauty to help them attract good husbands. [27]

3.3.2 Sexually objectifying gaze

Due to the influence of Western media immigrant mothers perceived female beauty as often being related to sexuality or sexual attractiveness. Tamil mothers were worried because they felt that their children are exposed to a variety of sexual images through television which are normal in Western society but are not commonly displayed in their heritage culture. A Chinese mother described that it is more difficult, if not impossible, for her to define sexual attractiveness in men than in women. This may be because it is more common to see sexually objectified women on TV or in magazines than men. [28]

3.4 Internal (self) objectification and its consequences

It was clear and easy for all immigrant mothers to describe the feeling of internal (self) objectification due to media as well as their feelings of being uncomfortable with their body as defined by the new societal norms. The consequences of internal (self) objectification were often the emotion of shame and anxiety in relation to their dress style, body shape and size, and overall physical
characteristics. Immigrant mothers and their children engaged in different activities to overcome their shame and anxiety, including changing their wardrobe and style to alter their body. As mentioned, some of them had begun to control their eating to lose weight. As the next quote shows, a Chinese mother was really surprised by the fact that young girls really value and embrace the idea of having a perfect body and perfect physical appearance.

Xiu Mei: "My daughter wears BRACES, ORAL BRACES. I did not want her to wear it because she had but only one tooth that does not look very well. But all of her classmates are wearing that. It happened that at one time, she had a few friends over. After they left, I asked why her classmates wore braces. Did they all have bad teeth? I thought. She said a little bit short from perfection. They wanted to be perfect. (...) She then asked me if she should wear it. I told her to consult doctors. I then booked a dentist for her. Actually I booked a few because I was afraid that the dentist only wanted to make money, and I also wanted to hear their DIFFERENT IDEAS. So we saw a few doctors. Basically all doctors said the same thing: it is okay if you do not wear it; however if you wear it, your teeth would be perfect. My daughter hears the word perfect, she thought that she should be perfect. She insisted on doing that. After putting it on, [it] was painful for her. It hurt so much, she could not eat in the first few days. Before she put it on, her teeth were separated. I told her that if you say 'stop' that is okay. She said all other people have survived it. You have to pay to be beautiful. She insisted on it." [29]

This quote opens the door to many questions, for example: why do young girls need and want to be perfect? Why do they feel it is normal to suffer or pay a price to be perfect? Why is beauty equated with perfection? [30]

4. Discussion

After immigrating from their country of origin, Tamil and Chinese women experience changes in family structures, gender roles and social status. They also struggle to redefine themselves within the new society as they navigate language barriers, economic difficulties and new cultural norms. As wives and mothers they try as much as possible to support a smooth resettlement for their family, especially their children, in the new country as well as to redefine their role. Through the narratives of newcomer immigrant mothers it was possible to identify how heritage culture ideas of beauty and the ideal women's body shape gradually changed to conform to the one that is predominant in the new society. During the acculturation process and exposure to Western television and images, immigrant women experience what BORDO (2003) defined as homogenized and normalized processes. First, through the homogenization process, these newcomer women gradually changed their heritage culture’s idea of beauty to conform to the Western ideal. As a result, the Western ideas of female attractiveness and style became a new and important measure to which to conform. Indeed, immigrant mothers who participated in the study and their children indicated that they felt the need to change their physical appearance or normalize their body (e.g. clothes, hair style, and body appearance). [31]
Elements of external and internal (self) objectification were also identified. Mothers were able to describe gender differences towards their body and body shapes and examples of how women's bodies are looked at and evaluated by society. Women are supposed to look nice and pretty to please and satisfy men. For both Chinese and Tamil mothers the objectification of their bodies appears to occur at different levels and include both external and internal experiences of objectification. Immigrant women and their daughters internalize the Western ideas of women's beauty, having a perfect body, or being sexy, and they often perceive this type of appearance as a way to gain acceptance into the new society. Mothers and daughters sometimes mutually engage in processes that support the "body gaze." This is an objectification that may generate feelings of shame or anxiety. This leads some mothers and daughters to be unsatisfied with their body weight and start to control their eating in order to lose weight. As the mothers described, the Western idea of female attractiveness is often perceived by immigrant children as "being perfect," which can be expressed by wearing the right clothes, having the right hair style, wearing oral braces to correct their teeth, or as mentioned before, changing their body shape through restrictive diets. [32]

