

**Body, Health, and African American Women:
Associations between Body Attitudes and Well-Being**

By

Christina Noelle Oney

**A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
(Psychology)
The University of Michigan
2012**

Doctoral Committee:

**Professor Elizabeth R. Cole, Co- Chair
Professor Robert M. Sellers, Co- Chair
Professor L. Monique Ward
Associate Professor Cleopatra H. Caldwell**

© Christina Noelle Oney

All Rights Reserved
2012

Dedication

I dedicate this dissertation to my parents, Logan and Stephenie Oney. I hope that I have made you proud.

Acknowledgements

I would like to thank the faculty, staff, and students in the Department of Psychology at the University of Michigan. Special thanks to BSPA members past and present.

Dr. Sellers- Thank you for being a tremendous mentor. I came to Michigan to work with you and I have learned so much from you over the years. Thank you for everything.

Dr. Cole- You have been so supportive to me over these years and have been instrumental in navigating my way through this program. You are truly an inspiration to me and I look forward to keeping in touch.

Racial Identity Lab and Intersectional Perspective on the Body Lab: Thank you for all of your fellowship and support. I would particularly like to thank Rhonda White, Kahlil Ford, Lori Hoggard, Becci Corsa, Enrique Neblett, and Hoa Nguyen.

My friends- Thank you for helping to keep me level-headed throughout this process. Thank you Tiphonie Thompson, Dana Kabat-Farr, and Alvis Wilson.

My family- Bolaji, Mom, Dad, Theresa, Logan, Stephen, Alexandria, and Audrey. Each of you has played a unique role in helping me complete this journey. Thank you and I love you.

Table of Contents

Dedication.....	ii
Acknowledgements.....	iii
List of Tables	viii
List of Appendices	ix
Abstract.....	x
Chapter 1 Introduction	1
Body Attitudes as a Multidimensional Construct.....	2
Body Attitudes, Gender and Race.....	3
Body Attitudes and Well-Being.....	4
Summary.....	7
Study 1	8
Study 2	10
Chapter 2 Literature Review - Study 1	12
Dimensions of Body Attitudes.....	13
Research Comparing African American Women to European American Women	15
Study 1 Hypotheses	19
Summary.....	21
Chapter 3 Literature Review- Study 2	23
Body Attitudes and Well-Being.....	23
Body Attitudes and Racial Identity.....	26
Study 2 Hypotheses	29

Moderation	30
Summary	34
Chapter 4 Methods	35
Participants	35
Procedure	37
Measures	38
Study 1	38
Study 2	42
Analysis Plan	45
Chapter 5 Methods	46
Study 1	46
Preliminary Analyses	46
Testing Hypotheses	49
Study 2	51
Preliminary Analyses	51
Testing Hypotheses	54
Chapter 6 Discussion	57
Four Body Image Attitude Profiles	57
The Four Body Image Attitudes Profiles and Well-Being	63
Body Image Profiles and Racial Identity Attitudes Predict Well-Being	66
Implications	68
Limitations	71
Future Directions	73
Conclusion	74
Appendices	99

References..... 106

List of Tables

Table 1 Estimates for Confirmatory Factor Analysis With AMOS.....	76
Table 2 Correlations, Descriptive Statistics, and Multivariate Analysis of Variance (MANOVA) for Variables for women at HBCU (above diagonal) and women at PWI (below diagonal)	79
Table 3 Standardized means (Z-scores) of variables in each profile	81
Table 4 Between- Groups Differences for Factors and Demographic.....	82
Table 5 Correlations, Descriptive Statistics, and Multivariate Analysis of Variance (MANOVA) for Variables for women at HBCU (above diagonal) and women at PWI (below diagonal)	84
Table 6 Between- Groups Differences for Factors and Demographic Measures	86
Table 7 General Linear Model Analysis of Variance of Self- Esteem From Racial Identity, Body Attitudes Profiles, and Demographics	88
Table 8 General Linear Model Analysis of Variance of Anxiety From Racial Identity, Body Attitudes Profiles, and Demographics.....	91
Table 9 General Linear Model Analysis of Variance of Depression From Racial Identity, Body Attitudes Profiles, and Demographics	93
Table 10 General Linear Model Analysis of Variance of Dieting From Racial Identity, Body Attitudes Profiles, and Demographics.....	95
Table 11 General Linear Model Analysis of Variance of Bulimia From Racial Identity, Body Attitudes Profiles, and Demographics.....	97

List of Appendices

APPENDIX A: BIQ.....	99
APPENDIX B: EAT- 26.....	101
APPENDIX C: STAI.....	102
APPENDIX D: CES- D.....	103
APPENDIX E: RSE.....	104
APPENDIX F: MIBI- S.....	104

Abstract

This dissertation identifies the dimensions of body image attitudes of African American college women, how these attitudes constitute distinct body profiles, and how profile membership is related to psychological well-being and variables related to race. African American women college students (N=302) completed survey measures. Study 1 used confirmatory factor analysis with Analysis of Moment Structures (Arbuckle, 2003) to determine that there are six distinct body attitude dimensions: dissatisfaction with appearance (hair, skin, facial features, and chest), importance of appearance, dissatisfaction with weight (muscle tone, proportions, and weight), importance of weight, dissatisfaction with fitness (physical strength and coordination), and importance of fitness. In Study 1, four body attitude profiles based on these body attitude factors were identified using Latent Gold (Vermunt, 2005). The profiles differed slightly based on the types of universities the women attended and the racial composition of the high schools they attended.

Study 2 investigated whether profile membership and racial attitudes were associated with well-being. A series of five general linear model (GLM) analyses of variance (ANOVA) with well-being scales as dependent variables found that profile membership was related to self-esteem, depressive symptoms, anxiety, dieting, and bulimia. Membership in profiles in which an ideal body was felt to be less important was related to better well-being outcomes. However, the relationship between body attitudes

and well-being was not moderated by racial attitudes. Study 2 illustrates the importance of taking an inclusive profile approach to understanding within-group differences among African American college women and the association between body attitudes and well-being. Findings also indicate the value of including perceptions of importance in measures of body attitudes.

This dissertation begins to fill a critical gap in our understanding of both the composition of African American college women's body image attitudes and how these attitudes are related to racial context, racial attitudes, and overall well-being. Finally, this dissertation highlights the importance of taking a within-group approach to understanding body image for African American college women and recognizes the diversity of these women's body attitudes.

Chapter 1

Introduction

This dissertation presents two studies exploring the role of body attitudes in the lives of African American college women. Body attitudes are the thoughts and perceptions regarding one's body, including bodily appearance and bodily functioning (Cash & Pruzinsky, 1990). Popular social discourse often suggests that compared to other ethnic groups, African American women are not vulnerable to the potentially detrimental body-related pressures facing many women in Western cultures (Wolf, 2002). However, empirical research on the body attitudes of African American women frequently relies upon comparisons to the attitudes of European American women. This comparative research fails to recognize and explain individual differences among African American women. This dissertation addresses this gap in the literature by investigating patterns of within-group variation in body attitudes among African American college women.

This dissertation examines within-group differences in body attitudes for African American college women, using a profile approach, and examines how this profile membership is related to well-being. For the purposes of this dissertation, I focus only on the perceptual (appearance, fitness, and weight) and attitudinal (satisfaction and importance) aspects of the body. In Study 1, I create profiles in order to study body attitudes because I am interested in recognizing the combinations of attitudes African American college women have about their bodies. I also examine whether these body attitude profiles are related to racial contexts of participants' lives.

To build on my understanding of these profiles, Study 2 evaluates how body attitude profile membership is related to various measures of well-being, including depression, anxiety, self-esteem, and disordered eating. I am also interested in how profile membership may be related to racial attitudes. Study 2 demonstrates how the diversity of body attitudes within African American college women (as represented by body profile group membership) is related to these women's lived experiences. Study 2 also aims to understand the role of race in the body attitudes of African American college women.

Body Attitudes as a Multidimensional Construct

Body image is a multidimensional construct, and Brown et al. (1990) were the first to use factor analysis to distinguish between appearance evaluation (satisfaction), appearance orientation (importance), fitness evaluation (satisfaction), and fitness orientation (importance) attitudes in the development of the Body-Self Relations Questionnaire. 'Importance' was meant to signify the cognitive and behavioral importance a person places on her body ideals. In addition to distinguishing among these factors, they also found factors for health evaluation, health orientation, and illness orientation. Brown et al. (1990) had a very large 91% European American sample (1,064 women, 988 men) with an age range of 15 to 87. They found no difference between the factors by age or race. Research has examined distinct dimensions of appearance/ weight/ fitness (Brown et al., 1990; Fazoli, 1995; Jefferson & Stake, 2009; Reboussin et al., 2000) and satisfaction/ importance (Brown et al., 1990; Smith, Thompson, Raczynski, & Hilner, 1999); however, researchers have yet to empirically examine these distinctions for African American women. Once these factors are determined, the next step for further

body image scholarship is to construct profiles of these distinct body attitude factors. These profiles will allow scholars to gain insights into the unique combinations of body attitudes that exist for African American women.

Body Attitudes, Gender and Race

Objectification theory has distinguished between perceiving one's own body as 'an object' or as 'a process' (Fredrickson & Roberts 1997). Frazoli (1995) notes that body-as-object occurs when the body is evaluated for its aesthetic purpose by others, while body-as-process occurs when the body is viewed as having value beyond physical attractiveness. Consistent with objectification theory, women are more likely than men to internalize their bodies as objects (Fredrickson & Roberts 1997), while men tend to focus on their bodies' physical abilities (Brown et al., 1990; Franzoi & Shields, 1984). Women's social capital is often related to how others view their physical attractiveness (Brown et al., 1990; Franzoi & Shields, 1984).

In addition to gender, it is also important to consider the historical and social significance of race in the study of African American women's body attitudes. First, because race is related to the measurement of body attitudes it is important to include attitudes about racialized markers of appearance such as skin, hair, body shape and size, and facial features (Buchanan et al., 2008; Byrd, 2005; Duke, 2000; Poran, 2006). Second, the racial composition of the contexts in which individuals live, such as neighborhoods and schools, is important as it is related to the cultural values and attitudes placed on appearance for African American women. An African American woman who is more exposed to Black cultural values and surroundings may be more likely to endorse a Black cultural ethos about the importance of appearance. These cultural values may

include an emphasis on the familial (Burgess, 1994) and spiritual (Mattis & Jagers, 2001) roles many women play in the African American community, rather than appearance importance attitudes. Thus, I am interested in whether the racial demographic makeup of women's high schools, universities and neighborhoods are related to their attitudes regarding their appearance. Further, I am interested in how these body attitudes are related to African American women's well-being.

Body Attitudes and Well-Being

Self-esteem is the overall evaluation of one's self-worth (Rosenberg, 1965), and is one of the most important personality attributes related to body attitudes (Cash, 2002). Self-esteem is also an important concept in the study of African American psychology, especially as it is related to the stigmatized status of African Americans within the United States (Cross, 1991; Twenge & Crocker, 2002). For African Americans, self-esteem is inversely related to negative emotions and positively related to mental health, satisfaction with life, and coping with discrimination (Branscombe, Schmitt, & Harvey, 1999; Fischer & Shaw, 1999; Utsey, Ponterotto, Reynolds, & Cancelli, 2000). Previous studies, both qualitative and quantitative in design, have found that self-esteem is related to African American women's body attitudes, including fitness evaluation, feelings about weight, and appearance attitudes (Akan & Grilo, 1995; Lennon, Rudd, Sloan, & Kim, 1999; Parker, Nichter, Nichter, Vuckovic, & Ritenbaugh, 1995). The relationship between body attitudes and self-esteem is particularly important for young women as they are particularly at risk for having less positive body attitudes negatively impact their self-esteem due to sexual objectification (Fredrickson & Roberts 1997).

Key elements of psychological well-being, depression and anxiety, are related to attitudes about the body in similar ways; greater body satisfaction is generally related to less anxiety and fewer depressive symptoms (Grant, Lyons, Landis, Cho, Scudiero, Reynolds, Murphy, & Bryant, 1999; Russell & Cox, 2003; Siegel, 2002). Previous research on the relationship between anxiety and body attitudes used a measure of anxiety that is specifically related to appearance. In a sample of European American and African American women college students, Russell and Cox (2003) found that social physique anxiety (social anxiety as a result of actual or anticipated interpersonal evaluation of one's body) was equally associated with body dissatisfaction (dissatisfaction with both appearance and functional aspects of the body) for both racial groups. They also found that the discrepancy between women's reported ideal and actual weight was associated with social physique anxiety for European American women, but not for African American women. Body dissatisfaction was also associated with symptoms of general depression for all women. In samples of African American girls in their mid-teens (Grant et al., 1999; Siegel, 2002), college-aged (Ivezaj et al., 2010), and from the broader community (Walker, Timmerman, Kim, & Sterling, 2002), depressive symptoms were positively related to dissatisfaction with both appearance and functional aspects of appearance. Functional aspects of appearance include acts and actions performed by the body, as opposed to observable aspects of the body. Previous research on the relationship between body attitudes and psychological well-being for African American women focused on their dissatisfaction with their bodies without measuring the level of importance of those body attitudes. Based on research with other samples of African American women, I expect that higher body importance is related to greater

amounts of anxiety and depressive symptoms (Grant et al., 1999; Ivezaj et al., 2010; Saunders-Scott & Wiedemann, 2010; Siegel, 2002).

Body attitudes are also related to the physical health of African American women, as body attitudes are significantly related to disordered eating in this population (Napolitano & Himes, 2011; Rogers Wood & Petrie, 2010; Lester & Petrie, 1998). Disordered eating behaviors include dieting, self-starvation, bingeing, purging, endorsement of a thin-ideal, and fear of fat. Health researchers have investigated whether disordered eating behaviors may be linked to African American culture with respect to lower rates of food restriction, greater acceptance of larger body size, and higher risk for obesity and weight-related illness. Lower incidence of food-restriction and greater size acceptance are related to the fact that mainstream appearance-related standards place a greater emphasis on the role of appearance and thin-ideals than traditional African American culture (Hesse-Biber, 2004; Jones, 2003; Nobles, 1991).

While there is less emphasis on obtaining a thin body type within African American culture, African Americans are not sheltered from all disordered eating behaviors (Mulholland & Mintz, 2001; Pumariega, Gustavson, Gustavson, Motes, & Ayers, 1994; Striegel-Moore, 2003). In a study of African American and Caribbean Black adult men and women, binge eating disorder and bulimia were the most common disordered eating behaviors (Taylor, et al., 2007). The higher incidence of binge eating behaviors (compared to anorexia and dieting) among African Americans found in this study may contribute to the prevalence of obesity and overweight in the African American community (Witt, 1999). Specifically, the incidence of night eating syndrome, binge eating disorders, and bulimia have been found to contribute to the development and

maintenance of overweight and obesity within the African American community (Jarosz & Jarosz, 2007).

Body dissatisfaction and importance regarding both appearance and fitness are related to disordered eating; greater body satisfaction is related to less disordered eating and greater body importance is related to higher levels of disordered eating (Tiggemann & Kuring, 2004; Tylka & Hill, 2004). Research has documented that body dissatisfaction predisposes women to be at risk for disordered eating behaviors (Tiggemann & Kuring, 2004; Tylka & Hill, 2004). Several research studies have found body image dissatisfaction to be one of the primary precursors to the development of disordered eating behaviors in African American women (Napolitano & Himes, 2011; Rogers Wood & Petrie, 2010; Lester & Petrie, 1998). Lester and Petrie (1998) found that body dissatisfaction was the strongest predictor of bulimic symptomology in a sample of African American female undergraduates. Similarly, Napolitano and Himes (2011) found that African American college women with higher levels of body image dissatisfaction also had more bulimic symptoms. However, this research considered body dissatisfaction without a measure of body importance, which may be a key contributor to the impact of body attitudes on well-being.

Summary

Given this previous research, I understand the importance of taking a within-group approach to studying African American women's body attitudes. It is important to value and recognize these women's body attitudes separately from comparative studies and to understand the unique perspective African American women have on their bodies. Further, earlier studies recognized that importance and satisfaction are separate

dimensions of body attitudes and that together these attitudes are related to different health outcomes. A profile approach allows me to identify patterns of body attitudes related to both body importance and body satisfaction. The body attitude profiles recognize, simultaneously, these different attitudes. This dissertation also analyzes the role of race and racial attitudes as they are related to profile group membership. Race is an important aspect of body attitudes for African American women as race is intrinsically tied to physical markers of racial differences, such as skin color, facial features, and body dimensions. These physical markers are tied to racial and gender stereotypes and may impact how African American women are treated and viewed by society. In addition, racial attitudes are related to cultural attitudes about appearance. In summary, this dissertation takes a within-group, profile approach to understanding the body attitudes of African American women and how these attitudes are related to well-being (mental health and disordered eating), with a focus on the role of race and racial attitudes.

Study 1

In order to understand the different ways in which body attitudes may be related to racial context and general well-being, Study 1 identifies profiles of African American college women based on their body attitudes. A profile approach to studying body attitudes involves using statistical techniques to identify distinct groups of women who share similar combinations of scores on related body constructs (fitness satisfaction, fitness importance, appearance satisfaction, appearance importance, weight satisfaction, weight importance, and body size). For example, a woman could be highly satisfied with her weight, appearance, and fitness, but regard all three as having low importance. This combination of attitudes may be related to her racial context and overall well-being. For

African American college women, a profile approach allows me to understand variation in these women's body attitudes and advance scholarship on African American women's body attitudes beyond relying on comparisons to European American women. The profile approach allows me to simultaneously consider how various combinations of body constructs are related to racial context. To more fully understand the differences between these profiles based on body attitudes, they will be compared based on the demographic composition of women's neighborhoods, high schools, and universities.

Variation is found in body image attitudes among all ethnic and racial groups (Brown et al., 1990; Reboussin et al., 2000) and thus I expect to find significant variation in body image attitudes among African American college women. Comparative research does not carefully examine the nuanced differences within African American women as a group. It is important not to treat African Americans as a monolithic group. Previous research has found support for the existence of within-group differences. For example, Baturka, Hornsby, and Schorling (2000) found within-group differences in the associations between weight and body attitudes and well-being among African Americans. There was an overall acceptance of larger body sizes within the African American community and standards of ideal body weight and size differed from mainstream American culture. There were also individual differences in how these body attitudes were related to motivations and barriers to weight management.

Sabik, Cole, and Ward (2010) conducted research on whether ethnic identity could serve as a buffer to negative body image for minority women. This study examined western culture's emphasis on the thin-body ideal and how ethnic identity is related to minority women's body ideals. They found that for African American women who

identified more with ethnic out-groups (ethnic identity) or who felt that their self-worth was contingent on their weight (weight-based contingency of self-worth), body satisfaction was positively related to drive for thinness. Hesse-Biber, Livingstone, Ramirez, Barko, and Johnson (2010) conducted a qualitative analysis of variance in body attitudes. They found that variations in racial attitudes were related to variations in body attitudes. Specifically, racial/cultural context may play a role in the connection between relationships or friendships in college and body attitudes. They found that young African American women tended to adapt to the cultural attitudes regarding the body ideals of the contexts they were surrounded by. For instance, African American women well immersed in European American cultural contexts were more likely to endorse mainstream views of body ideals, such as straight hair and thin-body ideals. These studies demonstrated the importance of within-group differences for African American women and the necessity to not treat this group as a monolithic whole. This dissertation builds on this research by taking a within-group approach to understanding African American college women's body attitudes.

Study 2

The second study of this dissertation extends knowledge of how African American women perceive their bodies and how this is related to their well-being. This study extends the profile approach to body attitudes to examine the relationship between body profiles and self-esteem, depression, anxiety, and disordered eating. Further, it examines the possible role of racial attitudes in moderating the association between profile membership and well-being. Study 2 builds on the results of Study 1 to understand the overall association between different types of body attitudes and physical

and mental health. I am also interested in whether the association between these body attitudes and well-being is influenced by racial identity for African American college women.

There are several limitations in the current literature on the associations among body image, racial identity, and well-being among African American women. First, much of the existing research has not fully taken into account the multidimensional nature of racial identity (Harris, 1995; Smith, Burlew, & Lundgren, 1991), and thus has not focused on the ways that various dimensions may be related to well-being and body attitudes. A second limitation is that the majority of studies have focused on the direct association between body image and well-being to the exclusion of possible moderating relationships (Harris, 1995; Hesse-Biber, 2004; Molloy & Herzberger, 1998; Smith et al., 1991). As a result, little is known as to whether the relationship between body attitudes and well-being differ for individuals with different racial identity attitudes and beliefs. Third, previous research has not taken a person-centered approach to the relationship between body attitudes and well-being. My profile approach allows me to simultaneously consider various types of attitudes and how they are related to each other. Finally, I am addressing a gap in the literature, which fails to recognize the specific body image-related risks African American women face and the role of racial attitudes in body dissatisfaction and well-being. The present study addresses these limitations by using body profiles from Study 1 to investigate the association between body attitudes and well-being and whether racial identity moderates this relationship.

Chapter 2

Literature Review - Study 1

Study 1 of this dissertation explores the components of body attitudes and the benefits of taking a profile approach to understanding the body attitudes of African American college women. Body attitudes can include both perceptual (appearance, weight, and fitness) and attitudinal (satisfaction and importance) aspects (Reboussin et al., 2000). In order to accurately measure the association between body attitudes and well-being, it is important to measure all relevant aspects of body attitudes. With support from existing body image literature, this study delineates several different body image attitudes (appearance dissatisfaction, appearance importance, weight dissatisfaction, weight importance, fitness dissatisfaction, and fitness importance). Using these dimensions, along with body size, I will identify several body attitude profiles of African American college women and how these different profiles are related to their racial and demographic contexts (racial composition of high school, type of University attended, racial composition of neighborhood, and parent's income). This profile approach also allows me to recognize a variety of body experiences of African American college women and how their body attitudes are related to their racialized experiences. Income is closely tied to racial composition of high school and neighborhood, so I include a measure of parent's income as a control variable.

Dimensions of Body Attitudes

Reboussin et al. (2000) examined distinctions between the independent perceptual components of body satisfaction among a majority European American (approximately 75%) sample of middle-aged and older adults. Based on both exploratory and confirmatory factor analysis, two factors of body satisfaction emerged: satisfaction with body function (overall physical fitness, muscle strength in legs, endurance/stamina, muscle tone, energy, and physical ability) and satisfaction with body appearance (weight, shape, and overall appearance). This study was very important to body image scholarship as it was among the first to empirically test the independent perceptual components of body satisfaction in a sample of adults.

Jefferson and Stake (2009) addressed the limitations of using a predominantly European American sample in a study of 80 African American and 89 European American that conducted a factor analysis of responses to the Body Ideals Questionnaire (Cash & Szymanski, 1995). This study compared the factor structure of body attitudes for a sample of African American and European American women and did not find significant racial differences. Therefore, the authors used the combined factor loadings for all analyses in the study. The Body Ideals Questionnaires scale included measures of satisfaction and importance with respect to three aspects of the body: weight-related features (proportions, muscle tone, and weight), specific appearance features (hair, skin color, eyes, nose, lips, face shape, and chest size), and functional body characteristics (physical strength and coordination). Jefferson and Stake created weighted scores so that satisfaction with characteristics rated as less important was given less weight in the scale score. This study found that compared to European American women, African American

women were less dissatisfied with both weight and appearance features they deemed important. The study also found that African American women compared themselves less to Western beauty ideals and showed less of a connection between media ideals and body dissatisfaction compared to European American women. While this study makes an important contribution to the scholarship of body perception, it unfortunately conflates the attitudes of importance and satisfaction as scores on these two scales were combined to indicate ‘weighted discrepancy.’ If perceptual and attitudinal aspects of the body had not been conflated, they might have found separate attitudinal factors for each aspect of the body. This study is integral to the theoretical grounding for this dissertation as I have chosen my factors for body perception (appearance, weight, and fitness) based on the factors found in this study.

In a rare study of African American women’s fitness investment (measured by hours of exercise each week), it was found that African Americans invested more in their fitness than other ethnic groups among an ethnically diverse sample including European Americans, Multi- Ethnic Americans, and Asian Americans (Yates, Edman, & Aruguete, 2004). This study gives rare insight into the fitness investment of African American women, although actual attitudes about importance of or satisfaction with fitness are not measured by hours spent exercising. In addition, people may have differing ways of defining or conceptualizing what activities constitute exercise.

Bodily importance is especially closely tied with racial and cultural values. We may expect women with more exposure to African American culture (high school, neighborhood, and university) to place greater importance on appearance-related aspects of the body. This is because hair, skin tone, and facial features have greater historical and

cultural significance for African Americans (Buchanan et al., 2008; Byrd, 2005; Duke, 2000; Poran, 2006). Poran (2006) and Duke (2000) note that African American culture places less importance on the body than being a good person. Therefore I would expect Black cultural involvement (high school, neighborhood, and university) might make women value parts of their body coded as racial (hair, skin tone, and facial features) differently.

I expect that less exposure to African American contexts is related to greater importance of weight-related aspects of appearance, due to mainstream cultural endorsements of the thin-ideal (Grogan, 2008; Puhl & Brownell, 2003; Teachman & Brownell, 2001). I expect women with greater exposure to African American culture to also feel more positively about their bodily appearance because racial context is an important factor in shaping people's self-concepts.

Research Comparing African American Women to European American Women

Compared with European American women, African American women are less likely to hold themselves to restrictive standards of attractiveness (Ivezaj et al., 2010; Molloy, Herzberger, Hunter, & Forden, 2002; Rucker & Cash, 1992) and less likely to tie their self-worth to beliefs about their appearance (Cash, Melnyk, & Hrabosky, 2004; Duke, 2000; Henriques & Calhoun, 1999; Sanchez & Crocker, 2005). Research suggests that African American women feel more positively about their bodies than European American women regarding appearance, weight, and fitness (Reboussin, Rejeski, Martin, Callahan, Dunn, King, & Sallis, 2000; Roberts, Cash, Feingold, & Johnson, 2006; Wildes & Emery, 2001). For African American women, in contrast to European American women, body dissatisfaction does not appear to negatively affect other aspects of their

lives, such as participation in sexual activity, sports, and exercise (Thomas & James, 1988). It has further been noted that factors such as personality, style, attire, and confidence are more highly regarded than external beauty for African American women as compared to European American women (Befort, Thomas, Daley, Rhode, & Ahluwalia, 2007; Davis, Sbrocco, Odoms-Young, & Smith, 2010; Parker, 1995; Rucker & Cash, 1992). However, this relatively lower importance of appearance does not preclude African Americans from also investing in and valuing the appearance of their bodies. Particular attention should be paid to the importance of racialized and gendered aspects of appearance, as these factors will have specific relevance to the embodied experience of African American women.

There have been several comparative studies between African American and European American women related to between-group differences in body attitudes. Molloy and Herzberger's (1998) sample included 134 European American and African American college women who completed survey measures of body image and self-esteem, and their study used a variety of variables to measure racial group identification for African Americans. They found that African American women had higher levels of self-esteem and higher body satisfaction than European American women. This study used class status, magazine readership, racial composition of neighborhood, and high school as proxies for engagement with Black culture, which they argued might strengthen identity; however, none of these factors were associated with body attitudes.

This study was limited in its measure of body image. The Body Esteem Scale (Franzoi & Shields, 1984) and a figure rating scale were used to measure body image in this study. These scales are useful in their inclusion of body shape, size, and fitness.

However, they did not include a measure of hair or skin satisfaction, which may be particularly relevant to body attitudes for African American women (Buchanan et al., 2008; Byrd, 2005; Duke, 2000; Poran, 2006).

Jefferson and Stake (2009) aimed to address this limitation in the measurement of non-weight related aspects of appearance in their comparison of European American and African American women's body images. European Americans were more likely to compare themselves to media ideals and endorse Western ideals of beauty (Jefferson & Stake, 2009) than African American women. This study addressed an important limitation of previous research through measurement of multiple body perceptions (appearance, function, and weight). This study aids in the development of this dissertation by clearly delineating separate body image factors based on body perceptions for African American women.

Other researchers have evaluated the size of the mean difference in the body attitudes of European American and African American women. Roberts and colleagues (2006) attempted to address the limitations of previous research with a focus on the age of the respondents and use of body image measures that measure non-weight related aspects of appearance. This meta-analytical study found that African American women were generally more satisfied with their appearance than European American women, and that differences in body attitudes between African American and European American women were greatest at age 25 and no longer existed by age 40 (Roberts et al., 2006). In addition, African American women were found to be more positive about both global and weight-related measures of body image (Roberts et al., 2006). Grabe and Hyde's (2006) meta-analysis also found that on average, African American women felt more positively

about their appearance than European American women, but the size of the difference was smaller than previously believed. Nevertheless, it is important to note that these positive body attitudes exist despite the fact that African American women face numerous barriers to meeting mainstream American standards of attractiveness, which are related to both their racial group and their gender (Collins, 2004; Hesse-Biber, 2004; Okazawa-Rey et al., 1987; Thompson, 2006).

Body importance is the level of importance, or cognitive and behavioral salience, placed on appearance (Cash & Szymanski, 1995). It is necessary to assess the importance placed on different aspects of the body in order to fully understand the body attitudes of African American women. For example, African American women may place special importance on hair based on the unique sociocultural meaning of African American women's hair (Buchanan et al., 2008; Byrd, 2005; Duke, 2000; Poran, 2006)). However, the importance of non-weight related aspects of appearance are rarely measured in existing research importance (Jefferson & Stake, 2010).

In summary, only body size and satisfaction associated with weight typically are included in studies of African American women's body attitudes. Moreover, prior studies rarely have measured aspects of body attitudes related to features that are not pertaining to weight (such as skin color, hair, facial features, and body proportion) and only a limited number of studies have included measures of body importance. Including a measure of body importance helps to interpret the significance of body attitudes in a person's life. Non-weight related aspects of appearance may have particular sociocultural and historical meaning in the lives of African American women. For all women, it is important for studies of body image to include a measure of importance in order to

interpret the impact of specific body attitudes on a woman's well-being. For instance, a woman may report low satisfaction with her weight. However, she may not attach a great deal of importance to this aspect of her body; thus, it may not be related to her self-esteem. On the other hand, a woman may report the same level of satisfaction with her weight but place a great deal of importance on attaining her ideal weight, and therefore her self-esteem may be in part contingent on reaching her ideal weight. It has been noted that a person's bodily importance attitudes are integral to fully and accurately understanding a person's overall body attitudes (Brown, Cash, & Mikulka, 1990). Further, it is important to examine how these multidimensional body attitudes are related to African American women's overall well-being, including both mental and physical health. Research on body image has consistently found that body attitudes are related to women's lives in significant and meaningful ways; a multidimensional approach to studying body attitudes allows us to fully explore these connections. We will gain a deeper understanding of these relationships between body attitudes and well-being once we have a more comprehensive measure of body attitudes and an understanding of how these body attitudes may depend on each other for meaning in the lives of African American women.

Study 1 Hypotheses

Based on previous research that theorizes that body attitudes include satisfaction with and importance of body appearance, weight and fitness (Jefferson & Stake, 2009), I hypothesize that six body attitude factors (fitness importance, fitness satisfaction, weight importance, weight satisfaction, appearance importance, and appearance satisfaction)

interact to create different body image profiles. While there is strong theoretical grounding for the development of these body attitudes factors, there is no current research on body image profiles.

I expect Profile 1 to reflect ‘Happily Body Focused’ women who place a high importance on their fitness, weight, and appearance and are satisfied with each of these. I would expect this group of women to have a lower BMI. In many ways, this could be considered the ideal body profile as research suggests that body satisfaction is related to better well-being scores. However, this assumption is based on variable-centered approaches, and the profile approach will further clarify whether this combination of attitudes (high satisfaction and high importance) are jointly related to positive well-being.

I predict Profile 2 will represent ‘Fitness Focused’ women who consider their bodies’ fitness and weight to be important and are satisfied with their bodies’ fitness and weight. While they are fairly satisfied with their appearance, they do not consider it to be very important, and have lower BMI. This profile is modeled after an athlete in a performance-related sport (such as basketball or soccer). Athletes tend to be of lower body mass index and also invest in their fitness and weight management (Blair, 1993).

I expect Profile 3 to reflect ‘Appearance Focused’ women who place high importance in their appearance and are satisfied with it. They place low importance in their fitness and weight and are not satisfied with them. This profile would have a higher BMI compared to Profiles 1 and 2 because these women are not as invested in weight or fitness-related aspects of the body. This profile is fairly close to the image of ‘large and happy’ Black women, who invest in some aspects of appearance, such as clothing, hair and nails, but place less importance on weight or fitness related aspects of appearance.

I expect Profile 4 to represent ‘Unhappy Body Focused’ women who place high importance on their fitness, weight and appearance, but are not satisfied with any of them. This profile would have a higher BMI, which will be reflective of low fitness and weight importance. This profile is inspired by African American college women who may be invested in western ideals of attractiveness. Because they have adopted this ideology, they struggle with the appearance-related pressure prevalent for many women in western culture.

Summary

Previous research on the relationship between body attitudes and well-being has taken a variable-centered approach. For example, it has often focused on the relationship between weight satisfaction and well-being. However, I cannot know the phenomenological experiences of a woman’s weight satisfaction without also understanding the level of importance an individual places on her weight. A variable-centered approach focuses on the relationship between two variables, such as body mass index and depression. In contrast, a profile or person-centered approach recognizes that there exist multiple dimensions to attitudes about one’s body (appearance importance, appearance satisfaction, weight importance, weight satisfaction, fitness importance, and fitness satisfaction), and that there may exist different profiles (or types) of women that combine these attitudes in different ways. The profile approach is important because the results will help us understand the diversity of experiences among African American college women, in contrast to the broad generalizations that variable-focused comparative research gives us. The variable-centered approach is limited in its ability to illuminate the ways individuals might experience different aspects of body satisfaction because people

have a multitude of body attitudes occurring simultaneously, and this combination of attitudes is what is relevant in their lives and most related to their well-being.

Chapter 3 Literature Review- Study 2

Study 2 of this dissertation builds on the results of Study 1 by examining how the body attitude profiles established in Study 1 are related to measures of well-being for African American college women. I am interested in how each profile is related to self-esteem, depressive symptomatology, and anxiety. I will also examine how these body attitude profiles are related to eating attitudes and behaviors. I will adopt a careful focus on the possible role of racial attitudes in this relationship, as well as how racial attitudes may be related to both body attitudes and well-being for African American college women.

Body Attitudes and Well-Being

Young women in Western cultures face appearance-related norms of physical attractiveness, which in part shape women's overall evaluations of themselves (Wolf, 2002). For many women, feelings about their bodies become very closely tied to feelings about overall self-worth, especially for younger women. In a longitudinal study of 239 Australian women (mean age 60; range 20-86), it was found that the relationship between self-esteem and body dissatisfaction was stronger for women aged 31 and younger than for women 32 and older (Mellor, Fuller-Tyszkiewicz, McCabe, & Ricciardelli, 2010). This Australian sample was meant to represent women of western cultures in general. An explanation of these findings is that body attitudes are important to self-esteem because of social pressures for young women to adhere to norms regarding attractive appearance.

Often, a woman's self-esteem is related both to how much she endorses body ideals and how close in approximation her actual body is to those ideals, particularly for younger women (Kinley, 2010).

Regardless of race, research on body image, anxiety, and depression generally finds that larger body size is related to greater anxiety and more depressive symptoms (Schwartz & Brownell, 2004; Siegel, 2002; Yates, Edman, & Aruguete, 2004). This relationship might be particularly found among women, because women of larger body size may experience pressure to meet the cultural ideal of lean body size for women, and because fat is generally stigmatized and discriminated against in mainstream American culture (Grogan, 2008; Puhl & Brownell, 2003; Teachman & Brownell, 2001).

The relationship between large body size and greater amounts of anxiety and depressive symptoms is also present in African Americans (Siegel, 2002; Yates, Edman, & Aruguete, 2004). Larger body size also may leave African American women vulnerable to negative size-related stereotypes specific to them (Beauboeuf-Lafontant, 2003; Collins, 1991). Larger body mass index (BMI) is related to disordered eating symptoms for African American women in college (Napolitano & Himes, 2010; Stanziano & Butler-Ajdabe, 2011). Napolitano and Himes found that women of larger body size (as measured by body mass index) are more likely to engage in binge eating. In another study, Stanziano and Butler-Ajdabe (2011) found that the rate of dieting for weight loss in a healthy manner (healthy food choice) was significantly higher for obese or overweight women. On the other hand, they found that unhealthy means of dieting such as the use of laxatives and diet pills were significantly higher in women of normal

weight. The present study examines how body attitudes are related to both mental health and eating attitudes.

Research on African Americans testing whether dissatisfaction with the body is related to greater anxiety and depression for women is limited. I would expect this relationship to hold true for African American women since dissatisfaction is an innately negative emotion and therefore would be related to lower scores on general well-being, although this relationship may be moderated by the level of body importance. Research on the relationship between body importance and well-being is also limited. In a sample that included 468 college-aged women (mean age 20), who were 58% European American and 26% African American, Cash, Melnyk, and Hrabosky (2003) found that appearance importance is positively correlated with body dissatisfaction, situational body-image dysmorphia, internalization of appearance-related media influences, perfectionism, and disordered eating. They found appearance importance to be negatively related to self-esteem, so that more importance in appearance is related to lower self-esteem. This study defined appearance importance as the salience of appearance in a person's life.