This study has some limitations. First, the fact that the data were collected primarily to explore changes in women's idea of beauty and factors that influence children's body image in Chinese and Tamil immigrant families may be considered a limitation. Indeed, no specific questions—such as those present in standardized self-objectification questionnaires—about women's objectification, homogenization, and normalization were posed to the participants. The nature of the research methodology and small sample size of this exploratory study means that the study findings cannot be generalized beyond the participating group. However, qualitative research is richly contextualized and does not aim to achieve the criteria of generalizability. Instead it aims to achieve transferability of the data for further exploration and theorization. The fact that the elements of the two frameworks utilized emerged organically in the interview sessions without specific investigative prompts reaffirms their validity and further suggests how the process of homogenization, normalization, and objectification operate within the resettlement and acculturation process. Second, the reflections made on immigrant children's experiences were based on the mothers' stories and not on interviews conducted with the children which may also be considered a study limitation. The views and experiences of immigrant children themselves certainly warrants future study. [33]

5. Conclusion

This study describes how homogenization, normalization, and objectification are experienced by Tamil and Chinese immigrant mothers and their children. This work opens the direction for future studies that might explore: 1. How external and internal (self) objectification is perceived among immigrant children, particularly girls; 2. similarities and differences across other immigrant ethnic groups; and 3. quantitative measures of experience of external and internal (self) objectification in immigrant women and possible changes after migration. McKINLEY (2004) developed a measure, the "Objectified Body Consciousness"
Dialogue with Immigrant Mothers from Chinese and Tamil Communities to Explore Homogenization, Normalization, and Objectification of their Body

(OBC) scale, to study the internalization of social construction of women's body. The OBC is based on the following areas: body surveillance, internalization of cultural body standards, and appearance control beliefs. A measure to identify the level of acculturation might be added to further explore study shifts in body image associated with resettlement in a new country/society. The women's body is constructed through socio-cultural practices and discourses. As LUPTON (2000, pp.53) explains:

"The term body image has been used to denote the ways in which the lived experience of the body is brought together with socio-cultural meaning in the ways in which we think about and imagine our bodies. (...) An individual's body image is developed throughout one's lifetime, is dynamic, and is constantly subject to transformation." [34]

The body image concept is dynamic and subjective, as illustrated and described through immigrant mothers' narratives. [35]

This study opens the door to more questions. BORDO's homogenized and normalized processes (2003) and FREDRICKSON and ROBERTS' objectification theory (1997) proved to be a suitable framework to explain and understand immigrant mothers' experiences. However, immigrant mothers experienced a sense of social isolation and lack of personal, social and economic power, as they redefined themselves, their family role and society status in the new country. These resettlement dynamics, together with other factors, such as immigrant women's status, self and social identity, and perceived discrimination, should be considered and integrated into these frameworks. [36]

SMOLAK and MURNEN (2001) discussed the link between women's achievement in society (e.g., struggling between career and traditional family roles, or the lack of possibilities for women to succeed) and the way women see/use their body and eating disorders. Other theorists, for example SHILLING (2003) or BOURDIEU (1984), described the relationship between body and self-identity (see SHILLING, 2003) or body as a social and cultural agent (see BOURDIEU, 1984). SHILLING (2003), argued that the body is an essential element to understand individual self-identity and how social inequities are constructed and maintained in modern sociality. According to BOURDIEU (1984), the body is an agent of power, status, and social resources. Indeed, BOURDIEU discussed how the human body has a symbolic value in modern society; what someone does with his/her own body (e.g. from dress style to tattoos), what someone likes, his/her "taste" (e.g. from favorite sport to the favorite restaurant) expresses individual physical capital and all are linked with class-based material location. Future studies should also further explore the relationship between forms of body modification (e.g., how immigrants feel about their body and what they decide to do in terms of changing, or not changing, their physical appearance and body size) and the desire of immigrant families to integrate in the new society and avoid social marginalization, discrimination, and exclusion. [37]
Acknowlegement