I would also expect appearance importance to be related to greater depression, anxiety, and disordered eating. There is limited research on the explicit relationship between appearance orientation, depression and anxiety. However, there is similar research on the relationship between objectification and depression and anxiety. Objectification theory states that objectification leads to habitual body monitoring and body shame (Szymanski & Henning, 2007). Body monitoring is related to appearance importance, as it includes the cognitive and behavioral efforts invested in appearance

(Cash et al. 2003; Szymanski & Henning, 2007). Szymanski and Henning found that objectification led to greater body monitoring, which led to greater appearance anxiety, which in turn led to greater depression. This study also found significant positive correlation between depression, self-objectification, body shame, and anxiety (Szymanski & Henning, 2007). Although there were not a significant number of African American women in the Szymanski and Henning 2007 study, the negative effects of sexual objectification are experienced by all women, regardless of race in western society (Collins, 2004). Fredrickson and Roberts (1997) note that while African American women may have developed a sense of self which deflects (rather than reflects) others' negative evaluations of them, this does not completely protect African American women from body-related pressures and the negative effects of objectification. Therefore, I would expect a significant positive relationship between appearance-orientation, depression, and anxiety consistent with the objectification women face in society.

Body Attitudes and Racial Identity

Racial identity is the significance and meaning of race in the life of an individual (Sellers, Smith, Shelton, Rowley, & Chavous, 1998). It has been theorized that racial identity affords African Americans insulation from the detrimental consequences of their stigmatized status (Twenge & Crocker, 2002). Believing that race is a central part of one's identity and holding more positive attitudes towards one's racial group (Rowley, Sellers, Chavous, & Smith, 1998) have been associated with higher self-esteem and lower levels of depression and anxiety among African Americans. However, it is an open question as to how racial identity may play a role in the relationship between mental health, well-being and body image for African American women.

For young African American women, the risk of body dissatisfaction may be moderated by racial attitudes as racial attitudes buffer other negative risks to their well-being (Sellers & Shelton, 2003). Study 2 explores these issues by examining the role of racial identity attitudes in moderating the relationship between body attitudes and well-being in a sample of African American college women. According to risk and resilience theory, African Americans are at risk for a number of detrimental social, economic, and psychological outcomes in Western culture because of racial discrimination and related socioeconomic stressors (Ogbu, 1991; Sellers & Shelton, 2003). Risk and resilience theory states that racial group membership and racial identity can serve as protective factors against some of these risks, as racial groups have their own set of norms and values, and can provide support systems (Ogbu, 1991). Feeling more positively about one's own racial group can also serve as a protective factor for some African Americans by insulating them against negative racist messages (Sellers & Shelton, 2003). Therefore, we may expect racial identity to also play a moderating role in the relationship between well-being and body attitudes, including dissatisfaction with and importance of aspects of the body for African American women.

Obviously, satisfaction with the body is not the only source of well-being available to individuals. If personal identity is tied to membership in a valued social group, individuals will also derive positive attitudes in part from that identification (Harter, 2001; Sellers et al., 1998). For some African Americans, their race may represent a valued social group. Sellers and colleagues developed the Multidimensional Model of Racial Identity (MMRI) as a conceptual framework for understanding the structure and content of African Americans' attitudes and beliefs about: (a) the significance of race in

their definition of self and (b) what they believe it means to be Black (Sellers, Rowley, Chavous, Shelton, & Smith, 1997; Sellers et al., 1998).

The MMRI proposes multiple dimensions of racial identity including racial centrality, racial regard, and racial ideology. Racial centrality is the degree to which being African American is central to a person's identity. Racial regard refers to a person's affective and evaluative judgment of his or her racial group membership. Racial regard includes both private regard, the extent to which individuals feel positively towards African Americans and their racial group membership, and public regard, the extent to which individuals believe others view African Americans positively. Finally, racial ideology refers to the individual's beliefs, opinions, and attitudes about how racial group members should behave and interact with society. Sellers et al. (1998) identified four ideologies: assimilation, humanist, minority, and nationalist. Racial ideology is related to political attitudes about how the African American community should behave, while racial centrality and regard are personal attitudes held about being an African American. I am interested in racial centrality and regard for this dissertation, as I believe these personal dimensions of racial identity are most relevant to an individual's body attitudes and well-being. The importance of body attitudes is related to the strength of group membership and also could be indicative of endorsement of and exposure to African American cultural ethos. Racial regard is relevant to body attitudes as it is related to affective attitudes about being African American, which in turn are closely tied to racialized experiences based on physical markers of race.

Among young African American women, internalizing positive feelings about their racial group has been found to be associated with rejection of Western culture's

values regarding appearance-related pressures for women (Henrickson et al., 2010; Hesse-Biber, 2004). Viewing videos that emphasize the thin ideal was less likely to predict body dissatisfaction, drive for thinness, and bulimic tendencies for African American women with strong ethnic group identification than for African American women whose ethnic group identification was weak (Zhang, Dixon, & Conrad, 2009). This study used the The Multigroup Ethnic Identity scale (Roberts et al., 1999), which measures positive views on ethnic group identification. The Multigroup Ethnic Identity scale could be comparable to private regard, and to a lesser extent racial centrality, as it assumes stronger racial group identification.

Study 2 Hypotheses

I predict that women in Profile 1, 'Happy Body Focused,' will have, on average, the lowest levels of depression and anxiety and highest self-esteem. I expect that these women benefit from the joint experiences of both placing high importance on and having high satisfaction with their fitness, weight, and appearance. I expect these women to feel invested in healthy eating and taking a positive approach toward food and care for the body; thus, I expect them to have the lowest levels of disordered eating.

I hypothesize that Profile 2, 'Fitness Focused,' will have low levels depression and anxiety, higher self-esteem, and positive attitudes toward food and eating. Since these women place high importance on weight and fitness and are satisfied with their fitness level and weight, they will be motivated to maintain a healthy relationship with food and eating as food is often used as fuel for fitness-focused activities and outcomes. It is possible that some of these women may overemphasize their weight and fitness, and thus engage in unhealthy practices in order to obtain their ideal weight or fitness level.

However, I expect such women to be the exception and not the rule. Their dissatisfaction with their appearance may at times impact their mental health; however, this may be mitigated by the fact that they do not invest a great deal in their appearance.

Third, I hypothesize that Profile 3, 'Appearance Focused,' will have moderate rates of depression and anxiety in comparison to Profiles 1 and 2, and moderate levels of self-esteem. I expect this because their focus on appearance is often less personally empowering than focusing on functionality of a person's body, as previous research on the relationships between objectification, depression, and anxiety has shown (Szymanski & Henning, 2006). Dissatisfaction with fitness and weight may also be a threat to mental health, although this may be decreased due to the low levels of importance placed on both. I expect this group to have moderate levels of disordered eating due to the lower levels of fitness importance.

Finally I expect Profile 4, 'Unhappily Body Focused,' to have the highest levels of depression and anxiety and lowest levels of self-esteem due to the joint experiences of dissatisfaction with and high importance of fitness, weight, and appearance (Szymanski & Henning, 2006). Further, the combination of these attitudes about the body will also likely be related to a less healthy attitude toward food and eating. Thus, I expect this group to have higher levels of disordered eating.

Moderation

Research conducted primarily on European Americans has generally found the relationship between body attitudes and self-esteem to be stronger for women than men (Furnham, Badmin, and Sneade 2002; Grossbard, Lee, Neighbors, & Larimer, 2009; Henriques & Calhoun, 1999; Mintz & Betz, 1986). These differences have been

hypothesized to be related to women's gendered experiences of objectification (Fredrickson et al. 1998; Mercurio & Landry, 2008; Wolf, 2002). I also expect the nature of the relationship between body attitudes, mental health, self-esteem, and disordered eating to differ based on individual differences in attitudes regarding the phenomenological experience of racial group membership.

I propose the following hypotheses regarding the nature of the moderating relationships. First, I expect there to be a direct relationship between body attitude profiles and well-being (self-esteem, depression, anxiety, and disordered eating). The link between body attitudes and well-being has been established for African American women (Akan & Grilo, 1995; Lennon, Rudd, Sloan, & Kim, 1999). Objectification theory suggests that women are treated as objects in the broader society, and that much of their social worth is based on their physical attractiveness to men as determined by consensually held beauty norms (Fredrickson et al., 1998; Mercurio & Landry, 2008; Wolf, 2002). This leads some women to link their sense of well-being to their satisfaction with their physical appearance. African American women face specific appearance-related pressures because they are affected by the incongruent standards of both African American and mainstream cultures (Poran, 2006).

In addition, I expect there to be a main effect of racial regard and centrality for self-esteem, depression, and anxiety. Private regard has previously been found to be positively related to well-being for African American college and high school students (Rowley et al., 1998). For African American college women, public regard, private regard, and centrality have each been found to be positively related to self-esteem (Settles, Navarrete, Pagano, Abdou, & Sidanius, 2010). This study also found that higher

private and public regard are related to less depressive symptomatology. The relationship between racial attitudes and well-being were measured in Elion, Wang, Slaney, and French's 2012 study of African American university students. This study found that negative self-perceptions of being Black are related to greater depressive symptoms. Parham and Helms (1985) found that both viewing the world from a Euro-centric perspective and devaluing one's identification with being Black were related to greater levels of anxiety.

Second, I predict that racial centrality will moderate the association between body attitude profiles and well-being. Compared to mainstream culture, in traditional African American culture, character and values are more emphasized in the determination of self-worth and well-being than appearance (Duke, 2000; Jones, 2003; Nobles, 1991). As discussed earlier, some researchers have argued that African Americans who more strongly identify with their racial/cultural group are also more likely to endorse a cultural ethos that values such things as religious faith, community, and family commitment, and devalues mainstream society's standards of beauty (Duke, 2000; Jones, 2003; Nobles, 1991). The strength of this belief that body attitudes do not equate to feelings of self-worth may impact the relationship between body attitude profiles and well-being. Therefore, I expect the relationship between body attitudes and well-being to be weaker for African American college women who believe that their race is central to their identity.

Third, I expect that private regard (the degree to which African Americans feel positively about their racial group) will moderate the relationship between body attitudes and well-being. African American college women who view their ethnic group's culture

favorably and actively incorporate experiences of their ethnic culture will also hold more favorable views of their appearance, health, and fitness (Harris, 1995; Hesse-Biber et al., 2004). I expect the joint positive feelings about an individual's body and racial group to be related to well-being outcomes. I expect women who belong to a body profile with positive body attitudes and who also have positive feelings about their own racial group (high private regard) to have higher self-esteem. I also expect these women to have lower rates of depression, anxiety, and disordered eating compared to those who have less positive feelings toward their racial group (low private regard).

Fourth, I predict that public regard (the degree to which African Americans believe that other groups feel positively about their racial group) will moderate the relationship between body attitudes and self-esteem. Perceptions of how out-group members view African Americans may also be tied to the negative gendered racial stereotypes that are focused on the body. African American women have historically been stereotyped either as asexual, self-less caretakers, or as sexual deviants lacking morals (Beauboeuf-Lafontant, 2003; Collins, 2000). Both stereotypes are diametrically opposed to mainstream Anglo-Saxon notions of beauty and femininity (Beauboeuf-Lafontant, 2003; Collins, 2000). The belief that out-group members view them less positively, combined with being a part of body profile with less positive body attitudes, may jointly be related to lower self-esteem. Therefore, I expect that African American college women who believe that out-groups view their group negatively (low public regard) and are also members of a body profile with less positive body attitudes, will have lower self-esteem than those who believe out-groups view them less negatively (high public regard).

Summary

Study 2 examines how the body attitude profiles established in Study 1 are related to well-being for African American college women, with a focus on the role of racial attitudes. By understanding how these profiles are related to well-being (depression, anxiety, self-esteem, and disordered eating) we can gain a fuller understanding of within-group differences in how combinations of body attitudes may impact African American college women's lives. I hypothesize differences between body attitudes profile memberships and well-being, and I expect racial attitudes to play a moderating role in this relationship.

Chapter 4

Methods

Participants

This data was originally collected as part of a four-year longitudinal study examining African American college students' daily experiences with racial identity. The data used in the present studies was taken from year three of the study. Three hundred and two self-identified African American women second ($n = 124$) and third ($n = 178$) year undergraduate women were recruited from three universities. Participants' ages ranged from 19 to 22 ($M = 19.8$ years $SD = .95$). The students were recruited from two large public universities that are predominantly European American, one located in the Midwest ($n = 108$) and the other in the Southeast ($n = 91$), and a medium-sized private, historically African American university located on the East Coast ($n = 103$). The response rate for the sample was 66% in year 3 of the study.

Participants provided their demographic information, including the racial composition of their high schools (1 = Less than 20% African-American/Black to 5 = From 81%-100% African-American/Black) and parents' income (1 = Below \$4,999 to 12 = \$105,000 and above). Forty percent of the participants went to high schools in which the student body was over 60% African American ($M = 2.90$, $SD = 1.60$). Fifty percent of the participants' parents had less than \$55,000 annual household income ($M = 7.01$, $SD = 3.50$). Participants also indicated the racial composition of the neighborhoods in which

they lived for the longest periods of their youths (1 = Less than 20% African-American/Black to 5 = from 81%-100% African-American/Black). Fifty-three percent of the participants grew up in neighborhoods that were at least 60% African American ($M = 3.19$, $SD = 1.58$). This demographic information was collected during the first year of the original longitudinal study

The women who left the study before year three differed in two ways from those who remained. The women who remained in the study exhibited significantly higher anxiety and depression. The other study variables measured were racial identity and self-esteem. These variables were included because they were the only variables which were present in all 3 years in the study. I identified these statistical differences by creating a variable to denote which participants were present in year 3, and then running an ANOVA, with being present in year 3 as the independent variable, and years 1 and 2's depressive symptomology, anxiety, self-esteem, and racial identity as the dependent variables.

The predominantly European American Midwestern University had a total of 26,208 undergraduate students. The student body for this university is 50.8% women and is comprised of 5.8% African Americans, 12.1% Asian Americans, 65% European Americans, 4.1% Hispanic Americans, and 5.7% International students. The predominantly European American University in the South has approximately 25,255 undergraduate students and is 44% women. The student body is 10% African American, 5% Asian/Asian American, 2% Hispanic American, 1% international, and 82% European American. The historically African American University is approximately 65% female.

Procedure

The Office of the Registrar at each of the two predominantly European American Universities provided contact information for all first-year students who self-identified as African American on their applications. I used this information to recruit students via email and telephone solicitations, inviting them to participate in a study examining African American students' daily experiences pertaining to race. At the historically African American university, I employed campus-wide outreach methods including fliers and classroom announcements. At all three sites, I communicated that the study examined the daily life experiences of students, and that payment would be provided for their participation.

The recruiters at the historically African American university were three African Americans (one man and two women). Four African Americans (one man and three women) recruited at the East Coast predominantly European American university. The recruiters at the Midwestern predominantly European American university included two African American women, one Asian American man, and one European American woman. The Asian American and European American recruiters were only involved in phone and email recruiting, and did not participate in any of the in-person recruitment efforts. At all three institutions, researchers asked potential participants screening questions to ensure that they self-identified as African American and were at least eighteen years of age. Eligible students were asked to schedule a time to come to a lab to complete a web-based survey within two weeks of initial contact. Participants completed instruments assessing racial identity, psychological well-being, racial experiences, and

demographics, as well as several other measures that were not used in the present study. Participants were paid \$15 for their participation in this phase of the study.

Measures

Study 1

Body Attitudes. Body perception was assessed using items from the Body Ideals Questionnaire (BIQ) (See appendix A). The original version of this 22-item scale contains two types of questions: Body Image Importance (11 items) and Body Image Discrepancy (11 items). Body Image Importance questions assess a person's cognitive-behavioral emphasis on his or her appearance. For example, one item from this category is 'How important to you are your ideal body proportions? (0 = not important, 3 = very important).' Body Image Discrepancy questions, on the other hand, measure cognitive appraisals and emotions associated with appearance.

One item in this category is 'My ideal body proportions are: (0 = exactly as I am, 3 = very unlike me).' For each aspect of the body, the body image discrepancy and importance questions were presented. These aspects included: height, skin complexion, hair texture and thickness, facial features (eyes, nose, ears, and facial shape), muscle tone and definition, body proportions, weight, chest size, physical strength, physical coordination, and overall physical appearance. From these questions, the Body Dissatisfaction total score was created. All Body Image Discrepancy scores for 'exactly as I am' were recoded from 0 to -1 and then Body Image Discrepancy was multiplied by the Importance score on each item; these were then averaged to create the Body Dissatisfaction score. This calculation allows Body Dissatisfaction scores to include importance-weighted self-ideal congruence ('exactly as I am') for each item, and

recoding avoids a score of 0 for cross-product scores (Cash and Szymanski, 1995). A higher score on Body Dissatisfaction indicates that the body ideals are important to the individual and there is a great discrepancy between actual appearance and his or her ideal.

Instead of using this scale in its original form, I tested whether these 22 items factored into different body attitude dimensions for this sample. I used confirmatory factor analysis to determine whether these are appropriate factors for these items. This scale has been found to be valid for African American women (Jefferson & Stake, 2009); however, I am the first to create these specific factors. For this and all other scales, participants who did not complete a minimum number of items (approximately 2/3 of the items on the scale) were dropped from subsequent analyses.

For the factor analysis, I tested whether the six Factors found by Jefferson and Stake (2009), were a good fit for this sample. I hypothesize six factors from this measure; appearance satisfaction (5 items), appearance importance (5 items), fitness satisfaction (2 items), fitness importance (2 items), weight satisfaction (3 items) and weight importance (3 items). Appearance, weight, and fitness satisfaction assesses the discrepancy between a person's ideal physical appearance/weight/fitness and their self-perceived physical appearance, weight, or fitness. A higher discrepancy score indicates lower satisfaction with appearance, weight or fitness. A sample item for appearance satisfaction is 'My ideal body proportions are: (0 = *exactly as I am*, 3 = *very unlike me*).' For appearance satisfaction, the aspects of the body included height, facial features, hair, skin complexion, and chest. A sample item for fitness satisfaction is 'My ideal physical coordination is: (0 = *exactly as I am*, 3 = *very unlike me*).' For fitness satisfaction, aspects

of the body included strength and coordination. A sample item for weight satisfaction is ‘My ideal weight is: (0 = *exactly as I am*, 3 = *very unlike me*).’ For weight satisfaction, aspects of the body included weight, proportions, and muscle tone. For each aspect of the body, there was one question asking about the discrepancy from ideal.

Appearance importance, weight importance, and fitness importance measured the importance an individual places on their body ideals. A higher score indicated greater bodily importance. A sample item for appearance importance is ‘How important to you are your facial features? (0 = *not important*, 3 = *very important*).’ This question was asked for each aspect of the body. For appearance importance, the aspects of the body were height, facial features, hair, skin complexion, and chest, just as with appearance satisfaction. A sample item for weight importance is ‘How important to you is your muscle tone (0 = *not important*, 3 = *very important*).’ For weight importance, the components of the body were weight, muscle tone, and proportions. A sample item for fitness importance is ‘How important is your ideal physical strength (0 = *not important*, 3 = *very important*).’ For fitness importance, aspects of the body included physical strength, and coordination.

Through this program, several fit indices were used to evaluate the fit of our model, including chi-square (χ^2) and its ratio to degrees of freedom (df), the Comparative Fit Index (CFI), and the Root Mean Square Error of Approximation (RMSEA). The chi-square and its ratio to df were evaluated because the chi-square statistic by itself is highly influenced by the sample size. An ideal range for CMIN/ df is between 2 to 5 (e.g., Byrne, 1989; Carmines & McIver, 1981; Marsh & Hocevar, 1985). Hu and Bentler’s (1999) guidelines were used to evaluate the CFI, and RMSEA values. Specifically, the CFI value

should be .90 or greater for an adequate fit and the RMSEA value should be .06 or smaller to signify a good fit. Based on the indices yielded from my 6- factor model ($\chi^2 = 332.964$, $df = 120$, $CMIN/df = 2.775$, $CFI = .914$, $RMSEA = .051$), I concluded that the six-factor model provided a good fit for my data.

The first factor can be described as appearance dissatisfaction. This factor included four items measuring the respondent's level of dissatisfaction with her hair, skin tone, chest, and facial features. The second factor was appearance importance, which included four items measuring the importance the respondent placed on her hair, skin tone, chest, and facial features. The third factor represented the respondent's dissatisfaction with her fitness. This factor was composed of two variables (strength and coordination). The fourth factor was fitness importance, which included items regarding importance of her physical strength and coordination. The fifth factor was weight dissatisfaction, which was composed of items measuring the respondent's dissatisfaction with her weight, bodily proportions, and muscle tone/definition. The sixth factor was weight importance, comprising three items measuring the importance of the respondent's weight, bodily proportions, and muscle tone and definition.

Body Mass Index. Participants self-reported their height and weight, which were converted into Body Mass Index (BMI: weight in kg/ height in m²). The mean body mass index for this sample was 25.20, which is roughly the threshold for the overweight category according to the Centers for Disease Control (Flegal, Carroll, Kuczmarski, & Johnson 1998). However, there is some evidence that these thresholds for weight classifications using BMI may be slightly too low for African Americans (Deurenberg & Deurenberg-Yap, 2001).

Demographics and Racial Context. As a measure of racial context and demographic background, I recorded the type of University the participants attended (Historically Black University or Predominantly White Institution), the proportion of African Americans in their high schools, the proportion of African Americans in the neighborhoods they spent the most time in during their youth, and their parents' income. I created a variable to represent the type of university the student attended; the two predominantly European American universities were grouped together (1 = historically African American university, 0 = predominantly European American university).

Study 2

Disordered Eating Attitudes and Behaviors. Eating patterns were assessed using the *Eating Attitudes Test-26* (See appendix B), a 26-item measure assessing eating disorder symptoms (Garner, Olmsted, Bohr, & Garfinkel, 1982). This scale has been used in nonclinical samples as a continuous variable, due to the low base rate of clinical eating disorders found in the general population (Mazzeo, 1999; Sabik & Tylka, 2006). Therefore, I used the EAT-26 as a continuous measure ranging from 1 (never) to 6 (always). This scale contains 2 subscales: dieting (13 items; $\alpha = .90$) and bulimic tendencies (6 items; $\alpha = .71$) (Garner et al., 1982). The dieting subscale evaluates perceptions of body image, nutritional attitudes, and eating habits. A sample item is 'I am preoccupied with the desire to be thinner.' The bulimia subscale assesses bingeing and purging behaviors. A sample item is 'I have gone on eating binges where I felt that I may not be able to stop.' A higher score on either of the subscales means a greater endorsement of those attitudes or engagement in those behaviors. Participants' scale scores were calculated by averaging across the items to which the participant responded,

which allowed for the use of the response anchors to interpret the scale scores. This scale has been found valid for African American women (Pumariega, Gustavson, Gustavson, Motes, & Ayers, 1994; Sira & Ballard, 2009).

Anxiety. Trait anxiety was assessed using the State-Trait Anxiety Inventory for Adults (See appendix C) (Spielberger, 1983). This scale includes 20 items ($\alpha = .92$); one sample item is 'I feel nervous and restless' (1 = almost never, 2 = sometimes, 3 = often, 4 = almost always). Scores were determined by calculating the mean score of all 20 items. Higher scores indicated greater anxiety. This scale has been found valid for college-aged African Americans (Chapman & Woodruff- Borden, 2009).

Depression. Depression was assessed using The Center for Epidemiologic Studies Depression Scale (CES-D) (See appendix D). This is a 20-item scale ($\alpha = .81$); sample items are 'I felt lonely' and 'I felt sad' (0 = less than one day in the past week, 1 = one to two day since the past week, 2 = three to four days in the past week, 3 = five to seven days in the past week). A higher score on this scale indicated greater depressive symptomology. Scale scores were calculated by averaging the participant's responses to each item in the scale. This scale has been found to be valid for African American women (e.g. Mair, Roux, Osypuk, Rapp, Seeman, & Watson, 2010; Wang, Browne, Storr, & Wagner, 2005).

Self-esteem. Self-esteem was measured using the Rosenberg Self-esteem (RSE) scale (See appendix E) (Rosenberg, 1965). The RSE is a 10-item measure ($\alpha = .88$). A sample item is 'I take a positive attitude toward myself (0 = strongly disagree, 3 = strongly agree).' In a study of African American college students, Utsey et al. (2000)

found an alpha score of .83. Scale scores for the current study were calculated by averaging responses to the items.

Racial Identity. Relevant racial identity attitudes from the Multidimensional Model of Racial Identity were assessed using three subscales from the Multidimensional Inventory of Black Identity-Short (MIBI-S: Martin, Wout, Nguyen, Gonzales, & Sellers, 2010) (See appendix F). The MIBI-S is a 27-item revised version of the original Multidimensional Inventory of Black Identity (Sellers et al., 1997) and measures the three stable dimensions of racial identity proposed by the MMRI. Three subscales from the MIBI-S were used in the present study). These subscales include: centrality, private regard, and public regard.

The centrality scale includes four items ($\alpha = .84$) and measures the degree to which a person believes that her racial group membership is central to her identity. A sample item is 'Being Black is an important reflection of who I am.' A higher score on centrality indicates that the person has stronger racial group membership attitudes. The Regard scale includes two subscales, Private (3 items; $\alpha = .79$) and Public (4 items; $\alpha = .82$). Private Regard measures the extent to which individuals feel positively toward African Americans. A sample item is 'I am happy that I am Black.' A higher private regard score indicates positive feelings toward African Americans. Public regard items measure the extent to which respondents feel that other groups have positive feelings toward African Americans. A sample item is 'Overall, Blacks are considered good by others.' Higher public regard scores indicate a belief that others have positive feelings toward African Americans. For each subscale, participants' scale scores were calculated

by averaging their responses to the items, thus allowing the use of the response anchors to interpret the scale scores.

Analysis Plan

For Study 1, I conducted CFA to test whether six factors were the appropriate number for the BIQ among this sample of African American college women. I conducted confirmatory factor analysis for the 18 individual items of the BIQ related to satisfaction and importance for each of the 9 aspects of the body. Again, I hypothesize six factors based on Jefferson and Stake (2009). Once this was done, I computed scores on each factor for each participant, and then used the Latent Gold program to create profiles of participants based on these scores, along with body mass index. Next, I conducted a multivariate analysis of variance (MANOVA) in order to determine whether there were significant mean differences between the women in each profile with respect to racial context and demographics. For Study 2, I conducted a series of five general linear model (GLM) analyses of variance (ANOVA), estimated with each of the five outcomes (self-esteem, depression, anxiety, dieting, and bulimia) as dependent variables, and BIQ profile membership and racial attitudes as independent variables.

Chapter 5 Methods

Study 1

Preliminary Analyses

I used Analysis of Moment Structures (AMOS 5.0; Arbuckle, 2003) to confirm the fit of a six-factor model of the satisfaction with and importance of bodily appearance, fitness, and weight. This program evaluates the goodness-of-fit between the data and the specified model. The model I tested included six factors based on Jefferson and Stake's (2009) study. Results are presented in Table 1. Exhibit 1 presents the 18 variables used to comprise these six factors. Also refer to Table 1 for the mean scores, ranges, and standard deviations for all variables. I standardized the scores for each item and calculated the means for each factor. Factor 1 was Appearance Satisfaction (4 items; $\alpha = .62$), which includes items related to body satisfaction (hair, skin, facial features, and chest). The mean score for this factor was .60; the SD was .52 with a range of 0 - 2.50. Factor 2 was Appearance Importance (4 items; $\alpha = .84$), which includes items related to body importance (hair, skin, facial features, and chest). The mean score for this factor was 1.22; the SD was .85 with a range of 0 – 3. Factor 3 was Fitness Satisfaction (2 items; $\alpha = .75$), which includes items related to body satisfaction (physical coordination and physical strength). The mean score for this factor was .94; the SD was .80 with a range of 0 – 3. Factor 4 was Fitness Importance (2 items; $\alpha = .79$), which includes 2 items related to body importance (physical coordination and physical strength). The mean score for

this factor was 1.21; the SD was .88 with a range of 0 – 3. Factor 5 was Weight Satisfaction (3 items; $\alpha = .84$), which includes items related to body satisfaction (weight, body proportions, and muscle tone). The mean score for this factor was 1.15; the SD was .83 with a range of 0 – 3. Factor 6 was Weight Importance (3 items; $\alpha = .83$), which includes items related to body importance (weight, body proportions, and muscle tone). The mean score for this factor was 1.61; the SD was .88 with a range of 0 – 3. Factor 7 was body mass index (1 item) with a mean score of 25.15 (range 16.46 – 51.68) and SD of 5.57.

For the current study, I was interested in the role of racial context. Therefore I examined correlations amongst the BIQ factors and the measures of racial context separately for women from Predominantly White Institutions (PWIs) and women from the Historically Black University (HBCU). Table 1 compared the means and correlations of the relevant aspects of body attitudes and racial context. The only significant mean difference in my variables of interest was that the women from the HBCU had lower appearance dissatisfaction.

For women at the HBCU, appearance dissatisfaction was not significantly correlated with appearance importance. For women at the PWIs, these two variables were significantly positively correlated. For women at both types of Universities, appearance dissatisfaction was positively correlated with fitness dissatisfaction and weight dissatisfaction. For women who attended the HBCU, appearance dissatisfaction was negatively correlated with high school racial composition. For these women, having more African Americans at their high school was related to being less dissatisfied with their appearance. For women from both types of universities, appearance importance was

positively correlated with weight and fitness importance. For women at the HBCU, fitness dissatisfaction was positively correlated with weight dissatisfaction. For women who attended the PWIs, fitness dissatisfaction was also correlated positively with fitness importance, weight dissatisfaction, and weight importance. For women at both types of universities, weight importance was positively correlated with weight dissatisfaction.

Body mass index was also positively correlated with weight dissatisfaction for all women. For the women at PWIs, body mass index was also positively correlated with fitness dissatisfaction and fitness importance. For the women at PWIs, body mass index was also positively correlated with racial composition of high school. Having a larger proportion of African Americans at their high school was related to higher body mass index. For all women, racial composition of high schools was positively correlated with racial composition of neighborhoods, as expected. For women at PWIs, higher income was related to living in neighborhoods with fewer African Americans and attending high school with fewer African Americans. For women at the HBCU, income was not significantly correlated with any other variables.

Table 1 illustrates the mean scores of the profiles on the body variables. Note that Profile 4 is unique in that it is the only profile with moderately high appearance dissatisfaction. Overall, participants in this sample appeared to exhibit satisfaction with their appearance. Profile 4 is similar to the hypothesized profile which invests a great deal in the body, but is not satisfied. Profile 2 is similar to the hypothesized profile which is both invested in the body and satisfied with it. I did not hypothesize Profile 1; this profile is generally low on bodily importance while also being low on dissatisfaction with any aspect of their bodies. Profile 3 was also not hypothesized. This is the largest profile

and appears very similar to Profile 1 except that Profile 3 has a larger BMI and appears to have some weight dissatisfaction.

To test whether the profiles differed in their background characteristics, I ran multivariate analysis of variance using PASW (Predictive Analytics Software) to compare the profiles' mean scores on demographic variables (See Table 2). The profiles differed on two aspects of racial context: racial composition of high school and type of university attended. Women in Profile 1 had a significantly higher proportion of African Americans in their high schools than in any other profile. In addition, chi-square analysis revealed that Profile 1 included a significantly higher proportion of women from Historically Black universities.

Testing Hypotheses

To create profiles based on body image, I conducted profile analysis using Latent Gold (Vermunt, 2005). For this analysis, the dependent variable for the latent class profile analyses was a k -category latent variable, where each k category indicates a latent (unobservable) profile. For this study, the predictor or indicator variables were the six body attitude factors (appearance dissatisfaction, appearance importance, weight dissatisfaction, weight importance, fitness dissatisfaction, and fitness importance) and body mass index. Each profile represents a homogenous group of African American college women who share very similar responses to the body-related variables. These women are then assigned a profile based on their membership probabilities and then assigned to the profile with the higher probability.

I examined the fit of five consecutive models with 1–5 profiles each and used fit statistics to identify the model with the best fit to these data. The $L2$ likelihood-ratio

statistic is an indicator of the amount of the observed relationship between the seven variables that remains unexplained by the model. Another fit indicator is the Bayesian Information Criteria (BIC) that takes the number of parameters into account to compare the models of different profile sizes. A smaller BIC is desirable, as it would indicate a better fit. Finally, I used a conditional bootstrap option in order to compute the difference in the log-likelihood statistics between the two models (-2LL Diff) and test whether adding or taking away a profile would yield significant improvement to the fit of the model. My final model yielded four distinct profiles (BIC = 1852.5432, Number of Parameters = 4, L2 df = 257, Bootstrap $p = 0.12$).

Profile 1 was the smallest group with 35 women; women in this profile exhibited low body dissatisfaction while also not investing a great deal in their bodies. Profile 2 was the second smallest with 72 women; they were low in dissatisfaction, but also highly invested in their bodies. Profile 3 was the largest profile with 112 women who were not highly invested in their bodies. The next largest is Profile 4 with 83 women; these women were highly invested in and highly dissatisfied with their bodies in comparison to the other profiles.

Table 3 shows the standardized means (Z-scores) of variables in each profile. Women fitting Body Profile 1 could be described as ‘Free from Body Concern,’ as they exhibited low body dissatisfaction while also not investing a great deal in their bodies. Profile 2 consists of women for whom ‘Body is Important with Low Dissatisfaction,’ who were low in dissatisfaction, but also highly invested in their bodies. Women fitting Profile 3 could be described as ‘Body-Detached Profile,’ as they were not highly invested in their bodies. Profile 4 could be named the ‘Strivers Profile,’ as women in this profile

are characterized by striving to maintain societal body ideals (highly invested). I used Least Significant Difference (LSD) and Bonferoni post-hoc analyses to determine the significant differences between each profile on all variables (see Table 2). These variables include the six factors and body mass index. Profile 4 had significantly larger appearance dissatisfaction than the other three profiles. All four profiles are significantly different from each other on their scores for appearance importance. Profile 1 had the lowest importance, followed by Profile 2. Profile 4 had the largest appearance importance, followed by Profile 3. Profile 1 had significantly lower fitness dissatisfaction than the other profiles. Next, Profiles 2 and 3 had significantly higher fitness dissatisfaction than Profile 1, but significantly lower fitness dissatisfaction than Profile 4. Profile 4 had significantly higher fitness dissatisfaction than any other profile. Each profile had significantly different scores on fitness importance and weight dissatisfaction. Profile 1 had the lowest fitness importance and weight dissatisfaction, followed by Profile 2. Profile 4 had the largest fitness importance and weight dissatisfaction, followed by Profile 3. Women in Profiles 2 and 4 invested the most in their weight. Profile 3 had significantly lower weight importance than Profiles 2 and 4, but higher importance than Profile 1. Profile 1 had significantly lower weight importance than any other profile. Profile 4 had higher body mass index than any other profile.

Study 2

Preliminary Analyses

Study 2 evaluated how profile group membership was related to measures of well-being (self-esteem, anxiety, depression, and disordered eating). Finally, I examined

whether these relationships between body attitudes and well-being were moderated by racial attitudes.

Table 4 presents descriptive statistics and intercorrelations among the scales as well as a multivariate analysis of variance comparing women from the different university types on the predictor and criterion variables. The sample mean was above the scale midpoint on centrality, which suggests that being an African American was quite central to their identity. On average, the participants felt positively about being African American, as reflected in the high mean private regard score. The sample mean was below the midpoint on public regard, which indicates that participants generally did not view out-group members as feeling positively about African Americans. On average, this sample scored well below the mid-points on anxiety and depression. The mean self-esteem score for this sample was high, which is comparable with previous research on African American student samples (Rowley et al., 1998). The mean scores were below the mid-point for disordered eating behaviors and for attitudes about dieting and bulimia. The disordered eating scores were significantly lower than those reported by majority European American women samples (Sabik & Tylka 2006; Tylka & Sabik 2010; Mazzeo, 1999). These disordered eating scores were slightly lower than a sample of all African American women (Akan & Grilo, 1994).

When comparing the women at the HBCU versus the women at the PWIs on these variables using MANOVA (See table 5), I found that women in the HBCU had significantly higher racial centrality and racial private regard. The women at the HBCU felt that being African American was more central to their identity and felt more positively about being African American than women at the predominantly white

universities. The women at the HBCU also had significantly higher self-esteem and lower levels of anxiety than the women at PWIs. For women at both types of university, racial centrality was positively correlated with racial private regard. Racial centrality was also positively related to self-esteem. For women at the PWIs, racial centrality was negatively related to anxiety. This can be interpreted as indicating that feeling a closer connection with being an African American is related to experiencing less anxiety.

For all women, racial private regard was positively related to self-esteem and negatively with anxiety. Feeling positively about their racial group membership was related to feeling less anxious and feeling more positively about their self-worth. For women at the HBCU, racial private regard was also negatively related to depression. For these women, feeling positively about their racial group was related to experiencing fewer depressive symptoms. For women at the HBCU, public regard was not correlated with any other variables. For women at the PWIs, public regard was positively related with self-esteem, and negatively related to depression and anxiety. For all women in my sample, self-esteem was significantly negatively correlated with depression, anxiety, bulimia, and dieting. Having a more positive sense of self was related to having lower levels of depression and anxiety, as well as lower levels of dieting and bulimic tendencies.

For all women, depression and anxiety were positively correlated with each other. For all women, depressive symptomology was also positively correlated with bulimia. Higher levels of depression were related to higher levels of bulimic symptomology. For women at the HBCU, depression was also positively related to dieting. For all women,

anxiety was positively related to bulimia and dieting. For women at the PWIs, dieting was also positively correlated with bulimic symptomology.