We extend a special thanks to Annie BI, Rajitha GUNAPALASUNDARAM, Maniville KANAGASABAPATHY, Hongxia SHAN, and all of the participants in the study. Also, we would like to acknowledge the central support to the project of: the CERIS –The Ontario Metropolis Centre for research on immigration and settlement, the Language Instruction for Newcomers to Canada (LINC) Program, South-Asian Family Support Services (SAFSS), and the South East Asian Services (SEAS) Centre, Tamil Emergency Medical Services, and the Toronto Chinese Community Services Association. Ms. FERRARI was supported through the Hospital for Sick Children Foundation Student Scholarship Program and 2008 Enid Walker Graduate Student Award in Women's Health, Women's College Research Institute, Toronto, Canada.

References


Authors

Manuela FERRARI, MHSc, PhD, is a post doctoral fellow in Health Systems and Health Equity Research at the Centre for Addiction and Mental Health, Toronto, Canada. She received her PhD at the Dalla Lana School of Public Health, University of Toronto, and was a doctoral student at the Community Health Systems Resource Group, Hospital for Sick Children, Toronto, Canada. Dr. FERRARI is specializing in community-based research related to the prevention of eating disorders, body weight and shape preoccupation in young women. She sees the human body as a locus through which to study, and to foster a better understanding of, weight-related problems (e.g., eating disorders, body/shape dissatisfaction, and obesity), shape/weight (in)equality (e.g., weight stigma/bias), and, broadly, people's identities and social lives. Art-based methods, such as digital storytelling (e.g., photovoice, videos) and theater, are, for Dr. FERRARI, ways to gather knowledge, engage people in critical self-reflection, and disseminate research findings.

Gail McVEY, PhD, CPsysch, is a health systems research scientist, Community Health Systems Resource Group, Hospital for Sick Children, director of the Ontario Community Outreach Program for Eating Disorders, and an associate professor at the Dalla Lana School of Public Health, University of Toronto, Ontario, Canada. Dr. McVEY has published studies on longitudinal research on school and university-based prevention programs, including a web-based knowledge translation resource for teachers and public health professionals. Her program of prevention research is supported by a five-year Mid-Career Award (2005-2010) funded by the Canadian Institutes of Health Research (Institute of Gender and Health) and the Ontario Women's Health Council.

Joanna Anneke RUMMENS, PhD, is a Health Systems Research Scientist, Community Health Systems Resource Group, Learning Institute, and Project Investigator, Child Health Evaluative Sciences, Research Institute, at the Hospital for Sick Children. She is Senior Scholar and former Director of CERIS, the Ontario Metropolis Centre of Excellence for research on immigration and settlement; honorary Fellow, Centre for Research on Latin America and the Caribbean, York University; Full Member, Institute of Medical Sciences; and Assistant Professor, Equity, Gender and Populations, Psychiatry, Faculty of Medicine, University of Toronto. Dr. RUMMENS' research explores the links between child/youth identities and life outcomes, with special focus on vulnerable, marginalized populations, migrant health/wellbeing, cross-culturally competent health service delivery, and international comparisons.

Contact:
Manuela Ferrari
Post-Doctoral Fellow
Health Systems & Health Equity Research Centre for Addiction and Mental Health
455 Spadina Ave. Suite 300
Toronto, ON M5S 2G8
Canada
E-mail: manuela.ferrari@utoronto.ca

Gail McVey
Community Health Systems Resource Group
555 University Ave.
Toronto, ON M5G 1X8
Canada
E-mail: gail.mcvey@sickkids.ca

Joanna Anneke Rummens
Community Health Systems Resource Group
555 University Ave.
Toronto, ON M5G 1X8
Canada
E-mail: anneke.rummens@sickkids.ca

© 2012 FQS http://www.qualitative-research.net/