Next, I conducted MANOVA for each of the four profiles to examine possible cluster differences on the five well-being variables (self-esteem, depression, anxiety, dieting, and bulimia). Profile 4 had the highest anxiety, while Profile 1 had the lowest. Profiles 3 and 2 had anxiety scores which were not significantly different from each other, although the score on anxiety was slightly higher for Profile 2. Profile 4 was significantly higher on depression than all other profiles. For dieting, Profile 4 had significantly higher dieting scores. Profile 4 had higher bulimia scores than all other profiles, while Profile 2 had significantly higher bulimia scores than Profile 3.

Testing Hypotheses

To investigate whether body attitudes profile membership or racial attitudes were associated with measures of mental and physical well-being, I ran a series of six general linear model (GLM) analyses of variance (ANOVA) with each of the five outcomes as dependent variables (self-esteem, depression, anxiety, dieting, and bulimia). The independent variables included university type (PWI or HBCU), profile group membership, income, racial composition of high school, and racial identity (centrality, private, and public regard). For each of these models, Profile 1 was run as a contrast to all of the other profiles. Pairwise comparisons of the GLM models indicate that there were several profile differences as they were related to well-being (see Exhibit 4). The model examining self-esteem explained 16.4% of the variance of self-esteem. There were two significant main effects in the model (profile membership and private regard). In the

GLM examining self-esteem, the main effect for profile membership was significant ($F[3, 53.30] = 7.77, p < .00$; Table 5). Profile 4 had significantly lower self-esteem than Profiles 1 and 3. In addition, Profile 1 had significantly higher self-esteem than Profile 2.

The second GLM ANOVA explained 17.6% of the variance in anxiety (Table 6). There were three significant covariates predicting anxiety in this model. Racial composition of high school ($b = -.04; p < .05$) was significantly related to anxiety. Attending a high school with a higher ratio of African Americans was related to lower anxiety. Private regard ($b = -.11; p < .05$) and racial public regard ($b = -.08; p < .05$) were main effects of anxiety. Feeling positive about one's racial group and believing that others felt positively about African Americans was related to lower anxiety. The main effect for profile membership was significant ($F[3, 45.39] 7.21, p < .00$; Table 6). Profile 4 had significantly higher anxiety than Profiles 1 and 3. Profile 1 had significantly higher anxiety than Profile 2.

The third GLM ANOVA explained 5.4% of the variance in depression (Table 7). There were two significant covariate main effects of depression. Private regard ($b = -.10; p < .05$) and public regard ($b = -.05; p < .05$) were significantly related to depressive symptoms. Feeling positively about being African American and feeling that others feel positively about African Americans were related to lower depression. Profile 4 had higher levels of depression than Profiles 1 and 3.

The fourth GLM ANOVA explained 20.5% of the variance in dieting (Table 8). Income ($b = 2.84; p < .05$) was a significant covariate predictor of dieting, where high income was related to more dieting behavior. The main effect for profile membership was significant ($F[3, 171.61] 17.17, p < .00$; Table 8). Profile 4 had significantly higher levels

of dieting than the other three profiles. The fifth GLM ANOVA explained 16.3% of the variance in bulimia (Table 9). There was a significant main effect for profile membership ($F[3, 117.69] 15.58, p < .00$; Table 9). Profile 4 had significantly higher levels of bulimia than the other three profiles. I ran a second set of GLM ANOVA equations with interactions of racial attitudes and profiles membership to test whether racial group membership moderated the relationship between membership in body attitude profiles and well-being. None of the interactions were significant.

Chapter 6

Discussion

This dissertation examined the relations among body image attitudes, well-being (self-esteem, depression, anxiety, and disordered eating), and racial attitudes. The overall findings suggested that there are four distinct body image attitude profiles for African American college women and that this profile membership is connected with their quality of life, as assessed by differences in my study variables. In this section, I will further describe the four body image attitude profiles identified in Study 1 of the dissertation. Second, I will take a careful look into how these profiles are related to well-being as examined in Study 2. Third, I will continue to analyze the results of Study 2 by evaluating the ways in which racial attitudes are related to body image attitudes and well-being. Fourth, I will situate the research findings from both studies with respect to current issues surrounding the stereotypes of body deviance among African American college women, particularly as they are related to contemporary topics in public health.

Four Body Image Attitude Profiles

On average, the participants in the sample were not dissatisfied with any aspect of their bodies and did not rate their body importance as being significantly high. The profiles have been labeled and described, and high and low ratings on these measures are evaluated in comparison to each other. For Profile 1, the women rated their ideal body (appearance, weight, and fitness) very similarly to their actual bodies, and their ideal

bodies (appearance, weight, and fitness) were not important to them. For Profile 2, their actual bodies (appearance, fitness, and weight) were somewhat close to their ideal. For Profile 2, their ideal bodies (appearance, weight, and fitness) were moderately important to them. The women in Profile 3 rated their ideal bodies (appearance, weight, and fitness) as being close to their actual bodies; they rated their ideal bodies (appearance, weight, and fitness) as being somewhat like their actual bodies. The women in Profile 4 felt that their ideal body appearances were somewhat like their actual appearance and their ideal fitness and weight were fairly unlike their actual weight and fitness. For Profile 4, the women felt that their ideal bodies (appearance, weight, and fitness) were moderately important to them. The women in Profile 4 were the only ones that on average fell above the mean on any of the body (appearance, weight, and fitness) dissatisfaction scores. The women in Profile 2 and 4 on average had higher than the overall sample average scores on body importance (appearance, weight, and fitness), while Profiles 1 and 3 fell below the sample mean on body importance.

It is significant to note that all of the mean scores for all of the profiles indicated that women were generally satisfied with their bodies; however the women in Profile 4 were notably dissatisfied with their weight. The women in Profile 2 are particularly highly above the sample mean in the importance the place on appearance. The women in Profiles 2 and 4 were also significantly above the mean in the importance they placed on body weight and fitness.

Women fitting body image Profile 1 could be described as 'Free from Body Concern,' as they exhibit low body dissatisfaction while also not investing a great deal in their bodies. This was the smallest profile with only 35 women (12% of the sample).

Demographically, the women in this profile were more likely than other profiles to have attended a high school with a high percentage of African Americans and were more likely to attend a historically Black college. It is notable that racial composition of high school and university are key correlates of profile group membership, even when controlling for racial composition of neighborhood and income. Perhaps schools are a unique context as related to body attitudes.

Women in Profile 1 were more likely to come from a racial context in their high school and university with a higher proportion of African Americans, and their experiences may be expected to give them a unique perspective on their appearance. Since they are part of the in-group at their schools, they may have developed a more positive sense of self. The women in this profile have a similar body mass index to that of the women in Profiles 2 and 3; this body mass index fell within the range of healthy recommended weight according to Centers for Disease Control and Prevention (Flegal, Carroll, Kuczmarski, & Johnson 1998). Women in this profile had low body dissatisfaction and placed low importance on all aspects of the body (weight, fitness, and appearance).

Profile 2 is 'Body is Important with Low Dissatisfaction.' The women in this profile were low in dissatisfaction, but also highly invested in their bodies. This profile did not differ from Profiles 3 and 4 on the racial composition of their high schools or the type of university they attend. This profile contained 72 women (24% of the sample) and did not differ in body mass index with women in Profiles 1 and 3. These women may be expected to make some type of investment in the consumption of products, information, or programs related to appearance, weight, or fitness. Since they are low in

dissatisfaction, women in this group may be expected to derive enjoyment from this consumption.

Women fitting Profile 3 could be described as ‘Low Body Importance without Body Dissatisfaction’ because they are not highly invested in their bodies. This profile is the largest and contains 112 women and like ‘Happily Body-Detached’ (Profile 1) the women in this profile are not highly invested in any aspect of their bodies and also had low body dissatisfaction. This profile had similar scores on body mass index to Profiles 1 and 2. This profile did not differ from Profiles 2 and 4 in the racial composition of their high schools, and like Profiles 2 and 4, these women were more likely to attend a Predominantly White University.

Profile 4 could be named the ‘High Body Importance with High Dissatisfaction’ group as the women fitting this profile are characterized by apparently striving to maintain societal body ideals (i.e. being highly invested). This profile has 83 women and these women had high dissatisfaction in all aspects of their bodies and were invested in each of them (appearance, weight, and fitness). The high schools of the women in this profile had a lower proportion of African Americans than Profile 1 and the same proportions as Profiles 2 and 3. The women in this profile were more likely to attend a Predominantly White University than the women in Profile 1. This profile had a significantly larger body mass index compared to the other profiles. Like the ‘Free from Body Concern’ group (Profile 1), these women may be likely to invest time, money, or energy toward body ideals. Unlike women in the ‘Free from Body Concern’ group (Profile 1), they may be more negatively affected by this importance since they feel that they still do not meet the ideal to which they aspire.

A careful examination of these profiles reveals that body importance is a key differentiating factor. Body importance is what differentiates ‘Free from Body Concern’ (Profile 1) and ‘Body-Detached’ (Profile 3) from ‘Body is Important with Low Dissatisfaction’ (Profile 2) and ‘High Body Importance with High Dissatisfaction’ (Profile 4). The differences in mean scores on body importance roughly split the overall sample of women in this study in half. There are 147 women distributed between ‘Happily Body- Detached Profile’ (Profile 1) and ‘Body-Detached Profile’ (Profile 3), and 155 women all together in ‘Low Body Importance without Body Dissatisfaction’ (Profile 2) and ‘Strivers Profile’ (Profile 4). Overall, all of the women in the sample were satisfied with their bodies with the exception of the relatively high body dissatisfaction scores found in the 83 women in ‘High Body Importance with High Dissatisfaction’ (Profile 4). In Study 2, I examined how importance may be related to measures of well-being.

It was hypothesized that attitudes about body functionality and appearance-related factors (appearance and weight) would differ from fitness attitudes. These hypotheses were not met completely for this study based mainly on the fact that attitudes about different aspects of the body (appearance, weight, and fitness) were not separate. There were no profiles in which women specifically focused on their weight or appearance to the exclusion of other aspects of the body. In the introduction, I discussed the racialized aspects of appearance (hair, skin, facial features, and body proportions) and the notion that these aspects of the body may produce distinct attitudes related to their socio-historical meaning. This dissertation gives evidence of an overall body image gestalt about dissatisfaction with or importance of different aspects of the body for African

American college women. Cash (1995 and 1989) has found that attitudes about specific parts of the body contribute to a person's unique affective body-image gestalt. This study supports this with respect to the specific nature of the body parts gestalt, but not with respect to the dissatisfaction or importance gestalts. The profile approach allows us to understand these attitudes about distinct aspects of the body simultaneously and recognize that women may have overall body image attitudes. Although these distinct aspects defined the profiles in tandem, importance and satisfaction did not.

With the exception of women who are 'Happily Body-Detached' (Profile 1), the profiles were fairly evenly split numerically. Another fascinating finding came from a careful examination of the 'High Body Importance with High Dissatisfaction' profile (Profile 4) and its contribution to research on the stereotyped body deviance of African American women. The common stereotype of African American women (Beauboeuf-Lafontant, 2003; Collins, 1991) is that African American women have a higher body mass index than other racial groups and are happy with their size. In fact, the profile with significantly larger body mass index, 'High Body Importance with High Dissatisfaction' (Profile 4) also had significantly higher body dissatisfaction. This finding goes a long way toward debunking the myth of the 'fat and happy' African American woman. It provides evidence that there is some fat-shame experienced by African American women, although it may not be felt at the level same level as it is among European American women (Reboussin, Rejeski, Martin, Callahan, Dunn, King, & Sallis, 2000; Roberts, Cash, Feingold, & Johnson, 2006; Wildes & Emery, 2001).

The benefit of taking a profile approach to examining body image attitudes was evident in the results of this study. This profile approach goes beyond comparative

research between African American women and European American women by providing a better understanding of the unique within-group differences among African American women. The profile approach allowed me to examine the patterns of attitudes and to see that women do not necessarily experience the same level of importance and dissatisfaction. These idiosyncratic patterns of attitudes have not been previously recognized with a variable-centered approach. In addition, it would not have been possible to empirically examine the ‘large and happy’ stereotype of African American women without the profile approach. The profile approach also allows one to understand that despite the hypothesized objectifying experience of being judged based on the body’s appearance, attitudes about body appearance and body functions do not differ. Finally, this approach allows a definitive understanding of the multidimensional nature of body image attitudes. Specifically, body importance and body dissatisfaction are unique body attitude dimensions, and this could change the way that body image is measured in future research.

The Four Body Image Attitudes Profiles and Well-Being

Women fitting ‘High Body Importance with High Dissatisfaction’ (Profile 4) had significantly lower levels of self-esteem and higher levels of depression and anxiety compared to all other profiles. Their scores on well-being were similar to women in ‘Body-Detached Profile’ (Profile 3). In Study 1, I discussed the distinct split between the women who place high importance on their bodies versus those who place lower importance on their bodies. This study revealed that in fact the women placing greater importance on their bodies tend to have lower levels of well-being (higher depression and anxiety and lower self-esteem). This is consistent with variable-centered approaches

which found that higher importance is related to lower well-being and higher dissatisfaction. 'High Body Importance with High Dissatisfaction' (Profile 4) had significantly higher levels of disordered eating compared to the other three profiles. This finding is consistent with research on the link between higher body mass indexes and disordered eating (Napolitano & Himes, 2010; Stanziano & Butler-Ajdabe). This research adds greater context to this connection because it shows that women with a larger body mass index also invest more in their bodies and are not satisfied with their bodies. Together, these may be uniquely related to disordered eating risks. Variable-centered approaches have found this link, and a profile approach recognizes the impact of these attitudes simultaneously. It was originally hypothesized that if an African American woman experienced both low dissatisfaction and high importance, there would be a boost to her overall well-being. However, it appears that is not the case. Perhaps bodily importance is not healthy for many women.

This study clearly demonstrates the possible risks of importance in ideals, as these ideals may become pressures and be related to external contingencies of self-worth. Sanchez and Crocker (2005) noted that gender ideals indirectly predict self-esteem, depression, and disordered eating through external contingencies of self-worth in a sample of college women. They found that gender ideals were directly related to self-esteem, depression, and disordered eating. Additionally, the relationship between gender ideals and self-esteem were mediated by external contingencies of self-worth (appearance, approval, academic, and competition). In all cases, gender ideals were negatively related to well-being, similarly to how the importance placed on body ideals was related to less well-being for the women in my study. As in the current study,

Sanchez and Crocker (2005) found that evaluating worth based on external factors is negatively related to well-being. Further, bodily importance may leave a person's self-esteem to be determined by external factors, such as the societal emphasis and value placed upon women's bodies. The role of importance ideals and well-being is supported by research on older women done by Fredrickson and Roberts (1997), which finds part of the reason that older women are less affected by body dissatisfaction is because they are able to let go of restrictive beauty ideals. Young women involved in this study may be particularly vulnerable to importance in beauty ideals given their age group.

The regression analysis also revealed a few significant covariate predictors of well-being. Attending a high school with more African Americans was associated with less anxiety. In addition, higher incomes predicted higher levels of bulimia. These findings are perhaps expected and consistent with the notion that African Americans who are more invested in and feel more positively about being African American experience more well-being and higher income. While racial attitudes are related to both profile membership and well-being (Elion et al., 2012; Parham & Helms, 1985; Rowley et al., 1998; Settles et al., 2010), the relationship between the two did not differ by racial attitude. This moderation may not have occurred because my measure of racial attitudes did not specifically measure racial attitudes about the body and cultural values around the role of body importance in the lives of African American college women. Another issue in this research could be that of statistical power, since there were not very many women in Profile 1.

Body Image Profiles and Racial Identity Attitudes Predict Well-Being

Study 2 examined how the previously described body attitude profiles were related to well-being and racial attitudes. I examined whether racial attitudes were related to body image attitudes in order to test whether attitudes toward race are related to specific racialized aspects of appearance (such as hair, skin, proportions, and facial features). I was also interested in testing previously held hypotheses that African American culture encourages more body acceptance and placing less importance on the body.

Race (context and attitudes) continued to be a common theme in the embodiment and well-being of African American college women. This finding could be expected given that race is a primary marker of physical appearance and given the sociopolitical implications of the marginalized status of African Americans in western society (Collins, 2000). This study found that women fitting ‘High Body Importance with High Dissatisfaction’ (Profile 4) had significantly less positive attitudes about being African American. Women in the ‘High Body Importance with High Dissatisfaction’ profile had slightly higher body dissatisfaction and higher importance than the women in the other profiles, particularly compared to those in ‘Free from Body Concern’ (Profile 1) and ‘Body-Detached Profile’ (Profile 3). It does appear that feeling positively about being African American is related to having more positive body image attitudes overall. It also appears that feeling positively about being African American may be related to overall self-acceptance of the body, including racialized and non-racialized aspects of appearance. Women in ‘Free from Body Concern’ (Profile 1) appeared to have the most

positive well-being, were more likely to attend a high school with a higher proportion of African Americans, and were more likely to attend a Historically Black University.

With regard to racial context, it may be easier to accept one's own appearance when attending a school where one is not a racial minority. A possible contributing factor is the comparison group of peers in a school context. Being a member of a minority group which is stigmatized in the context of school may pose a special challenge for body acceptance for African American college women. Racial context is an important factor in a person's self-concept. Social-identity theory (Tajfel, 1981; Tajfel & Turner, 1979) claims that people in groups automatically perceive members of their own in-groups as being superior to members of an out-group. In addition, people are motivated to maintain a positive sense of group and individual self-esteem. Further, positive identity stems from group membership (such as racial group membership). These women may therefore benefit from positive in-group perception in a racial context with a high proportion of African Americans, as consistent with social-identity theory.

In the regression analysis, it was found that racial attitudes are directly related to positive mental health. The belief that others feel more positively (public regard) about African Americans is directly related to higher self-esteem and lower depression and anxiety. In addition, feeling positively about being an African American (private regard) is also related to lower anxiety and depression. This further clarifies the connectedness of racial attitudes and psychological well-being. Race is an innate, unchangeable aspect of a person, and thus feeling positively about one's race and believing that others feel positively are related to greater well-being. Perhaps this self-acceptance and the belief that others feel positively about one's race is particularly important when one's racial

status is stigmatized. There was also a difference in how women from the four profiles felt about being African American. Specifically, ‘High Body Importance with High Dissatisfaction’ (Profile 4) had significantly less positive feelings about being African American. In all measures of well-being (self-esteem, depression, dieting, and bulimia), ‘High Body Importance with High Dissatisfaction’ (Profile 4) tended to experience less positive well-being.

The regression analysis also revealed a few significant covariate predictors of well-being. Attending a high school with more African Americans predicted less anxiety. These findings are perhaps expected and consistent with the notion that African Americans who are more invested in and feel more positively about being African American experience greater well-being. While racial attitudes are related to both profile membership and well-being, the relationship between the two did not vary by racial attitude. This moderation may not have occurred because my measure of racial attitudes did not specifically measure attitudes about the body and cultural values around the role of body importance in the lives of African American college women.

Implications

There is a risk to acculturation for African American college women. African American college women who have less exposure to other African Americans and African American culture appear to be somewhat more at risk for adopting the often unhealthy body attitudes held by women in the majority European American culture. I also found that the body image attitudes of African American college women do not appear to be highly racialized in terms of differences in attitudes about racialized aspects of the body and other parts of the body. I found that, as for women in the majority

culture, higher body mass index is connected with more body dissatisfaction, less well-being, and more disordered eating for African American college women.

I expected that racialized aspects of appearance would be conceptualized separately from other aspects of appearance. Previous qualitative studies have indicated that this may be the case. However, as in other quantitative research, this distinction was not found. Perhaps we do not yet have an accurate survey measure of attitudes regarding certain racialized aspect of appearance. The next step for this type of research is to reestablish the groundwork for determining the best ways to measure racialized aspects of appearance based on focus groups and interviews in order to ascertain if survey methodology can offer a valid measure of body attitudes. My results indicate that we cannot just add on racialized aspects of appearance to existing measures because we are finding results inconsistent with those of qualitative research

This dissertation also provides a breakthrough in terms of our collective understanding of the role of body importance. I have confirmed previous research indicating that body importance is an independent dimension of body attitudes (Brown et al., 1990), is related to overall body image attitudes, and is a key factor in differentiating groups of African American college women based on their body attitudes and thus overall well-being. It is also notable that the stereotype of the African American woman who is of larger body size and very satisfied with her size did not emerge as a profile in this sample. This stereotype of the large and happy black woman is related to a number of negative stereotypes, such as the large non-sexual caregiver ‘Mammy.’ More recently, this fat and happy woman stereotype has been incorporated into obesity and fat stigmatization in America. There has been a lot of literature on the ‘risk’ of African

American culture embracing a large body size at the cost of better health (Flynn & Fitzgibbon, 1998). However, this study demonstrates that women with a closer connection to African Americans demographically (Study 1) or by attitudes (Study 2) actually experienced better well-being. This finding also further emphasizes the importance of within-group research on body attitudes for African American college women. In comparative studies with European American women, it appeared that African American women were both larger and had more positive attitudes about their bodies. In reality, the women with larger body sizes did experience relative weight dissatisfaction. This finding also highlights the benefit of a profile approach in order to simultaneously account for multiple body attitudes.

In terms of public health, African American women have long been the target of programs aimed to educate them on the importance of maintaining a healthy body weight with the assumption that black women are not as vulnerable to weight-related pressures. One example of such programs is the National Institute of Health initiative to reach out to the African American community, with a particular focus on reducing obesity and obesity-related illness. Such programs attempt to reach the African American community through church-based diet and exercise intervention programs (McDowell, Wallace, Tillery, & Cencula, 2011). While it is true that African American women suffer from more obesity-related illness, it is also true that these health messages can reflect a thinly veiled racial and gendered stereotype. Kirkland (2011) notes that there should be some skepticism regarding the health guidelines aimed toward poor women of color:

What does it mean that admiration for African American women's more positive body images coexists with concern that their carefree attitudes are harmful (Flynn and Fitzgibbon 1998)? Could this assignment of an ignorant-yet happy embodiment feed an unconscious imperialism that we plan to follow up

with interventions to make their habits and attitudes more like our own?... Panicky thinking [about the obesity epidemic], misinformation, pity and disgust, and risk factor–focused interventions combine with genuine concern to make the environmental account rife with pitfalls.

Kirkland (2011) notes the problems with focusing on weight and emphasizes the importance of anti-fat discrimination law, decreasing poverty, and advocating for universal health care. The approach taken to increase the health of African American women by focusing on their apparent fat-and-happy attitude (and thus social deviance), may not be the most effective approach given that Black women do apparently experience weight dissatisfaction when at higher body weight.

Limitations

In interpreting these findings, there are a few limitations that must be taken into consideration. One limitation is the fact that the participants in this study were from various economic backgrounds, but were all college students. Educational background may shape how body attitudes and self-esteem are related (Paeratakul, White, Williamson, Ryan, & Bray, 2002). Body attitudes may become less significant with age (Demarist & Allen, 2000). Future research in this area should look at individuals of different ages and educational backgrounds. It is important to not assume that the findings for the women in this sample of college-aged women will represent all African American women. As emerging adults, the college-aged women in this sample are in a unique developmental period and women at different ages may have different body concerns and may believe that their body ideals are of varying importance in their lives. I expect that a sample of older women would have different profiles than this sample. The women in this sample are either first or second year college students. We might also

suspect that women of different ages who engage in athletic activity would have different body profiles as the ability to perform various body actions will have particular meanings in their lives. College students are at a period in their lives where they are adjusting to a change in environment as college students and are also likely to have left their neighborhood and parents' home and are adjusting to a new geographic location and culture.

Women in this sample may be particularly susceptible to the influence of their peers and potential dating partners. These women may explore dating and sexual experiences for the first time and are at a point in their lives when they are experiencing the pains of self-discovery and may be vulnerable to sexist and racist stereotypes. In addition, there is likely a cohort effect impact on these women's body attitudes. The women in this sample were raised during a time of a celebration and promotion of women's sports through Title 9. In addition, the internet and social networking have changed the meaning of body images as young people's social networks and comparison groups have increased.

Another limitation is that there was no measure of sexual orientation. Previous research has found that sexual orientation can be related to body attitudes for women (Newman, Yeh, & Warshaw, 1992). Another limitation is a comprehensive measure of the aspects of the body for African American college women. Future research may want to be more specific in measuring skin complexion to clarify that researchers are interested in skin color and not skin texture. It would also be helpful to include a self-reported measure of a person's appearance to clarify whether women who share similar physical appearance also share similar attitudes toward their bodies, possibly based on how

society may differentially view and treat African American college women of various appearances. For example, we could ask women to circle the skin color or body shape which most closely resembles their own. A final limitation is that of statistical power, since there were not very many women in Profile 1. A larger sample could have provided further insight into this profile.

Future Directions

The next step for this research is to examine the possible mediating factors in the relationship between body attitudes and well-being. One key mediator could be contingencies of self-worth, so it would be useful to build on research on their possible mediating role in the relationship between ideals importance and measures of well-being. Future research should also work toward developing a comprehensive body image measure which is relevant to the experience of African American women. This measure would need to include an explicit measure of attitudes regarding racialized aspects of appearance, such as lightness or darkness of skin color, nose shape, and hair length and texture. A body importance measure could also ask specific questions about elements such as time, money, or other actions spent to maintain body ideals. Overall, my research program seeks to understand the embodied experience of African Americans and the mechanisms by which these experiences are related to health outcomes. Understanding these mechanisms will help health professions provide socially and culturally relevant services to African Americans for the treatment of both physical and mental health.

Conclusion

Ultimately, this research highlights the unique insights that taking a profile approach and considering both body importance and satisfaction offer for the understanding of body image attitudes and well-being of African American college women. In particular, this approach provides insights into body attitudes that could not be determined through comparative or variable-focused approaches. Body importance has rarely been measured separately in previous research. However, I argue that this may be a key to understanding the link between body attitudes and well-being. In addition, research must acknowledge that attitudes and experiences around race are inextricably tied to how African American college women experience their bodies and their overall sense of self. The stereotype of African American women as being very physically large and blissfully not invested in their bodies did not emerge as a body attitude profile. Further, this large and happy stereotype is linked to the obesity epidemic and current public health approaches toward African American women. This study will help researchers and health care providers better understand African American college women's embodiment and overall well-being and dispel possibly detrimental stereotypes.

This dissertation indicates that there is within-group variation in body attitudes for African American college women and that these differences are related to variation in well-being. In addition, I have learned that differences in racial context may be related to risk factors for well-being. One such risk factor may be having less positive attitudes about your own racial group and your membership in that racial group. Another risk factor may be higher body mass index, as higher body mass index is related to variation

in body attitudes and differences in well-being outcomes. A factor related to better well-being outcomes for African American college women are attending a high school with a higher proportion of African Americans. Another factor related to physical and mental health outcomes is attending a Historically Black College. These group differences would be lost in comparative research. It is important not to rely on comparative research and not to treat African American women as a monolithic whole. This dissertation distinguishes itself from previous research in that I am not relying on comparisons to White women. African American women are worthy of study outside of these comparisons, and we need to understand how African American women are similar and different from each other in authentic ways. These findings will fundamentally change the way we study African American women's body attitudes.

Table 1 Estimates for Confirmatory Factor Analysis With AMOS

Item	Appearance Dissatisfaction	Appearance Importance	Fitness Dissatisfaction	Fitness Importance	Weight Dissatisfaction	Weight Importance
My ideal skin complexion is: (0 = exactly as I am, 3 = very unlike me)	.29	-	-	-	-	-
My ideal hair texture and thickness are: (0 = exactly as I am, 3 = very unlike me)	.44	-	-	-	-	-
My ideal facial features (eyes, nose, ears, facial shape) are: (0 = exactly as I am, 3 = very unlike me)	.27	-	-	-	-	-
My ideal chest size is: (0 = exactly as I am, 3 = very unlike me)	.61	-	-	-	-	-
My ideal skin complexion is: (0 = not important, 3 = very important)	-	.47	-	-	-	-
My ideal hair texture and thickness are:	-	.38	-	-	-	-

(0 = not important, 3 = very important)

My ideal facial features (eyes, nose, ears, facial shape) are:
(0 = not important, 3 = very important)

- .38 - - - -

My ideal chest size is:
(0 = not important, 3 = very important)

- .49 - - - -

My ideal physical strength is:
(0 = exactly as I am, 3 = very unlike me)

- - .33 - - -

My ideal physical coordination is:
(0 = exactly as I am, 3 = very unlike me)

- - .33 - - -

My ideal physical strength is:
(0 = not important, 3 = very important)

- - - .36 - -

My ideal physical coordination is:
(0 = not important, 3 = very important)

- - - .27 - -

My ideal muscle tone and

- - - - .37 -

definition is:
 (0 = exactly as I am, 3 = very
 unlike me)

My ideal body proportions
 are:
 (0 = exactly as I am, 3 = very
 unlike me)

My ideal weight is:
 (0 = exactly as I am, 3 = very
 unlike me)

My ideal muscle tone and
 definition is:
 (0 = not important, 3 = very
 important)

My ideal body proportions
 are:
 (0 = not important, 3 = very
 important)

My ideal weight is:
 (0 = not important, 3 = very
 important)

$\chi^2 = 332.964$, $df = 120$,
 $CMIN/df = 2.775$ $CFI = .914$,
 $RMSEA = .051$

	-	-	-	-	.36	-
	-	-	-	-	.27	-
	-	-	-	-	-	.33
	-	-	-	-	-	.24
	-	-	-	-	-	.41

Table 2 Correlations, Descriptive Statistics, and Multivariate Analysis of Variance (MANOVA) for Variables for women at HBCU (above diagonal) and women at PWI (below diagonal)

Body Variables	1	2	3	4	5	6	7	8	9	10	Range	<i>M</i>	<i>M</i>	MANOVA	
												(<i>SD</i>) HBCU	(<i>SD</i>) PWI	<i>df</i>	<i>F</i>
1. Appearance Dissatisfaction	-	.16	.42 ** *	- .03	.33 ** *	.06	- .01	- .23 *	- .13	.04	0- 2.50	0.48 (0.41)	0.67 (0.56)	1	9.14***
2. Appearance Importance	.24 ***	-	.12	.67 ** *	.17	.74 ** *	.05	.04	- .06	- .04	0- 3	1.16 (0.92)	1.26 (0.81)	1	1.00
3. Fitness Dissatisfaction	.31 ***	.16 *	-	.09	.52 ** *	.13	.13	- .06	- .06	.03	0- 3	0.91 (0.86)	0.96 (0.77)	1	0.40
4. Fitness Importance	.09	.52 ** *	.30 ** *	-	.07	.69 ** *	.08	.01	- .02	- .08	0- 3	1.17 (0.94)	1.22 (0.85)	1	0.26
5. Weight Dissatisfaction	.44 ***	.24 **	.50 **	.17 *	-	.35 **	.52 **	- .21	- .02	.01	0- 3	1.13 (0.87)	1.16 (0.82)	1	0.06

		*	*			*	*	*							
6. Weight Importance	.12	.69**	.27**	.55**	.48**	-	.22*	-	-	-	0-3	1.57 (0.97)	1.64 (0.84)	1	0.47
		*	*	*	*			.09	.07	.04					
7. Body Mass Index	.05	.05	.19**	.15*	.52**	.32**	-	-	-	.01	16.46- 51.68	25.77 (6.07)	24.82 (5.28)	1	2.07
			*	*	*	*		.12	.12						
8. Racial Composition of High School	-.07	-	-	-	.08	-	.25**	-	.35**	-	1-5	2.95 (1.55)	2.98 (1.59)	1	0.03
		.01	.01	.01	.01	.01	*			.13					
9. Racial Composition of Neighborhood	-.12	-	-	-	.00	-	.08	.52**	-	-	1-5	3.49 (1.51)	3.13 (1.64)	1	3.36
		.13	.05	.07		.16*		*		.16					
10. Parent's Income	.01	.11	-	-	-	.14	-	-	-	-	1-13	7.51 (3.56)	6.78 (3.48)	1	2.84
			.05	.03	.05		.16*	.27**	.37**						
								*	*						

Note: N = 302, *p < 0.05. **p < 0.01. ***p < 0.001.

Table 3 Standardized means (Z-scores) of variables in each profile

	Appearance Dissatisfaction	Fitness Dissatisfaction	Weight Dissatisfaction	Appearance Importance	Fitness Importance	Weight Importance	Body Mass Index
profile 1 <i>n</i> = 35	-0.41	-0.68	-0.85	-1.23	-1.20	-1.56	-0.46
profile 2 <i>n</i> =72	-0.25	-0.07	-0.54	0.92	0.84	0.70	-0.42
profile 3 <i>n</i> =112	-0.16	-0.21	-0.32	-0.55	-0.37	-0.49	-0.18
profile 4 <i>n</i> =83	0.62	0.69	1.34	0.49	0.33	0.75	0.82

Table 4 Between- Groups Differences for Factors and Demographic

	Profile 1 (<i>n</i> = 35)		Profile 2 (<i>n</i> =72)		Profile 3 (<i>n</i> =112)		Profile 4 (<i>n</i> =83)		<i>F</i> (3, 298)
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Appearance Dissatisfaction	0.39 ^a	0.39	0.47 ^a	0.44	0.52 ^a	0.48	0.93 ^b	0.55	17.40***
Appearance Importance	0.18 ^a	0.27	2.00 ^b	0.56	0.76 ^c	0.49	1.64 ^d	0.75	123.51** *
Fitness Dissatisfaction	0.40 ^a	0.43	0.88 ^b	0.70	0.77 ^b	0.73	1.49 ^c	0.82	24.95***
Fitness Importance	0.16 ^a	0.26	1.94 ^b	0.70	0.88 ^c	0.61	1.50 ^d	0.83	70.83***
Weight Dissatisfaction	0.44 ^a	0.44	0.70 ^b	0.40	0.88 ^c	0.46	2.27 ^d	0.54	216.76** *
Weight Importance	0.24 ^a	0.29	2.23 ^b	0.57	1.18 ^c	0.45	2.28 ^b	0.63	185.09** *
Body Mass Index	22.57 ^a	3.52	22.79 ^a	3.68	24.15 _a	4.15	29.70 _b	6.78	34.67***

Racial Composition of High School	3.82 ^a	1.36	2.94 ^b	1.58	2.59 ^b	1.57	3.01 ^b	1.55	4.74***
Racial Composition of Neighborhood	3.93	1.49	3.08	1.61	3.24	1.60	3.11	1.65	2.16
Parent's Income	6.71	3.19	7.69	3.56	6.79	3.48	6.89	3.69	1.06

*Note: N = 302, *p < 0.05. **p < 0.01. ***p < 0.001.*

Table 5 Correlations, Descriptive Statistics, and Multivariate Analysis of Variance (MANOVA) for Variables for women at HBCU (above diagonal) and women at PWI (below diagonal)

Variables	1	2	3	4	5	6	7	8	Range	<i>M</i> (<i>SD</i>) HBCU	<i>M</i> (<i>SD</i>) PWI	MANOVA <i>df</i>	<i>F</i>
1. Racial Centrality	-	.61***	0.07	.19*	-0.05	-0.02	-0.02	0.08	7-Jan	6.02 (0.85)	5.61 (1.15)	1	10.78**
2. Racial Private Regard	.69***	-	0.1	.40***	-.22*	-.24*	-0.14	-0.05	2.67- 7	6.47 (0.58)	6.24 (0.83)	1	6.60*
3. Racial Public Regard	0.04	0.07	-	-0.01	-0.16	-0.15	-0.01	0.03	1- 6.25	3.62 (1.04)	3.52 (1.16)	1	0.56
4. Self-Esteem	-.26***	.25***	.21**	-	-.59***	.69***	-.29**	-	.2 - 3	2.53 (0.46)	2.40 (0.51)	1	5.66*
5. Depression	-0.13	-.21**	-.19**	-	-.54***	.75***	.44***	.48***	0.5- 2	0.60 (0.40)	.61 (0.41)	1	0.02

6. Anxiety	-.23**	-	-.21**	-	.66***	-	.41***	.54***	1.	1.85	1.96	1	5.06*
		.29***		.76***					1-	(0.41)	(0.48)		
									3.35				
7. Dieting	-0.13	-.20**	0	-.16*	0.12	.17*	-	-0.12	5-Jan	2.05	24.82	1	0.19
										(0.84)	(5.28)		
8. Bulimia	-0.01	-0.12	0	-.21**	.15*	.25***	.63***	-	1- 5.17	1.96	.1.96	1	0
										(0.69)	(0.77)		

Note: $N = 302$, * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

Table 6 Between- Groups Differences for Factors and Demographic Measures

Measure	Profile 1 (n=35)			Profile 2 (n=72)			Profile 3 (n=112)			Profile 4 (n=83)	F (3, 298)			
	<u>M</u>	<u>D</u>	<u>S</u>	<u>M</u>	<u>D</u>	<u>M</u>	<u>D</u>	<u>M</u>	<u>D</u>					
Racial Centrality	.89	.5	.98	0	.94	.5	.94	.57	.5	.18	.70	.08	99	1.
Racial Private Regard	.50 ^a	.6	.57	0	.42 ^a	.6	.64	.38 ^a	.6	.72	.09 ^b	.91	81*	3.
Racial Public Regard	.59	.3	.01	1	.57	.3	.04	.64	.3	.24	.45	.05	49	0.
Self- Esteem	.70 ^a	.2	.39	0	.43 ^b	.2	.48	.52 ^{ab}	.2	.40	.20 ^c	.6	1.34***	1
Depression	.49 ^a	.0	.37	0	.59 ^a	.0	.41	.55 ^a	.0	.36	.75 ^b	.46	25**	5.
Anxiety	.67 ^a	.1	.43	0	.92 ^b	.1	.43	.86 ^b	.1	.36	.15 ^c	.55	2.06***	1

Dieting	.62 ^a	1	.84	0	.02 ^b	2	.91	.84 ^{ab}	1	.69	.70 ^c	.96	1.45***	2
Bulimia	.74 ^a	1	.58	0	.93 ^b	1	.6	.73 ^a	1	.48	.39 ^c	.96	6.45***	1

Note: $N = 302$, * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

Table 7 General Linear Model Analysis of Variance of Self- Esteem From Racial Identity, Body Attitudes Profiles, and Demographics

Source	<i>df</i>	<i>B(SE)</i>	Type III Sum of Squares	Partial Eta Squared	<i>F</i>	<i>p</i>
Corrected Model	9		12.85	.19	6.48	.00
Intercept	1	2.57 (.14)	126.46	.70	74.2	.00
University Type (1=HBCU, 2=PWI)	1	.09 (.07)	.39	.01	1.78	.18
Profile Module	3		5.14	.09	7.77	.00
profile#2		.11 (.12)				

profile#3		.11 (.16)				
profile#4		.11 (.13)				
Income	1	9.62 (.01)	2.6 7	. 00	. 00	. 99
Racial Composition HS	1	.02 (.02)	.12	. 00	. 56	. 45
Racial Centrality	1	.07 (.04)	.68	. 01	3 .07	. 08
Racial Private Regard	1	.08 (.05)	.44	. 01	1 .98	. 16
Racial Public Regard	1	.06 (.03)	1.2	. 02	5 .46	. 02
Error	24 2		53. 3			
Total	25 2		156 3.3			
Corrected Total	25 1		66. 14			

Adjusted R Squared = .164

Table 8 General Linear Model Analysis of Variance of Anxiety From Racial Identity, Body Attitudes Profiles, and Demographics

Source	<i>df</i>	<i>B(SE)</i>	Type III Sum of Squares	Partial Eta Squared	<i>F</i>	<i>p</i>
Corrected Model	9		11.74	.21	7.00	.00
Intercept	1	1.93(.13)	92.00	.67	490.41	.00
University Type (1=HBCU, 2=PWI)	1	-.09 (.07)	.37	.01	1.98	.16
Profile Module	3		4.06	.08	7.21	.00
profile#2		..22 (.10)				
profile#3		..12 (.10)				
profile#4		.40 (.10)				
Income	1	-.01 (.01)	.21	.01	1.11	.29
Racial Composition HS	1	-.04 (.02)	.98	.02	5.24	.02

Racial Centrality	1	.00 (.04)	.00	.00	.00	.97
Racial Private Regard	1	-.11 (.05)	.99	.02	5.29	.02
Racial Public Regard	1	-.08 (.03)	1.92	.04	10.24	.00
Error	242		45.39			
Total	252		990.85			
Corrected Total	251		57.132			

Adjusted R- Squared= .176

Table 9 General Linear Model Analysis of Variance of Depression From Racial Identity, Body Attitudes Profiles, and Demographics

Source	<i>df</i>	<i>B(SE)</i>	Type III Sum of Squares	Partial Eta Squared	<i>F</i>	<i>p</i>
Corrected Model	9		3.83	.09	2.59	.01
Intercept	1	.53 (.12)	9.23	.19	56.35	.00
University Type (1=HBCU, 2=PWI)	1	.03 (.06)	.04	.00	.26	.61
Profile Module	3		1.14	.03	2.32	.08
profile#2		.14 (.10)				
profile#3		.01 (.09)				
profile#4		.23 (.09)				
Income	1	-.01 (.01)	.15	.00	.91	.34

Racial Composition HS	1	-0.00 (.02)	.00	.00	.03	.87
Racial Centrality	1	.01 (.05)	.03	.00	.19	.66
Racial Private Regard	1	-.11 (.05)	.74	.02	4.53	.03
Racial Public Regard	1	-.08 (.03)	.76	.02	4.63	.03
Error	242		39.76			
Total	252		137.61			
Corrected Total	251		43.586			
<hr/>						
Adjusted R Squared = .054						

Table 10 General Linear Model Analysis of Variance of Dieting From Racial Identity, Body Attitudes Profiles, and Demographics

Source	<i>df</i>	<i>B(SE)</i>	Type III Sum of Squares	Partial Eta Squared	<i>F</i>	<i>P</i>
Corrected Model	9		51.16	.23	8.17	.00
Intercept	1	1.60 (.25)	84.15	.33	118.67	.00
University Type (1=HBCU, 2=PWI)	1	.02 (.12)	.01	.00	.02	.89
Profile Module	3		36.52	.18	17.17	.00
profile#2		.30 (.02)				
profile#3		.14 (.19)				
profile#4		.104 (.20)				
Income	1	.03 (.02)	2.84	.02	4.01	.05

Racial Composition						
HS	1	-.04 (.04)	1.00	.01	1.42	.24
Racial Centrality	1	-.03 (.07)	.12	.00	.17	.68
Racial Private Regard	1	-.13 (.10)	1.36	.01	1.92	.17
Racial Public Regard	1	.05 (.05)	.68	.00	.96	.33
Error	242		171.61			
Total	252		1339.35			
Corrected Total	251		223.77			
<hr/>						
Adjusted R Squared = .21						

Table 11 General Linear Model Analysis of Variance of Bulimia From Racial Identity, Body Attitudes Profiles, and Demographics

Source	<i>df</i>	<i>B(SE)</i>	Type III Sum of Squares	Partial Eta Squared	<i>F</i>	<i>p</i>
Corrected Model	9		28.07	0.19	6.41	0
		1.98				
Intercept	1	(.21)	108.49	0.48	223.49	0
University Type (1=HBCU, 2=PWI)	1	.06 (.10)	0.19	0	0.38	0.54
Profile Module	3		22.74	0.16	15.58	0
profile#2		.20 (.16)				
profile#3		.00 (.16)				
profile#4		.75 (.16)				
Income	1	-.01 (.01)	0.59	0.01	1.21	0.27
Racial Composition HS	1	-.05 (.03)	1.41	0.01	2.89	0.09
Racial Centrality	1	.05 (.06)	0.46	0	0.94	0.33
Racial Private Regard	1	-.09 (.08)	0.63	0.01	1.29	0.26

Racial Public Regard	1	.05 (.04)	0.03	0	0.06	0.81
Error	242		117.69			
Total	252		1155.9			
Corrected Total	251		145.76			

Adjusted R Squared = .163

Appendices

APPENDIX A: BIQ

Please read carefully:

Each item on this questionnaire deals with a different physical characteristic. For each characteristic, think about how you would describe yourself as you actually are. Then think about how you wish you were. The difference between the two reveals how close you come to your personal ideal. In some instances, your looks may closely match your ideal. In other instances, they may differ considerably. On Part A of each item, rate how much you resemble your personal physical ideal.

Exactly as I am Almost as I am Fairly unlike me Very unlike me

Your physical ideals may differ in how important they are to you, regardless of how close you come to them. You may feel strongly that some ideals embody the way you want to look or to be. In other areas, your ideals may be less important to you. In Part B of each item, rate how important your ideal is to you.

Not important Somewhat important Moderately important Very important

1. My ideal skin complexion is:
 - a. Exactly as I am
 - b. Almost as I am
 - c. Fairly unlike me
 - d. Very unlike me
2. My ideal skin complexion is:
 - a. Not important
 - b. Somewhat important
 - c. Moderately important
 - d. Very important
3. My ideal hair texture and thickness are:
 - a. Exactly as I am
 - b. Almost as I am
 - c. Fairly unlike me
 - d. Very unlike me
4. My ideal hair texture and thickness are:
 - a. Not important
 - b. Somewhat important
 - c. Moderately important
 - d. Very important
5. My ideal facial features (eyes, nose, ears, facial shape) are:

- a. Exactly as I am
 - b. Almost as I am
 - c. Fairly unlike me
 - d. Very unlike me
6. My ideal facial features (eyes, nose, ears, facial shape) are:
- a. Not important
 - b. Somewhat important
 - c. Moderately important
 - d. Very important
7. My ideal muscle tone and definition is:
- a. Exactly as I am
 - b. Almost as I am
 - c. Fairly unlike me
 - d. Very unlike me
8. My ideal muscle tone and definition is:
- a. Not important
 - b. Somewhat important
 - c. Moderately important
 - d. Very important
9. My ideal body proportions are:
- a. Exactly as I am
 - b. Almost as I am
 - c. Fairly unlike me
 - d. Very unlike me
10. My ideal body proportions are:
- a. Not important
 - b. Somewhat important
 - c. Moderately important
 - d. Very important
11. My ideal weight is:
- a. Exactly as I am
 - b. Almost as I am
 - c. Fairly unlike me
 - d. Very unlike me
12. My ideal weight is:
- a. Not important
 - b. Somewhat important
 - c. Moderately important
 - d. Very important
13. My ideal chest size is:
- a. Exactly as I am
 - b. Almost as I am
 - c. Fairly unlike me
 - d. Very unlike me
14. My ideal chest size is:
- a. Not important

- b. Somewhat important
 - c. Moderately important
 - d. Very important
15. My ideal physical strength is:
- a. Exactly as I am
 - b. Almost as I am
 - c. Fairly unlike me
 - d. Very unlike me
16. My ideal physical strength is:
- a. Not important
 - b. Somewhat important
 - c. Moderately important
 - d. Very important
17. My ideal physical coordination is:
- a. Exactly as I am
 - b. Almost as I am
 - c. Fairly unlike me
 - d. Very unlike me
18. My ideal physical coordination is:
- a. Not important
 - b. Somewhat important
 - c. Moderately important
 - d. Very important

APPENDIX B: EAT- 26

Eating Attitudes Test- Eating Disorder

Never
Rarely
Sometimes
Often
Usually
Always

1. Am terrified about being overweight
2. Avoid eating when I am hungry.
3. Find myself preoccupied with food.
4. Have gone on eating binges where I feel I may not be able to stop.
5. Cut my food into small pieces.
6. Aware of the calorie content of foods I eat.
7. Particularly avoid food with a high carbohydrate content (bread, rice, potatoes, etc.)
8. Feel that others would prefer if I ate more.

9. Am preoccupied with a desire to be thinner.
10. Think about burning up calories when I exercise.
11. Am preoccupied with the thought of having fat on my body.
12. Take longer than others to eat my meals.
13. Avoid foods with sugar in them.
14. Eat diet foods.
15. Feel that food controls my life.
16. Display self-control around food.
17. Feel that other pressure me to eat.
18. Give too much time and thought to food.
19. Feel uncomfortable after eating sweets.
20. Engage in dieting behavior.
21. Like my stomach to be empty.
22. Have the impulse to vomit after meals.
23. Enjoy trying new rich foods.

APPENDIX C: STAI

A number of statements which people have used to describe themselves are given below. Choose the response that indicates how you generally feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

1. I feel pleasant
2. I feel nervous and restless
3. I feel satisfied with myself
4. I wish I could be as happy as others seem to be
5. I feel like a failure
6. I feel rested
7. I am 'calm, cool and collected'
8. I feel that difficulties are piling up so that I cannot overcome them
9. I worry too much over something that really doesn't matter
10. I am happy
11. I have disturbing thoughts
12. I lack self-confidence
13. I feel secure
14. I make decisions easily
15. I feel inadequate
16. I am content
17. Some unimportant thought runs through my mind and bothers me
18. I take disappointments so keenly that I can't put them out of my mind

19. I am a steady person
20. I get in a state of tension or turmoil as I think over my recent concerns and interest

APPENDIX D: CES- D

Below is a list of some of the ways you may feel or behave. Please indicate how often you have felt this way DURING THE PAST WEEK.

- Rarely or none of the time (less than 1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of time (3-4 days)
- Most or all of the time (5-7 days)

1. I was bothered by things that usually don't bother me.
2. I did not feel like eating; my appetite was poor.
3. I felt that I could not shake off the blues even with help from my family or friends.
4. I felt I was just as good as other people.
5. I had trouble keeping my mind on what I was doing.
6. I felt depressed.
7. I felt that everything I did was an effort.
8. I felt hopeful about the future.
9. I thought my life had been a failure.
10. I felt fearful.
11. My sleep was restless.
12. I was happy.
13. I talked less than usual.
14. I felt lonely.
15. People were unfriendly.
16. I enjoyed life.
17. I had crying spells.
18. I felt sad.
19. I felt that people dislike me.
20. I could not get 'going.'

APPENDIX E: RSE

Below is a list of statements dealing with your general feelings about yourself. Indicate whether you strongly agree, agree, disagree, or strongly disagree with each statement.

Strongly Agree

Agree

Disagree

Strongly Disagree

1. I feel that I'm a person of worth, at least on an equal plane with others.
2. I feel that I have a number of good qualities.
3. All in all, I am inclined to feel that I am a failure.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I take a positive attitude toward myself.
7. On the whole, I am satisfied with myself.
8. I wish I could have more respect for myself.
9. I certainly feel useless at times.
10. At times, I think I am no good at all.

APPENDIX F: MIBI- S

Please read the statements below and choose the response that most closely represents how you feel. Remember, all of your responses are confidential. There are no right or wrong answers to these questions.

Strongly Disagree

Disagree

Somewhat Disagree

Neutral

Somewhat Agree

Agree

Strongly Disagree

1. I feel good about Black people.
2. Overall, Blacks are considered good by others.
3. I am happy that I am Black.
4. In general, being Black is an important part of my self-image

5. In general, others respect Black people.
6. I have a strong sense of belonging to Black people.
7. I have a strong attachment to other Black people.
8. Being Black is an important reflection of who I am.
9. In general, other groups view Blacks in a positive manner.
10. I am proud to be Black.
11. Society views Black people as an asset.

References

- Akan, G. E., & Grilo, C. M. (1995). Sociocultural influences on eating attitudes and behaviors, body image, and psychological functioning: A comparison of African-American, Asian-American, and Caucasian college women. *International Journal of Eating Disorders, 18*, 181-187.
- Arbuckle, J. L. (2003). *AMOS 5.0 update to the AMOS user's guide*. Chicago: Small Waters.
- Baturka, N., Hornsby P. P., & Schorling, J. B. (2000). Clinical Implications of Body Image Among Rural African-American Women. *Journal of General Internal Medicine, 15*(4), 211- 274.
- Beauboeuf-Lafontant, T. (2003). Strong and large Black women? Exploring relationships between deviant womanhood and weight. *Gender & Society, 17*, 111-121.
- Befort, C. A., Thomas, J. L., Daley, C. M., Rhode, P. C., & Ahluwalia, J. S. (2008). Perceptions and beliefs about body size, weight, and weight loss among obese African American women: A qualitative inquiry. *Health Education & Behavior, 35*(3), 410-426.
- Bisson, (2004). The esthetic properties of lips: a comparison of models and nonmodels. *The Angle Orthodontist, 74*, 162.
- Blair, S. N. (1993). Evidence for Success of Exercise in Weight Loss and Control. *Annals of Internal Medicine, 119*, 702-706.

- Branscombe, N. R., Schmitt, M. T., & Harvey, R. D. (1999). Perceiving pervasive discrimination among African Americans: Implications for group identification and well-being. *Journal of Personality and Social Psychology, 77*, 135-149.
- Brown, T. A., Cash, T. F., & Mikulka, P. J. (1990). Attitudinal body-image assessment: Factor analysis of the Body-Self Relations Questionnaire. *Journal of Personality Assessment, 55*, 135-144.
- Buchanan, T. S., Fischer, A. R., Tokar, D. M., & Yoder, J. D. (2008). Testing a culture-specific extension of objectification theory regarding African American women's body image. *The Counseling Psychologist, 36*, 697-718.
- Burgess, N. J. (1994). Gender roles revisited: The development of the 'woman's place' among African American women in the United States. *Journal of Black Studies, 24*, 391-401.
- Byrd, A. D. (2005). *Naked: Black women bare all about their skin, hair, hips, lips, and other parts*. New York: Penguin.
- Byrne, R. M. J. (1989). Suppressing valid inferences with conditionals. *Cognition, 31*, 61-83.
- Cash, T. F. (2002). Cognitive- behavioral perspectives on body image. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research and clinical practice* (pp. 41-42). New York: Guilford Press.
- Cash, T. F., Melnyk, S. E., & Hrabosky, J. I. (2004). The Assessment of Body Image Investment: An Extensive Revision of the Appearance Schemas Inventory. *International Journal of Eating Disorders, 35*, 305-316.
- Cash, T. F., & Szymanski, M. L. (1995). The development and validation of the Body-

- Image Ideals Questionnaire. *Journal of Personality Assessment*, 64, 466-477.
- Carmines, E., & McIver, J. (1981). Analyzing models with unobserved variables: Analysis of covariance structures. In G. Bohrnstedt & E. Borgatta (Eds.), *Social measurement: Current issues* (pp. 65-115). Beverly Hills, CA: Sage.
- Chapman, L., & Woodruff-Borden, J. (2009). The impact of family functioning on anxiety symptoms in African American and European American young adults. *Personality And Individual Differences*, 47(6), 583-589
- Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. New York: Routledge.
- Collins, P. H. (2004). *Black sexual politics: African Americans, gender, and the new racism*. New York: Routledge.
- Cross, W. R (1991). *Shades of black: Diversity in African-American identity*. Philadelphia, PA US: Temple University Press
- Davis, D. S., Sbrocco, T., Odoms-Young, A., & Smith, D. M. (2010). Attractiveness in African American and Caucasian women: Is beauty in the eyes of the observer?. *Eating Behaviors*, 11, 25-32.
- Deurenberg, P., & Deurenberg-Yap, M. (2001). Differences in body-composition assumptions across ethnic groups: Practical consequences. *Current Opinion in Clinical Nutrition and Metabolic Care*, 4, 377-383.
- Duke, L. (2000). Black in a blonde world: Race and girls' interpretations of the feminine ideal in teen magazines. *Journalism and Mass Communication Quarterly*, 77, 367-392.
- Elion, A. A., Wang, K. T., Slaney, R. B., & French, B. H. (2012). Perfectionism in

- African American students: Relationship to racial identity, GPA, self-esteem, and depression. *Cultural Diversity And Ethnic Minority Psychology*,
- Fischer, A. R., & Shaw, C. M. (1999). African American's mental health and perceptions of racist discrimination: The moderating effects of racial socialization experiences and self-esteem. *Journal of Counseling Psychology*, 46, 395-407.
- Flegal, K. M. (2002). Prevalence and trends in obesity among US adults, 1999-2000. *Journal of the American Medical Association*, 288, 1723- 1727
- Flegal, K. M., Carroll, M. D., Kuczmarski, R. J., & Johnson, C. L. (1998). Overweight and obesity in the United States: Prevalence and trends, 1960-1994. *International Journal of Obesity*, 22, 39- 47
- Flynn, K. J., & Fitzgibbon, M. (1998). Body images and obesity risk among Black females: A review of the literature. *Annals Of Behavioral Medicine*, 20(1), 13-24.
- Franzoi, S. L., & Shields, S. A. (1984). The Body Esteem Scale: Multidimensional structure and sex differences in a college population. *Journal of Personality Assessment*, 48, 173-178.
- Franzoi, S. L. (1995). The body-as-object versus the body-as-process: Gender differences and gender considerations. *Sex Roles*, 33, 417-437.
- Fredrickson, B. L., & Roberts, T. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology Of Women Quarterly*, 21(2), 173-206.
- Fredrickson, B. L., Roberts, T., Noll, S. M., Quinn, D. M., & Twenge, J. M. (1998). That swimsuit becomes you: Sex differences in self-objectification, restrained eating, and math performance. *Journal of Personality and Social Psychology*, 75, 269-

284.

- Furnham, A., Badmin, N., & Sneade, I. (2002). Body image dissatisfaction: Gender differences in eating attitudes, self-esteem, and reasons for exercise. *Journal Of Psychology: Interdisciplinary And Applied*, 136(6), 581-596.
- Garner, D. M., Olmsted, M. P., Bohr, Y., & Garfinkel, P. E. (1982). The Eating Attitudes Test: Psychometric features and clinical correlates. *Psychological Medicine: A Journal Of Research In Psychiatry And The Allied Sciences*, 12(4), 871-878.
- Grabe, S., & Hyde, J. (2006). Ethnicity and body dissatisfaction among women in the United States: A meta-analysis. *Psychological Bulletin*, 132, 622-640.
- Grant, K., Lyons, A., Landis, D., Cho, M., Scudiero, M., Reynolds, L., & ... Bryant, H. (1999). Gender, body image, and depressive symptoms among low-income African American adolescents. *Journal of Social Issues*, 55, 299-315.
- Grogan, S. (2008). *Body image: Understanding body dissatisfaction in men, women and children (2nd ed.)*. New York, NY US: Routledge/Taylor & Francis Group.
- Grossbard, J. R., Lee, C. M., Neighbors, C., & Larimer, M. E. (2009). Body image concerns and contingent self-esteem in male and female college students. *Sex Roles*, 60, 198-207.
- Harris, S. M. (1995). Family, self, and sociocultural contributions to body-image attitudes of African-American women. *Psychology of Women Quarterly*, 19, 129-145.
- Harter, S. (1999). *The construction of the self: A developmental perspective*. New York, NY US: Guilford Press.
- Henriques, G. R., & Calhoun, L. G. (1999). Gender and ethnic differences in the relationship between body esteem and self-esteem. *Journal of Psychology:*

Interdisciplinary and Applied, 133, 357-368.

Henrickson, H. C., Crowther, J. H., & Harrington, E. F. (2010). Ethnic identity and maladaptive eating: Expectancies about eating and thinness in African American women. *Cultural Diversity and Ethnic Minority Psychology*, 16, 87-93

Herzog, D. B., Newman, K. L., Yeh, C. J., & Warshaw, M. (1992). Body image satisfaction in homosexual and heterosexual women. *International Journal Of Eating Disorders*, 11(4), 391-396.

Hesse-Biber, S. N. (2004). Racial identity and the development of body image issues among African American adolescent girls. *The Qualitative Report*, 9, 49-79.

Hesse-Biber, S., Livingstone, S., Ramirez, D., Barko, E., & Johnson, A. (2010). Racial identity and body image among Black female college students attending predominately White colleges. *Sex Roles*, 63(9-10), 697-711.

Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling*, 6(1), 1-55.

Ivezaj, V., Saules, K. K., Hoodin, F., Alschuler, K., Angelella, N. E., Collings, A. S., & Wiedemann, A. A. (2010). The relationship between binge eating and weight status on depression, anxiety, and body image among a diverse college sample: A focus on bi/multiracial women. *Eating Behaviors*, 11, 18-24.

Jarosz, P. A., Dobal, M. T., Wilson, F. L., & Schram, C. A. (2007). Disordered eating and food cravings among urban obese African American women. *Eating Behaviors*, 8(3), 374-381.

- Jefferson, D. L., & Stake, J. E. (2009). Appearance self-attitudes of African American and European American women: Media comparisons and internalization of beauty ideals. *Psychology of Women Quarterly*, 33, 396-409.
- Jones, J. M. (2003). Trios: A psychological theory of the African legacy in American culture. *The Journal of Social Issues*, 59, 217-242.
- Kinley, T. R. (2010). The effect of clothing size on self-esteem and body image. *Family And Consumer Sciences Research Journal*, 38(3), 317-332.
- Kirkland, A. (2011). Review of 'The beauty bias: The injustice of appearance in life and law'. *Law & Society Review*, 45(3), 789-791.
- Lennon, S.J., Rudd, N.A., Sloan, B., & Kim, J.S. (1999). Attitudes toward gender roles, self-esteem, and body image: Application of a model. *Clothing and Textiles Research Journal*, 17, 191-202.
- Lester, R., & Petrie, T. A. (1998). Physical, psychological, and societal correlates of bulimic symptomatology among African American college women. *Journal of Counseling Psychology*, 45, 315-321.
- Malpede, C. Z. Greene, L. F. Fitzpatrick, S. L. Jefferson, W. K. Shewchuk, R. M. Baskin, & M. L. Ard, J. D. (2007). Racial Influences Associated with Weight-Related Beliefs in African American and Caucasian Women. *Ethnicity & Disease*, 17, 1-5.
- Mattis, J. S., & Jagers, R. J. (2001). A relational framework for the study of religiosity and spirituality in the lives of African Americans. *Journal of Community Psychology*, 29(5), 519-539.

- Mair, C., Roux, A.V.D, Osypuk, T.L, Rapp, S.R., Seeman, T. & Watson, K.E. (2010). Is neighborhood racial/ethnic composition associated with depressive symptoms? The multi-ethnic study of atherosclerosis. *Social Science & Medicine*, 71: 541–550.
- Marsh, H. W., & Hocevar, D. (1985). Application of confirmatory factor analysis to the study of self-concept: First- and higher order factor models and their invariance across groups. *Psychological Bulletin*, 97(3), 562-582.
- Mazzeo, S. E. (1999). Modification of an existing measure of body image preoccupation and its relationship to disordered eating in female college students. *Journal Of Counseling Psychology*, 46(1), 42-50.
- McDowell, T., Wallace, E.V., Tillery, D. & Cencula, L. (2011). African Americans Tackling Obesity through Church-based Interventions. *International Journal of Humanities and Social Science*. 1(11), 1-5.
- Mellor, D., Fuller-Tyszkiewicz, M., McCabe, M. P., & Ricciardelli, L. A. (2010). Body image and self-esteem across age and gender: A short-term longitudinal study. *Sex Roles*, 63(9-10), 672-681.
- Mercurio, A. E., & Landry, L. J. (2008). Self-objectification and well-being: The impact of self-objectification on women's overall sense of self-worth and life satisfaction. *Sex Roles*, 58, 458-466.
- Mintz, L. B., & Betz, N. E. (1986). Sex differences in the nature, realism, and correlates of body image. *Sex Roles*, 15, 195- 195.
- Molloy, B.L., & Herzberger, S.D. (1998). Body image and self-esteem: A comparison of

- African-American and Caucasian women. *Sex Roles*, 38, 631-643.
- Molloy, B. L., & Herzberger, S. D. (2002). Body image and self-esteem: A comparison of African-American and Caucasian women. In A. E. Hunter, C. Forden, A. E. Hunter, C. Forden (Eds.), *Readings in the psychology of gender: Exploring our differences and commonalities* (pp. 111-122). Needham Heights, MA US: Allyn & Bacon.
- Mulholland, A. M., & Mintz, L. B. (2001). Prevalence of eating disorders among African American women. *Journal of Counseling Psychology*, 48, 111-116.
- Napolitano, M. A., & Himes, S. (2010). Race, weight, and correlates of binge eating in female college students. *Eating Behaviors*,
- Neal, A. (1989). The role of skin color and features in the Black community: Implications for Black women and therapy. *Clinical Psychology Review*, 9, 323-333.
- Nobles, W. (1991). *African philosophy: Foundations for Black psychology*. In R. L. Jones (Ed.), *Black psychology* (3rd ed., pp. 47-63). Hampton, VA: Cobb & Henry.
- Ogbu, J. U. (1991). Minority coping responses and school experience. *The Journal Of Psychohistory*, 18(4), 433-456.
- Okazawa-Rey, M., Robinson, T., & Ward, J. V. (1987). Black women and the politics of skin color and hair. *Women & Therapy*, 6, 89-102.
- Padgett, J. & Biro, F. M. (2003). Different shapes in different cultures: body dissatisfaction, overweight, and obesity in African-American and Caucasian females. *Journal of Pediatric and Adolescent Gynecology*, 16, 349-354.
- Paeratakul, S., White, M.A. , Williamson, D.A., Ryan, D.H., & Bray, G.A. (2002). Sex,

- race/ethnicity, socioeconomic status, and BMI in relation to self-perception of overweight. *Obesity Research*. 10(5):345-50.
- Parham, T. A., & Helms, J. E. (1985). Relation of racial identity attitudes to self-actualization and affective states of Black students. *Journal Of Counseling Psychology*, 32(3), 431-440.
- Parker, S., Nichter, M., Nichter, M., Vuckovic, C. S., & Ritenbaugh, C. (1995). Body image and weight concerns among African-American and white adolescent females: Differences that make a difference. *Human Organization*, 54, 103-114.
- Poran, M. A. (2006). The politics of protection: Body image, social pressures, and the misrepresentation of young black women. *Sex Roles*, 55, 739-755.
- Porter, J. P. & Olson, K. L. (2001). Anthropometric Facial Analysis of the African American Woman. *Archives of Facial Plastic Surgery*, 3, 191-197.
- Puhl, R., & Brownell, K. D. (2003). Ways of coping with obesity stigma: Review and conceptual analysis. *Eating Behaviors*, 4, 53-78.
- Pumariega, A. J., Gustavson, C. R., Gustavson, J. C., Motes, P., & Ayers (1994). Eating attitudes in African-American women: The Essence Eating Disorders Survey. *Eating Disorders: The Journal of Treatment & Prevention*, 2, 5-16.
- Reboussin, B. A., Rejeski, W., Martin, K. A., Callahan, K., Dunn, A. L., King, A. C., & Sallis, J. F. (2000). Correlates of satisfaction with body function and body appearance in middle- and older aged adults: The Activity Counseling trial (ACT). *Psychology & Health*, 15, 239-254.
- Roberts, A., Cash, T. F., Feingold, A., & Johnson, B. T. (2006). Are Black-White differences in females' body dissatisfaction decreasing? A meta-analytic review.

Journal of Consulting and Clinical Psychology, 74, 1121-1131.

Roberts, R. E., Phinney, J. S., Mase, L. C., Chen, Y., Roberts, C. R., & Romero, A.

(1999). The structure of ethnic identity of young adolescents from diverse ethnocultural groups. *The Journal Of Early Adolescence, 19(3), 301-322.*

Rogers Wood, N. A., & Petrie, T. A. (2010). Body dissatisfaction, ethnic identity, and disordered eating among African American women. *Journal of Counseling*

Psychology, 57, 141-153.

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

Rowley, S. J., Sellers, R. M., Chavous, T. M., & Smith, M. A. (1998). The relationship between racial identity and self-esteem in African American college and high school students. *Journal of Personality and Social Psychology, 74, 715-724.*

Rucker, C. E., & Cash, T. F. (1992). Body images, body-size perceptions, and eating behaviors among African-American and White college women. *International Journal of Eating Disorders, 12, 291-299.*

Russell, W. D., & Cox, R. H. (2003). Social physique anxiety, body dissatisfaction, and self-esteem in college females of differing exercise frequency, perceived weight discrepancy, and race. *Journal of Sport Behavior, 26, 297-318.*

Sabik, N. J., Cole, E. R., & Ward, L. (2010). Are all minority women equally buffered from negative body image intra-ethnic moderators of the buffering hypothesis. *Psychology Of Women Quarterly, 34(2), 139-151*

Sabik, N. J., & Tylka, T. L. (2006). Do feminist identity styles moderate the relation between perceived sexist events and disordered eating?. *Psychology Of Women*

Quarterly, 30(1), 77-84.

Sanchez, D. T., & Crocker, J. (2005). How Investment in Gender Ideals Affects Well-

Being: The Role of External Contingencies of Self-Worth. *Psychology of Women*

Quarterly, 29, 63-77.

Schwartz, M. B., & Brownell, K. D. (2004). Obesity and body image. *Body Image*, 1,

43-56.

Sellers, R. M., & Shelton, J. (2003). The role of racial identity in perceived racial

discrimination. *Journal Of Personality And Social Psychology*, 84(5), 1079-1092.

Sellers, R. M., Rowley, S. A. J., Chavous, T. M., Shelton, J. N., & Smith, M. A. (1997).

Multidimensional inventory of Black identity: A preliminary investigation of
reliability and construct validity. *Journal of Personality and Social Psychology*,

73, 805-815.

Sellers, R. M., Smith, M., Shelton, J. N., Rowley, S. J., & Chavous, T. M. (1998).

Multidimensional model of racial identity: A reconceptualization of African

American racial identity. *Personality and Social Psychology Review*, 2, 18-39.

Settles, I. H., Navarrete, C., Pagano, S. J., Abdou, C. M., & Sidanius, J. (2010). Racial

identity and depression among African American women. *Cultural Diversity And
Ethnic Minority Psychology*, 16(2), 248-255.

Siegel, J. M. (2002). Body image change and adolescent depressive symptoms. *Journal*

of Adolescent Research, 17, 27-41.

Sira, N., & Ballard, S. M. (2009). An ecological approach to examining body satisfaction

in Caucasian and African American female college students. *Family And*

Consumer Sciences Research Journal, 38(2), 208-226.

Smith, D. E., Thompson, J., Raczynski, J. M., & Hilner, J. E. (1999). Body image among men and women in a biracial cohort: The CARDIA study. *International Journal of Eating Disorders*, 25, 71-82.

Smith, L. R., Burlew, A. K., & Lundgren, D. C. (1991). Black consciousness, self-esteem, and satisfaction with physical appearance among African-American female college students. *Journal of Black Studies*, 22, 269-283.

Stanziano, D. C., & Butler-Ajibade, P. (2011). Differences in health-related behaviors and body mass index risk categories in African American women in college. *Journal of the National Medical Association*, 103, 4-8.

Striegel-Moore, R. H., & Franko, D. L. (2003). Epidemiology of binge eating disorder. *International Journal of Eating Disorders*, 34, S19-S29.

Stephens, D. P., & Few, A. L. (2007). The effects of images of African American women in hip hop on early adolescents' attitudes toward physical attractiveness and interpersonal relationships. *Sex Roles*, 56, 251-264.

Szymanski, D. M., & Henning, S. L. (2007). The role of self-objectification in women's depression: A test of objectification theory. *Sex Roles*, 56(1-2), 45-53.

Tajfel, H. (1982). Social psychology of intergroup relations. *Annual Review Of Psychology*, 331-39.

Taylor, J. Y., Caldwell, C., Baser, R. E., Faison, N., & Jackson, J. S. (2007). Prevalence of eating disorders among Blacks in the national survey of American life. *International Journal of Eating Disorders*, 40, S10-S14.

Teachman, B. A., & Brownell, K. D. (2001). Implicit anti-fat bias among health

- professionals: Is anyone immune?. *International Journal of Obesity*, 25, 1525-1531.
- Thompson, V. L. S. (2006). African American body image: Identity and physical self-acceptance. *Humboldt Journal of Social Relations*, 30, 44-67.
- Thomas, V. G., & James, M. D. (1988). Body image, dieting tendencies, and sex role traits in urban Black women. *Sex Roles*, 18, 523-529.
- Tiggemann, M. (1994). Gender differences in the interrelationships between weight dissatisfaction, restraint and self-esteem. *Sex Roles*, 30, 319-330.
- Tiggemann, M., & Kuring, J. K. (2004). The role of body objectification in disordered eating and depressed mood. *British Journal Of Clinical Psychology*, 43(3), 299-311.
- Turner, J. C., Brown, R. J., & Tajfel, H. (1979). Social comparison and group interest in ingroup favouritism. *European Journal Of Social Psychology*, 9(2), 187-204.
- Twenge, J. M., & Crocker, J. (2002). Race and self-esteem: Meta-analysis comparing Whites, Blacks, Hispanics, Asians, and American Indians and comment on Gray-Little and Hafdahl (2000). *Psychological Bulletin*, 128, 371-408.
- Tylka, T. L., & Hill, M. S. (2004). Objectification Theory as It Relates to Disordered Eating Among College Women. *Sex Roles*, 51, 719-730.
- Tylka, T. L., & Sabik, N. J. (2010). Integrating social comparison theory and self-esteem within objectification theory to predict women's disordered eating. *Sex Roles*, 63(1-2), 18-31.
- Utsey, S. O., Ponterotto, J. G., Reynolds, A. L., & Cancelli, A. A. (2000). Racial

- discrimination, coping, life satisfaction, and self-esteem among African Americans. *Journal of Counseling and Development*, 78, 72-80.
- Vermunt, J. K., & Magidson, J. (2005). Factor Analysis With Categorical Indicators: A Comparison Between Traditional and Latent Class Approaches. In L. van der Ark, M. A. Croon, K. Sijtsma, L. van der Ark, M. A. Croon, K. Sijtsma (Eds.) , *New developments in categorial data analysis for the social and behavioral sciences* (pp. 41-62).
- Vermunt, J. K., & Magidson, J. (2000). *Latent GOLD's user's guide*. Boston: Statistical Innovations.
- Walker, L., Timmerman, G. M., Kim, M., & Sterling, B. (2002). Relationships between body image and depressive symptoms during postpartum in ethnically diverse, low income women. *Women & Health*, 36, 101-121.
- Wang, Y., Browne, D. C., Storr, C. L., & Wagner, F. A. (2005). Gender and the tobacco-depression relationship: A sample of African American college students at a Historically Black College or University (HBCU). *Addictive Behaviors*, 30(7), 1437-1441.
- Wildes, J. E., & Emery, R. E. (2001). The roles of ethnicity and culture in the development of eating disturbance and body dissatisfaction: A meta-analytic review. *Clinical Psychology Review*, 21, 521-551
- Wilson, D. B., Musham C. & McLellan, M. S. (2004). From mothers to daughters transgenerational food and diet communication in an underserved group. *Journal of Cultural Diversity*, 11, 12-7.
- Wingard, D., & Wooten, W. (2010). Estrogen Therapy and Bone Mineral Density in

African-American and Caucasian Women. *American Journal of Epidemiology*.
171: 808-816.

Witt, D., (1999). *Black hunger: food and the politics of U.S. identity*. Oxford: Oxford
University Press.

Wolf, N. (2002). *The beauty myth: How images of beauty are used against women*.
New York: Anchor Books.

Yates, A., Edman, J., & Aruguete, M. (2004). Ethnic Differences in BMI and Body/Self-
Dissatisfaction Among Whites, Asian Subgroups, Pacific Islanders, and African-
Americans. *Journal of Adolescent Health*, 34, 300-307.

Zhang, Y., Dixon, T. L., & Conrad, K. (2009). Rap music videos and African American
women's body image: The moderating role of ethnic identity. *Journal Of
Communication*, 59(2), 262-